

**KNOWLEDGE, EXPECTATIONS AND PRACTICES OF SOMATOLOGISTS  
IN THE FREE STATE  
REGARDING THE REGULATORY BODIES OF THE SOMATOLOGY  
PROFESSION IN SOUTH AFRICA**

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## DECLARATION

I hereby declare that the work submitted here is the result of my own independent investigation. Where help was sought, it was acknowledged. I further declare that this work is submitted for the first time at this university/faculty towards a Master's degree of Health Sciences in Somatology and that it has never been submitted to any other Higher Education institution for the purpose of obtaining a degree.

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A CLAASSEN

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## SUMMARY

The somatology profession in South Africa occupies a distinctive position at the intersection of health, wellness, and aesthetics. Despite significant growth and increasing societal demand, the profession continues to operate in the absence of a dedicated statutory regulatory framework. This study was conducted to investigate the professional regulatory context from the perspective of qualified somatologists, with a particular focus on the Free State province. Therefore, the study aimed to examine three core dimensions of professional engagement with regulation: awareness of existing regulatory entities, expectations concerning regulatory responsibilities, and behavioural alignment with ethical and professional standards.

Data were obtained through a structured quantitative questionnaire supplemented by open-ended responses, allowing for the integration of practitioner insights from individuals currently employed within the somatology sector.

The findings revealed a pronounced sense of professional identity and ethical commitment among participants. However, substantial deficiencies were noted in regulatory knowledge, accompanied by inconsistencies in compliance-related practices. Participants expressed a critical need for structured regulation, legal safeguards, and ongoing professional development, all regarded as integral functions of a formally constituted regulatory entity. The observed misalignment between the expanding scope of somatology and the limitations of current governance structures highlights the need for regulatory reform. Accordingly, the outcomes of this study contribute to a deeper understanding of prevailing challenges in professional regulation and offer evidence-based recommendations intended to inform the development of future policy initiatives. Moreover, the results emphasise the imperative for regulatory frameworks to be clear, accessible, and adaptable, in order to promote professional advancement, ensure public safety, and reinforce the legitimacy of somatology as a recognised health-related discipline within the South African context.

## DEFINITIONS

In the context of the research study, it is important to take note of the described definitions and their application within this study.

**Allied Health Professions Council of South Africa (AHPCSA):** This is a statutory body established in terms of the Allied Health Professions Act, 1982 (Act No. 63 of 1982). Its primary role is to regulate, control, and ensure the professional conduct of allied health professionals in South Africa. The AHPCSA oversees the registration and licensing of practitioners in various fields such as chiropractic, homeopathy, naturopathy, osteopathy, and others, ensuring that standards of training and ethical conduct are maintained to protect the public (Allied Health Professions Council of South Africa, 2023).

**Health Professions Council of South Africa (HPCSA):** The Health Professions Council of South Africa (HPCSA) is a statutory body established in terms of the Health Professions Act, 1974 (Act No. 56 of 1974). Its primary mandate is to regulate the health professions in South Africa, ensuring that practitioners are competent and uphold ethical standards in their practice. The HPCSA is responsible for the registration, training, and conduct of a wide range of health professionals, including doctors, dentists, psychologists, and other allied health professionals. It aims to protect the public by maintaining high standards of healthcare and professional behaviour (Health Professions Council of South Africa, 2023).

**National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC):** In South Africa, the bargaining councils are currently operating in terms of the Labour Relations Act (LRA) (Act No. 66 of 1995), although the majority were established as industrial councils under the predecessor act, the Industrial Conciliation Act. Bargaining councils are established when employer and employee bodies (unions) in a particular industrial sector and geographical area, agree to come together to engage in collective bargaining (Budlender & Sadeck, 2007).

**Regulatory body:** A regulatory body is an official organisation or government agency responsible for overseeing and enforcing laws, rules, and standards. Regulatory bodies set guidelines and monitor activities to protect public interests, promote fair practices, and ensure the proper functioning of institutions or services (Black, 2002).

**Regulatory entity / entities:** In the context of this study, the term “regulatory entity” is used as an umbrella concept that refers collectively to both statutory councils and professional associations involved in oversight, governance, or representation of the somatology profession. Regulatory entities include bodies with a legal mandate (such as statutory health councils) as well as voluntary professional associations and employer organisations that contribute to establishing standards, ethical guidelines, and professional practices. The use of this term enables consistent reference to the broader landscape of organisations that influence regulation, professional conduct, and industry alignment in South Africa.

**South African Association of Health and Skin Care Professionals (SAAHSP):** This is a non-profit organisation serving its members, the skin, body, and nail care profession and the industry as their professional body in South Africa. The SAAHSP is legally constituted to protect the public’s interest regarding the services provided. The organisation can develop, award, monitor and revoke professional designations and regulate Continuous Professional Development (CPD) in South Africa (South African Association of Health & Skincare Professionals, 2023).

**Somatologist:** A Somatologist is a person who is interested in assisting others in improving their general wellness and aesthetic appearance through information and by practicing healthy lifestyle habits, product use and clinic treatments (DUT, 2024).

**Somatology:** The origin of somatology is from the historical beauty and cosmetology industry and was nationally adopted by South Africa in the 1990s (Vosloo, 2009). The word

“Somatology” is derived from Greek origin, meaning “body” and “study”, therefore suggesting that Somatology is the study of the body (Holetzky, 2006).

**Statutory body:** A statutory body is an organisation created by a government through legislation (a statute) to perform specific functions that are in the public interest. These bodies have the power and authority to enforce regulations and standards within their designated scope. They often operate independently of government control, though they are accountable to the government or minister (Parpworth, 2012).

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## LIST OF ABBREVIATIONS AND ACRONYMS

AHPCSA	Allied Health Professions Council of South Africa
BHFSA	Beauty Health and Skincare Employers Association
CCMA	Commission for Conciliation, Mediation and Arbitration
CIDESCO	Comite International D' Estheique Et De Cosmetology
CPD	Continuous Professional Development
Cryo	Cryolipolysis
CUT	Central University of Technology, Free State
DoH	Department of Health
DUT	Durban University of Technology
EOHCB	Employers Organisation for Hairdressing, Cosmetology and Beauty
HCSBC	National Bargaining Council for Hairdressing, Cosmetology, Beauty, and Skincare Industry
HPCSA	Health Professions Council of South Africa
IPL	Intense Pulsed Light
LED	Light-based Therapies
NQF	National Qualifications Framework
PRP	Platelet-Rich Plasma
QCTO	Quality Council for Trades and Occupations
RF	Radio Frequency
SAAHSP	South African Association of Health and Skin Care Professionals
SAQA	South African Qualifications Authority
SETA	Sector Education and Training Authorities
TUT	Tshwane University of Technology
UJ	University of Johannesburg
UoT's	Universities of Technology
UASA	United Association of South Africa
WHO	World Health Organization

## **CHAPTER 1**

### **Overview of the study**

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## 1.1. BACKGROUND

In South Africa, the somatology industry currently lacks a dedicated regulatory body, even though several broader regulatory bodies, to some extent, include somatologists within their scope (Ross *et al*, 2021). The absence of regulation raises concerns about whether the unique professional needs of somatologists are adequately addressed. By contrast, countries such as the Netherlands and the United States of America have well-regulated beauty professions, where somatologists are required to hold cosmetology licenses to practice professionally and obtain insurance (Ross *et al*, 2021). In contrast with international trends, the somatology sector within South Africa operates with limited regulatory control. Professional bodies such as the Allied Health Professions Council of South Africa (AHPCSA) and the Health Professions Council of South Africa (HPCSA) are established, but they regulate other healthcare professions and explicitly exclude somatologists from their registries (Vosloo, 2009). As a result of the regulatory gap, somatologists often perform specialised treatments independently or with minimal supervision by medical professionals. Furthermore, current legislation, specifically Section 39A of the Health Professions Act 56 of 1974 and the Allied Health Professions Act 63 of 1982, prohibits medical practitioners from collaborating with unregistered and unregulated professionals such as somatologists (Ross *et al*, 2021). This legal constraint further emphasises the need for formal recognition and regulation of the somatology profession in South Africa.

## 1.2 RATIONALE

Historically, somatology education focused on pampering and grooming treatments aimed at enhancing physical appearance (Black, 2002). However, as the profession evolved, treatments have become more advanced and research-based with the inclusion of using more advanced electric modalities, chemical peels, and lasers. There has been a shift in the industry, toward more holistic treatments that focus on overall health and well-being, leading to the origin of somatology as a profession, with a broader scope of practice, encompassing both health-related and beauty-related treatments. As a result, somatologists are expected to have a basic knowledge of a full range of standard treatments as part of their training (Sharma & Black, 2001), which prepares somatologists to adapt to the evolving industry. This shift highlights

the growing versatility and broader scope of somatologists that widened their employment possibilities.

Within the South African context somatologists are more than beauty therapists, as the somatology scope of practice is primarily health-related rather than beauty-related. Due to rapid advancements in technology, somatologists are now electively performing more invasive and potentially dangerous treatments such as chemical peels, microneedling, intense pulsed light, and laser treatments (Swanepoel, 2020). These treatments can offer significant benefits. However, when performed without appropriate qualifications, they may lead to serious side effects such as skin burns, hyperpigmentation, and lesions (Swanepoel, 2020). As highlighted by Zhang and Obagi (2008), understanding potential complications of treatments is crucial, particularly in skin resurfacing procedures (e.g. microdermabrasion and chemical peels), where complications depend more on the depth of the treatment rather than the modality used.

As stated, the broad scope of somatology practice enables graduates to find employment in various sectors within the beauty and related fields. Employment possibilities include salons, health and wellness centres, international shipping lines, the retail sector as well as lecturing in both the public and private education sectors (Borg, 2009). Somatologists may also work in medical environments alongside cosmetic surgeons and dermatologists (Reid, 2006), or become entrepreneurs by opening somatology businesses, as somatology training includes skills in business management and experiential learning (Rammanhor, 2014). Somatologists are trained to work across different treatment areas. However, they often specialise in one or more aspects of somatology, which improves their competence in performing both therapeutic and cosmetic treatments.

While it is true that somatologists have access to continuous education and professional development opportunities, such as additional training, workshops, and seminars, these are often provided by external, general beauty and wellness associations or non-registered bodies. While continuing education opportunities exist, somatologists still lack a dedicated regulatory body that addresses the profession's unique scope of practice, standards, and

professional challenges. In addition, the absence of such a body limits the profession's ability to standardise practices and enforce ethical conduct (Rammanhor, 2014).

In addition to educational support, a regulatory body specifically for somatologists would play an integral role in not only providing specialised education but also in ensuring that the standards, ethics, and best practices are consistently upheld within the profession. Such a body would offer a platform for somatologists to engage with profession-specific regulations, legal frameworks, and guidelines, as well as receive support for dealing with emerging challenges in the field (Rammanhor, 2014).

A professional regulatory body would also enhance the credibility of somatologists as healthcare professionals, ensuring recognition for their unique training, which combines elements of beauty therapy, health, and wellness (Ballantyne & Cunningham, 2017). Furthermore, it would offer somatologists the guidance and protection to navigate the complexities of the profession, from managing clients' health and wellness concerns to ensuring ethical business practices (Health Professions Council of South Africa, 2016). While ongoing education and training are essential, the need for a regulatory body that is knowledgeable about the somatology profession's specific needs is crucial for both the growth of the profession and the protection of somatologists and the clients treated. Such a regulatory body would help somatologists remain competitive and effective in an ever-evolving industry while ensuring that the highest standards are maintained (Rammanhor, 2014).

Upon graduation, somatologists have the opportunity to register with various beauty associations and regulatory bodies. These include the Allied Health Professions Council of South Africa (AHPCSA), the Beauty Health and Skincare Employers Association (BHESA), South African Association of Health and Skincare Professionals (SAAHSP), United Association of South Africa (UASA), and others, such as the Commission for Conciliation, Mediation and Arbitration (CCMA)/Services Seta and the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC). These associations, which may be supported by both South African and international beauty industries, play a critical role in

advocating for and supporting the somatology profession. While their purposes differ, all of these organisations aim to add value to the beauty industry and support somatologists in maintaining high professional standards (Rammanhor, 2014).

Despite the presence of various professional associations, somatologists in South Africa do not currently have a dedicated regulatory body such as the Health Professions Council of South Africa (HPCSA), which oversees medical professionals. The regulatory gap presents a challenge for the profession, as it may leave clients vulnerable to unsafe practices by unqualified or unethical somatologists. Given the increasingly complex and health-oriented nature of the treatments performed by somatologists, ranging from non-surgical face lifting, chemical peels, and laser procedures (Vosloo, 2009), to holistic treatments such as aromatherapy, reflexology, and massage (Reid, 2006) a formal regulatory framework is essential. As Sharma and Black (2001) noted, somatologists operate at the intersection of medical, therapeutic, and commercial domains, blending technical skill with a focus on client well-being. The broad scope of practice, which includes both appearance-enhancing and health-supporting treatments, reinforces the need for profession standards to ensure ethical, safe, and effective service delivery.

As the profession continues to evolve, the establishment of a regulatory body specific for the somatology profession could enhance credibility, protect consumers, and promote consistent professional growth. To support this argument, feedback from Vosloo's (2009) study revealed confusion within the somatology industry regarding the roles and functions of various associations and statutory bodies. The study found that the majority of respondents (93%) supported the creation of a separate register for somatologists, emphasising the need for a dedicated somatology association. This finding suggests that there was a strong demand for the professionalisation and registration of somatologists under a statutory body, one that could advocate for the profession and ensure its growth in line with medical and ethical standards (Vosloo, 2009). There is an urgent need for somatologists to register with a statutory body to ensure compliance with medical, ethical, and industry standards (Norval, 2023). The profession should align with the Health Professions Act 56 of 1974 (Section 39/A)

and the Allied Health Professions Act 53 of 1982, which govern the medical and allied health professions in South Africa.

While regulatory bodies focus on safeguarding the public's interest through the regulation and enforcement of professional standards, professional associations aim to represent, promote, and enhance the interests of their members and the profession as a whole (Visconti, 2022). The research study aimed to examine whether the knowledge, expectations, and practices of somatologists align with the standards set by existing regulatory bodies. Given the evolving and multifaceted nature of somatology treatments, it is crucial that the profession aligns with regulatory frameworks to ensure safety, consistency, and professionalism. The current study sought to assess whether somatologists' knowledge corresponds with the guidelines provided by regulatory bodies, whether their practices adhere to professions standards, and whether their expectations for the profession are in line with what is required by these regulatory frameworks. This inquiry is based on the understanding that a well-defined regulatory environment is essential for the growth and credibility of the somatology profession.

Alignment between professional practices and regulatory expectations ensures that somatologists are equipped to provide safe and effective treatments, thus safeguarding the public and promoting the profession's integrity. As the profession of somatology continues to evolve, the study investigated the extent to which the current regulatory framework supports the professional development of somatologists. It also examined how the establishment of a dedicated regulatory body could enhance both the credibility of the profession and the protection of clients. The problem statement highlights existing regulatory gaps within the somatology industry and underscores the importance of understanding how effectively current regulatory bodies meet the needs of somatologists and align with their professional expectations.

### **1.3 PROBLEM STATEMENT**

Despite the presence of various regulatory bodies in South Africa, there is limited evidence regarding the effectiveness of regulating the somatology profession, particularly in ensuring

compliance with standards specific to the profession. As highlighted in the rationale, somatology has evolved into a multifaceted field, encompassing both health-related and beauty-related treatments, ranging from non-invasive wellness therapies to advanced procedures such as chemical peels, microneedling, and laser treatments. These advanced treatments, if not performed by professionally trained and qualified somatologists, carry significant risks, including skin burns, hyperpigmentation, and lesions. However, current regulatory bodies do not adequately address the profession's unique needs, leaving the industry vulnerable to unsafe practices by unqualified or underqualified somatologists (Ross *et al*, 2021). The increasing complexity of somatology treatments, as well as the lack of a dedicated regulatory body, has created a gap in ensuring that somatologists are held to consistent professional standards.

Misalignment between industry practices and the expectations of existing regulatory frameworks has led to reports of injuries associated with non-medical aesthetic treatments performed by somatologists without sufficient qualifications or proper supervision (Ross *et al*, 2021). This suggests that current regulations may not be effectively enforcing safe practice standards, allowing potential harm to clients, and posing a challenge to the credibility and growth of the profession. There is an urgent need to address the regulation of somatology practices through a dedicated regulatory body that could ensure that somatologists' knowledge, skills, and practices are aligned with established standards. Such a regulatory body would enhance safety, protect clients, and strengthen the profession's standing as a credible healthcare profession. The study aims to explore how well the current regulatory framework supports somatologists and whether the establishment of a specialised regulatory body could address existing gaps, ensuring safe, ethical, and professional practices across the industry.

#### **1.4 RESEARCH QUESTIONS**

As the profession of somatology continues to evolve, the study investigated the extent to which the current regulatory framework supports the professional development of somatologists. It also explores how the establishment of a dedicated regulatory body could

enhance the credibility of the profession and improve client protection. Recognising the existing regulatory gaps, the study aims to examine the knowledge, expectations, and practices of somatologists in relation to current regulatory bodies, in order to assess how effectively these structures meet the needs of the profession.

The current study responds to the primary research question:

To what extent do South African regulatory bodies adequately regulate and meet the needs of somatologists and/or their employers, based on somatologists' knowledge, expectations, and practices?

The primary research question gave rise to three secondary research questions, namely:

- I. What knowledge does the somatology profession possess regarding the existing regulatory bodies?
- II. How does the governance of the existing regulatory bodies align with the expectations of the somatology industry?
- III. How does somatologists/salon owners or employers align with the governance of the existing regulatory bodies?

### **1.5 AIM**

The aim of the study was to assess the knowledge, expectations, and practices of the somatology profession in relation to regulatory bodies in South Africa.

### **1.6 OBJECTIVES**

The study aimed to achieve three primary objectives, which are outlined as follows:

- i. To explore and assess the extent of knowledge that professionals in the field of somatology possess regarding the roles, functions, and existence of current regulatory bodies.

- ii. To evaluate how the governance structures and practices of existing regulatory bodies align with the professional expectations, needs, and standards of the somatology profession.
- iii. To explore how the practices of somatologists/salon owners or employers align with the standards, guidelines, and governance frameworks established by existing regulatory bodies.

## **1.7 OVERVIEW OF THE STUDY**

### **1.7.1 Study Layout**

The research study followed a quantitative research design, focusing on gathering numerical data, conducted in three phases. In Phase 1, the planning process included creating a protocol, obtaining ethical approval, conducting a pilot study, and finalising the questionnaire. Phase 2 involved sampling and data collection, where the researcher recruited established and reliable suppliers and participants, obtained consent, and distributed questionnaires. Moreover, completed questionnaires were recorded. Phase 3 focused on reporting, analysing, and interpreting the data, addressing the implications of the findings, drawing conclusions, and providing recommendations.

### **1.7.2 Research Methods**

The researcher formulated a questionnaire, supported by relevant literature, drawing on questions from the 'Membership survey' (Hanif, 2023) and '30 best customer survey' questions (Dubey, 2023). The questionnaire mainly used a five-point Likert scale to assess somatologists knowledge, expectations, and practices towards the regulatory bodies of the somatology profession (Radford, 2022). Prior to distribution, it was reviewed by a focus group panel and through a pilot study. The focus group, composed of research-oriented academics, ensured the validity of the content and the questionnaire's relevance to the study's aims and objectives.

The questionnaire was divided into five sections. The first section asked participants to provide demographic information. The second section used Likert-scale questions to gauge participants' knowledge of the various regulatory bodies and the roles of each entity. In the third section, participants' expectations regarding the various regulatory bodies were examined through a combination of closed- and open-ended questions. The fourth section analysed somatologists' practices concerning the regulatory bodies, via closed- and open-ended questions. Lastly, the fifth section contained additional comments, with both closed- and open-ended questions.

The questionnaire was refined based on feedback from the pilot study, and any misinterpretation of questions was addressed. The final version was uploaded onto QuestionPro, with an estimated completion time of 30 minutes. The first page included an informed consent form together with the researcher's contact information. Participants had to agree to participate and provide informed consent before they could proceed to the actual questionnaire.

### **1.7.3 Population**

For a research study to be effective, it is necessary to select a study population that truly represents the entire population (Gumucio, 2011). For the current study, the population consisted of somatologists and employers/salon owners where somatologists work, as somatologists were directly affected by the different regulatory bodies and employers/salon owners, as they deal with regulatory bodies. Both groups could make significant contributions to the research study.

Following the questionnaire review by the focus group panel, a pilot study was conducted with five participants from the study population. The researcher asked established and reliable suppliers to send information about the study to five random customers who met the inclusion criteria. The study information included the research method, aim, consent forms, and the researcher's contact details. The five recruited customers (somatologists and salon owners) were able to read about the study and to decide whether they wanted to participate

in the study by clicking on the provided link, or by contacting the researcher directly if they needed more information.

#### **1.7.4 Data Collection**

The researcher requested established and reliable suppliers to distribute information about the study to their customers (somatologists and employers/salon owners) via a bulk communication platform, namely WhatsApp. The research information consisted of the title, research method, inclusion criteria, aim, consent forms, and the researcher's contact details. All customers (somatologists and salon owners) were able to read about the study and to decide whether they wanted to participate in the study by clicking on the provided link, or by contacting the researcher directly for more information. Participants read the information letter, and if they were of the view that they met the inclusion criteria, they clicked "I agree" on the consent form. Only after giving their informed consent, participants were directed to the online questionnaire. The questionnaire took about 30 minutes to complete. Participants partook voluntarily and anonymously in the study. Moreover, participants were informed of their right to withdraw from the study at any stage without incurring any penalties or negative consequences. There was no payment for participating, and there were no risks or discomforts endured in participating.

Data were stored online with password protection, and were only accessible to the researcher, and reported in a combined total form. Individual answers were not disclosed to anyone other than the researcher, supervisors, and biostatistician. Completed questionnaires were automatically uploaded onto the QuestionPro software (since CUT had licensing for QuestionPro, it was the preferred platform), which assisted in consolidating findings and blinding participants' identities to ensure confidentiality. Participants were provided three weeks to complete the questionnaires (mbalifecyale, 2020). After participants completed the questionnaires, the data were captured and consolidated by the online questionnaire software. The researcher then downloaded the anonymous data, which were password-protected and only accessible by the researcher, supervisors, and biostatistician. Each section and question were captured separately to facilitate the data analysis.

### **1.7.5 Data Analysis**

The current study followed a descriptive quantitative research design, using a questionnaire with Likert-scale questions to gather numerical data. Some open-ended questions were included to provide contextual insights and support interpretation of the descriptive findings. This approach facilitated the organisation of unstructured data, such as opinions and experiences. Data were analysed by the researcher, with the assistance of a biostatistician. Additionally, graphs and tables were compiled to illustrate the results. Finally, conclusions were drawn, and recommendations were made.

### **1.8 SCOPE OF RESEARCH**

The research study explored the knowledge, expectations, and practices of somatologists regarding the regulatory bodies of the somatology profession in South Africa. The study specifically focused on the regulatory bodies that govern the somatology industry, whether by law or by choice. The research area was limited to the Free State province, and the research population included only practicing somatologists and employers/salon owners. The focus area and population resulted in a more specific and narrower scope which assisted to complete the research study within the limited period of time available so as to complete a qualification.

### **1.9 ASSUMPTIONS**

The following assumptions underpinned the research study:

- All participants were English literate as it is said to be the most universal language spoken in South Africa.
- All participants had access to online platforms.
- Participants were honest in their responses in the questionnaire. This was encouraged through ensuring considerable due diligence, ethical compliance, and anonymity.

## 1.10 CHAPTER LAYOUT

As accommodated in the relevant institution's postgraduate and research policy, the current study follows a traditional chapter layout.

- Chapter 1 introduces the research topic and outlines the research problem, objectives, and the significance of the study.
- Chapter 2 comprises the literature review and is structured around the following key themes: theoretical insights; an overview of the somatology profession; the application of somatology in practice; education and training within the industry; regulatory bodies and professional associations; the knowledge, expectations, and practices of somatologists; and the defined scope of practice contextualising the current research.
- Chapter 3 provides details on the methodology of the study including the research design, approach and methods used to gather data.
- Chapter 4 presents the results and findings through the use of tables, charts, and figures.
- Chapter 5 consists of the discussion and interpretation of the research findings.
- Finally, Chapter 6 consists of summative remarks, conclusions, and overall recommendations, as well as future research suggestions based on the findings of this study.

## 1.11 SUMMARY

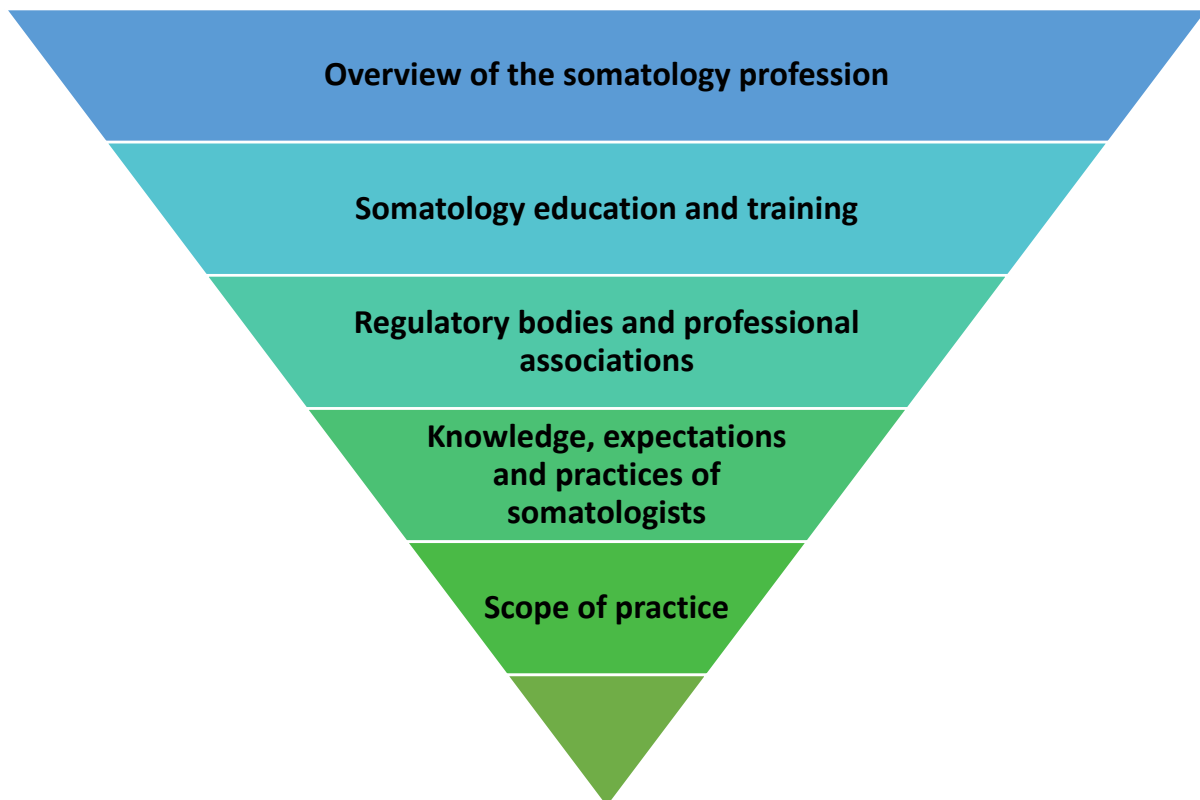
In conclusion, this chapter introduced the foundational elements of the study on the regulatory bodies governing the somatology profession in South Africa. Outlining the rationale behind the research, the urgent need for clearer regulatory oversight due to the lack of a dedicated regulatory body and the increasing complexity of treatments offered, were emphasised. The primary and secondary research questions were presented, along with the study's aim and objectives, which focus on identifying gaps in somatologists' knowledge, expectations, and practices regarding regulation of the profession.

By concentrating on practicing somatologists and salon owners in the Free State province, the study aims to offer relevant insights into how regulatory governance reflects current professional realities. The next chapter will review relevant literature, theories, and frameworks, highlighting existing knowledge and identifying gaps that this research seeks to address. Chapter 3 will detail the methodology used to explore these aspects.

## Theoretical Insights: A Comprehensive Review

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The literature chapter covers the theoretical insights by providing a comprehensive literature review that critically analyses existing literature relevant to the topic of the study to contextualise the current study within the broader field of somatology. Moreover, the review defines the somatology profession, the regulatory bodies associated with the profession as well as the knowledge, expectations, and practices of somatologists regarding the regulatory bodies. Lastly, the identified research gaps that justify further investigation are highlighted, as outlined in Figure 2.1.



**Figure: 2.1** Layout of the theoretical insights: A comprehensive review

## **2.1 DISCUSSION OF THE THEORETICAL INSIGHTS: A COMPREHENSIVE REVIEW**

The literature review provides a critical examination of developments within the somatology profession, beginning with a historical overview of the profession's evolution and expanding scope of practice. Particular attention is given to the integration of medical aesthetics, complementary therapies and technological innovations which have reshaped both treatment modalities and professional expectations. The review also examines advancements

in somatology educational programmes, highlighting the integration of contemporary instructional approaches, and the importance of continuous professional development to support industry-aligned competencies. Attention is also directed to the role of professional bodies and regulatory frameworks, analysing ethical standards, quality assurance mechanisms, and the professionalisation of the somatology industry. Concluding sections evaluate existing literature on the competencies, behaviours, and professional expectations of somatologists, as well as the regulatory standards influencing the somatology industry. The somatology profession has undergone substantial transformation in recent decades, mirroring broader developments within the health and wellness sector. Originally centred on skincare and body therapies, the industry has progressively expanded. This expansion now includes medical aesthetic procedures, evidence-based technologies, and complementary health practices (Van der Merwe, 2020). This evolution of the profession reflects growing consumer demand for integrated, client-centred care, combining therapeutic outcomes with aesthetic objectives. Technological innovation has significantly influenced both the range of treatment offerings and scope of practitioner responsibilities. Contemporary modalities such as superficial chemical peels, ultrasound-based therapies, and dermal microneedling, now form part of standard practice, requiring advanced training and strict adherence to safety protocols (South African Association of Health & Skincare Professionals, 2023). The increasing adoption of advanced techniques illustrates a trend toward specialisation and structured regulation (Van Niekerk, 2020).

To meet the changing demands, educational frameworks within somatology programmes have been revised to align with national qualification structures and evolving industry standards. Accredited institutions now offer structured curricula incorporating anatomy and physiology, ethics, theoretical foundations, and applied aesthetic practices to prepare somatologists for professional practice (CHE, 2021). Education frameworks are further strengthened by innovative teaching approaches, such as digital learning tools, supervised clinical practice, and case-based learning, enhancing critical thinking and reflective practice (Joubert *et al*, 2019). Moreover, Continuous Professional Development (CPD) remains a cornerstone of professional growth, ensuring that somatologists remain up to date and aligned with evolving industry standards and innovations (South African Association of Health

& Skincare Professionals, 2023). The defined scope of practice within somatology outlines the range of treatment procedures somatologists are authorised to perform, based on formal qualifications and recognised competencies. Such treatments typically include skincare therapy, massage techniques, lymphatic drainage, aesthetic modalities, and holistic wellness interventions, provided such treatments align with the practitioner's level of training and established professional guidelines (South African Association of Health & Skincare Professionals, 2023). Nevertheless, the absence of statutory enforcement has contributed to inconsistent adherence to such guidelines, potentially increasing risks to client safety and undermining professional integrity (Van Niekerk, 2020).

In the current context, where statutory regulation is lacking, professional oversight is maintained by associations such as the South African Association of Health and Skincare Professionals (SAAHSP) and the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC). The above-mentioned associations establish ethical frameworks, define educational standards, and promote voluntary compliance with scope of practice recommendations (South African Association of Health & Skincare Professionals, 2023; National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry, 2022). Although the associations lack legislative authority, professional associations such as the SAAHSP and the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) fulfil a critical regulatory function by safeguarding client well-being and promoting accountability among somatologists (Ross *et al*, 2021). In addition to technical competence, regulatory expectations include informed consent procedures, ethical decision making, adherence to health and safety protocols and, effective client communication.

Regulatory authorities are further expected to provide clear practice guidelines, facilitate Continuous Professional Development (CPD), and advocate for the formal recognition of somatology as a health profession (Allied Health Professions Council of South Africa, 2021; National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry, 2022). Somatologists, in turn, are expected to uphold ethical standards, remain informed of legal developments, and demonstrate professional integrity across all areas of practice. The

aforementioned insights offer an essential foundation for the current study, which investigates somatologists' knowledge of regulatory frameworks, professional expectations, and the extent to which somatologists' behaviour aligns with governance structures in the South African context.

## 2.2 OVERVIEW OF THE SOMATOLOGY PROFESSION

The origin of somatology can be traced to the historical development of the beauty and cosmetology professions, with formal recognition and national adoption in South Africa during the 1990s (Vosloo, 2009). The term Somatology is derived from Greek roots, soma (body) and logos (study), signifying the study of the body (Holetzky, 2006). At the time of the literature review limited literature using the specific terminology "somatology" was available due to the relatively new origin of somatology and the exclusivity to the South African beauty and cosmetology context. To establish a more comprehensive context for the study, the literature search was expanded to include additional keywords such as "beauty", "beauty therapy", "aestheticians" and "aesthetics". According to Rhodes (2006), and Sachs and Voorhees (2010), the concept of beauty is inherently subjective and not limited to a singular, universally defined characteristic.

Furthermore, Sharma and Black (2001) expressed that although the beauty profession is associated with the superficial transformation of appearance, the term beauty therapy denotes a more profound and restorative kind of transformation involving mind and body or both, therefore supporting the connection to health and wellness. Instead of being entirely appearance related, somatology also relates to health science fields including aspects such as anatomy and physiology, as well as psychology (Webster Dictionary, 2006). Therefore, the term "somatology" within the South African context assists to distinguish between beauty therapy involving appearance-related aspects and somatology involving a holistic treatment of an individual's health and well-being.

## 2.3 SOMATOLOGY IN PRACTICE

Somatologists operate within a complex and often conflicting environment, shaped by diverse discourses and institutional frameworks, including medical and therapeutic practices, the commercial imperatives of the beauty industry, and the everyday realities of ordinary women. Such intersection challenges the boundaries of professional identity and reflects the hybrid nature of somatology as both care orientated and consumer driven (Sharma & Black, 2001). In other words, variation in practices reflects a broad spectrum of technical skill and theoretical knowledge amongst somatologists, underscoring the diverse competencies required to meet the evolving demands of the wellness and healthcare industries (Sharma & Black, 2001). In turn the wide set of competencies enable somatologists to conduct a range of skin and body treatments including more therapeutic modalities such as non-surgical face lifting, chemical peels and laser treatments (Vosloo, 2009), as well as modalities more aimed at healing such as aromatherapy, reflexology and various other massages (Reid, 2006). Even though the focus of the somatology profession is on overall well-being, some treatments overlap with the beauty profession and at times somatologists may perform treatments designed to temporarily change physical appearance (e.g. makeup) similar to the treatments provided by beauty therapists.

While specialisation in one of the aforementioned treatment areas may occur, somatologists are expected to demonstrate foundational knowledge of the full range of standard beauty treatments, as outlined in the somatology training curriculum (Sharma & Black, 2001). Standard beauty treatments were aimed at pampering and grooming prior to the 1990s (Black, 2002), but treatments continuously evolved into more advanced and research-based treatments, including electric modalities and more medically advanced treatments, such as chemical peels and laser. As a result of the evolvement of standard beauty treatments, a shift occurred in the profession, changing more toward holistic treatments focused on overall health and well-being, thus leading to the origin of somatology with a different focus and a broader scope of practice than beauty therapy (Black, 2002).

As a result of this evolution, the broader scope of practice associated with somatologists enables graduates in the industry to secure employment across various sectors within the beauty and related industries. Career opportunities include positions in salons, spas, health and wellness centres, international cruise lines, the retail sector, as well as lecturing roles in both public and private education institutions (Borg, 2009). In addition, somatologists may operate within medical environments (Campbell, 2012), often contributing to multidisciplinary teams comprising of cosmetic surgeons and dermatologists (Reid, 2006). Somatology graduates are also equipped to establish independently owned businesses, as training programmes incorporate relevant competencies in areas such as business management and experiential learning (Rammanhor, 2014). In response to the evolving scope of somatology practice, educational frameworks have been revised to meet industry demands.

## **2.4 SOMATOLOGY EDUCATION AND TRAINING**

Over the years, somatology education and training have evolved significantly, both in terminology and academic structure, reflecting the expanding demands of the health and wellness profession. From the foundational roots in traditional therapeutic practices, somatology has developed into a rapidly growing profession that integrates a broad spectrum of skills from holistic health, skincare, and advanced medical aesthetic treatment domains (Campbell, 2012). The following section outlines the historical progression and pivotal changes in the training of somatologists, highlighting the evolving and dynamic nature of the profession. Formal somatology education in South Africa has undergone substantial transformation since the early foundations of the industry.

The initial qualification in South Africa was known as a National Diploma in Beauty Technology, after which the qualification was renamed in 1996 to the National Diploma in Somatology (NDip: Somatology). The purpose of the renaming was two-fold, firstly to distinguish the education provided by technikons from that of private education institutions (Campbell, 2012). Secondly, changing the name emphasised somatology's focus on holistic therapy, incorporating health and well-being, and distinguishing the somatologists from the

traditional beauty profession. In the same year, the Bachelor of Technology (BTech) degree in Somatology was introduced at technikons. The BTech degree provided vertical articulation with the National Diploma, and thus admission to the degree required a National Diploma in Somatology or an equivalent qualification. The advanced BTech degree was only available at selected universities of technology (UoTs) and comprehensive universities that offer established somatology programmes. BTech graduates could pursue further studies, obtaining a Master of Technology (MTech) degree and eventually a Doctor of Technology (DTech) degree in Somatology (Campbell, 2012).

Two decades later, further structural reforms were implemented with the introduction of the Revised Higher Education Qualifications Sub Framework (HEQSF) in 2016, as published in the Government Gazette (No. 40123, Vol. 1636, July 2016). The framework aimed to streamline education across all higher education institutions, facilitating easier progression for students between qualifications and institutions. As a result, all public institutions, including universities of technology (UoT's), were required to align qualifications with the new sub framework, or to develop new programmes that meet such standards (SATN, 2017). A key change was the discontinuation of the BTech qualification at the end of 2019 (Cape Peninsula University of Technology, 2020). To accommodate the shift and ensure continuity in academic progression, a revised qualification structure was introduced. Since 2020, the traditional BTech degree has been replaced by a new academic pathway comprising a one-year Advanced Diploma followed by a one-year Postgraduate Diploma.

The revised framework is intended to prepare students for entry into professional Master's and Doctoral programmes. Although the formal qualification structure establishes a clear academic pathway, equal emphasis must be placed on addressing the ongoing developmental needs of graduates. In the profession of somatology, the curriculum emphasises both contemporary theoretical knowledge and practical, hands-on experience. Nonetheless, given the rapid evolution of the wellness and skincare industry, graduates frequently require ongoing education and professional development to remain aligned with current industry standards and expectations (Rammanhor, 2014).

In the current educational landscape, somatology training is delivered across a range of institutions and qualification levels. In South Africa, somatology programmes typically commence at National Qualifications Framework (NQF) level 5 and are available through both private and public institutions. Private education providers typically offer two to three-year full-time programmes at NQF levels 5 and 6. In contrast, public institutions such as universities of technology (UoT's) offer qualifications pitched at higher NQF levels, starting with a three-year National Diploma (NQF level 6), followed by the Advanced and Postgraduate Diplomas, and extending to research based Master's and Doctoral degrees in Health Sciences with a specialisation in somatology (Seyama, 2013). The structured academic progression facilitates comprehensive preparation for both professional practice and advanced academic research. In South Africa, the differentiated training pathways for beauty therapists and somatologists are reflected in the distinct NQF levels assigned to such qualifications. Table 2.1 below presents a comparison of the former and revised NQF levels associated with somatology-related qualifications, providing an overview of the progression and formalisation within the industry.

**Table 2.1: Comparison of old and new somatology qualifications and NQF Levels**

<b>NEW qualification name and type:</b>	<b>NQF levels</b>	<b>OLD qualification name and type:</b>	<b>NQF levels</b>
Doctor of Health Sciences in Somatology	10		
Master of Health Sciences in Somatology	9		
Bachelor of Health Sciences in Somatology	8	Master of Technology: Somatology Doctor of Technology: Somatology	Eight and above
One-year Postgraduate Diploma in Somatology	7	Bachelor of Technology: Somatology	7

One-year Advanced Diploma in Somatology	6	Advanced Higher Diploma: Somatology Advanced Diploma: Somatology National Diploma: Somatology Diploma: Somatology	6
Diploma in Somatology Certificate 2-3 years in Somatology	5	Diploma: Somatology National Higher Certificate: Somatology National Certificate: Somatology Diploma: Skincare and Body Therapy Diploma: Skincare and Body Health Therapy Diploma: Health and Skincare Therapy Diploma: Health and Skincare Certificate: Skincare and Body Therapy	5
Certificate in Beauty Technology: 1 year	4	Certificate: Beauty Care and Health Certificate: Beauty Care and Modelling Certificate: Beauty Salon Manager	4
		Certificate: Beauty Therapy	2

In addition to the nationally aligned qualifications outlined above, international diplomas, such as the CIDESCO Diploma in Beauty Therapy (NQF Level 5) and the National Diploma in Health and Skincare Therapy awarded by the South African Association of Health and Skincare Professionals (SAAHSP) (NQF Level 6), are offered at selected universities of technology and accredited private institutions. While the aforementioned qualifications are optional rather than mandatory for students pursuing beauty-related courses, such credentials are frequently

sought after by individuals aiming to enhance employability, particularly in international markets where professional certifications are highly regarded (Seyama, 2013). CIDESCO and South African Association of Health & Skincare Professionals (SAAHSP) are both aligned with profession standards and recognised by professional bodies within and beyond South Africa, ensuring that graduates are equipped to meet global best practices in the profession.

Although programmes may be positioned at the same NQF level, the content often differs based on the scope of practice and intended outcomes. Differences between programmes offered by private education providers, and those delivered by public institutions are particularly evident, despite the frequent overlap in core foundational components. While both educational pathways may include modules such as anatomy, skincare, and professional ethics, somatology programmes often provide more in-depth training in advanced therapeutic and holistic treatments. The aforementioned curricular and instructional differences facilitate the effective transfer of theoretical knowledge and practical competencies into professional practice (Seyama, 2013). Together, structured academic pathways and profession-aligned qualifications ensure that somatologists in South Africa are well equipped to meet both national and international professional standards. In addition to structured academic pathways, regulatory bodies and associations play a vital role in upholding standards, guiding ethical practice, and supporting the continued professional development of somatologists in South Africa.

## **2.5 REGULATORY BODIES AND PROFESSIONAL ASSOCIATIONS**

Regulatory bodies and professional associations provide essential guidance and further education to support somatologists and other beauty professionals in building successful practices, while also shaping the beauty and wellness profession through clearly defined roles and support systems (Rammanhor, 2014). A key focus will be to distinguish between statutory and non-statutory professional bodies by explaining the different roles of each in regulating and supporting professional practice (Unacademy, 2024). Somatologists must possess a clear understanding of the distinctions between governance structures to effectively navigate the complexities of the beauty and wellness profession in South Africa.

In order to clarify the governance landscape within the South African beauty and wellness industry, Table 2.2. presents a comparative overview of the definitions and core functions of key entities within the industry. These include statutory bodies, non-statutory bodies, professional associations, regulatory authorities, and employer organisations. Each entity's distinct roles in professional oversight and support are also tabulated.

**Table 2.2: Definitions and key functions between the different entities in South Africa**

Category	Definition	Core Functions
Statutory Body	Created through legislation (Acts of Parliament) with legal authority to regulate a profession	Registration/licensing; enforcement of ethical standards; disciplinary action; policy input
Non-Statutory Body	Not established by law; voluntary membership; operates without legal mandate	Promote professional development; voluntary registration; guidelines; CPD support
Professional Association	Organisation formed by members of a profession to represent and advance the field	Member advocacy; education and CPD; setting industry standards; public awareness
Regulatory Body	Authority (usually statutory) responsible for legally regulating a profession and protecting the public	Oversight and enforcement; public protection; Registration/licensing; policy enforcement
Employer Body / Bargaining Council	Represents employment interests, negotiates wages and working conditions, issues contracts	Employee-employer relations; wage agreements; dispute resolution; legal compliance

This classification (Table 2.2) provides a foundational understanding of how different entities contribute to the regulation, representation, and development of professionals in the somatology sector. A comprehensive understanding of governance structures within the South African beauty and wellness industry necessitates the classification of entities involved in professional regulation, representation, and support. The following section offers a detailed examination of statutory bodies, non-statutory bodies, professional associations,

regulatory bodies, and employer or bargaining councils, with specific reference to the definitions, functional roles and relevance to the somatology profession.

### **2.5.1 Statutory Bodies**

Statutory bodies are legally established entities, created through acts of parliament, and are mandated to perform public functions such as regulation, oversight, and policy implementation. The authority of statutory bodies is derived from national legislation, and their responsibilities include the enforcement of ethical standards, the assurance of public safety, and the regulation of professional conduct (Unacademy, 2024). Within the health and wellness sector, statutory bodies such as the Health Professions Council of South Africa (HPCSA) and the Allied Health Professions Council of South Africa (AHPCSA) serve as key regulatory authorities. Statutory councils are authorised to oversee regulated occupations, administer licensure, maintain professional registers, and implement disciplinary procedures. Councils governing statutory bodies often consist of both professional and public representatives, thereby reinforcing accountability and the protection of public interest. Statutory bodies serve as regulatory authorities and uphold professional integrity through structured legal frameworks, such as the Health Professions Act 56 of 1974, which governs the registration, ethical conduct, and disciplinary procedures for health professionals in South Africa. In contrast to statutory bodies, professional associations and non-statutory entities operate without legal enforcement authority.

### **2.5.2 Non-Statutory Bodies**

Non-statutory bodies function without legal authority and are not established through legislation. Voluntary in nature, professional associations primarily aim to promote professional development, advance knowledge, uphold practice standards, and improve access to educational and career pathways (Professional Bodies in South Africa, 2023). The South African Association of Health and Skincare Professionals (SAAHSP) represents a non-statutory body supporting the somatology industry. While registration with the South African Association of Health & Skincare Professionals (SAAHSP) is not legally required, the association registers professional designations such as nail technologist, beauty technologist,

beauty therapist, somatologist, and advanced aesthetic therapist (South African Association of Health & Skincare Professionals, 2023). Due to the lack of mandatory registration, effective governance within the somatology industry becomes increasingly complex, especially with the rise of collaboration between somatologists and medical practitioners in aesthetic practices (Swanepoel, 2017). Interdisciplinary collaborations often blur professional boundaries, introducing ambiguity in roles, responsibilities, and regulatory oversight, particularly when invasive or medically supervised procedures are involved.

### **2.5.3 Professional Associations**

Professional associations, also referred to as professional organisations or societies, are membership-based entities formed by individuals within a particular profession. Professional associations aim to represent and advocate for the collective interests of members by promoting ethical conduct, advancing education, and improving professional standards (Visconti, 2022). The functions of professional associations include offering voluntary certifications, facilitating Continuous Professional Development (CPD), and engaging in policy advocacy. Governance of professional associations is typically undertaken by a board composed of professionals, with decision making processes aligned to the overarching mission of elevating the profession. In regulated professions, professional associations often collaborate with statutory regulatory bodies to enhance public trust and uphold ethical standards. In unregulated professions, certain associations adopt an oversight role by establishing ethical guidelines and advocating for the public interest despite lacking formal regulatory authority (Visconti, 2022).

### **2.5.4 Regulatory Bodies**

Regulatory bodies are formal structures authorised to govern professional practice through structures such as registration, certification, licensing, and the enforcement of regulatory codes. Regulatory bodies function under a legislative mandate and are legally empowered to ensure accountability, protect public welfare, and implement disciplinary action when necessary (Visconti, 2022). The core responsibility of regulatory bodies includes the

development and enforcement of ethical frameworks and the alignment of professional conduct with public safety imperatives. In the South African context, regulatory bodies such as the Health Professions Council of South Africa (HPCSA) and the Allied Health Professions Council of South Africa (AHPSCSA) are examples of statutory regulators that hold jurisdiction over health-related professions. Regulatory bodies operate independently from professional associations, though collaboration often occurs to ensure cohesive professional development and integrity.

### **2.5.5 Employer and Bargaining Councils**

Employer and bargaining councils are formed through industrial relations frameworks to facilitate negotiation between employers and employees, establish fair labour practices, and resolve disputes within specific sectors. Relevant councils ensure compliance with labour legislation and contribute to the development of workplace standards, including wages, working conditions, and dispute resolution processes. Although not directly involved in the regulation of professional standards or public protection, employer and bargaining councils influence the employment environment of professionals such as somatologists. By setting industry-specific conditions, the entities indirectly impact the professionalisation and standardisation of work practices within the beauty and wellness sector (EOHCB,2023).

### **2.5.6 Regulatory Bodies and Professional Associations in the South African Somatology Industry**

While certain functions of professional associations and regulatory bodies may appear to intersect, distinct differences remain in terms of legal authority, structural composition, and overarching purpose. Regulatory bodies are mandated to protect public interest by enforcing ethical and professional standards, whereas professional associations primarily aim to represent practitioners and advance the profession (Visconti, 2022). Clear differentiation among statutory bodies, non-statutory bodies, professional associations, regulatory bodies, and employer or bargaining councils is essential in understanding the governance framework of the somatology industry. Building on the previous comparison, statutory entities are legally

empowered to enforce professional standards (UoT Academy, 2024), whereas non-statutory associations focus on advocacy, education, and professional development (Visconti, 2022; Professional Bodies in South Africa, 2023). Employer and bargaining councils contribute to sectoral regulation by promoting equitable labour practices and facilitating dispute resolution processes.

In the South African context, the profession of somatology remains unregulated, resulting in the absence of a statutory regulatory body responsible for oversight and licensure (Nkwanyana, 2015). Consequently, upon graduation, somatologists may affiliate with non-statutory professional associations such as the South African Association of Health and Skincare Professionals (SAAHSP) and the Beauty, Health and Skincare Employers Association (BHSEA) (Vosloo, 2009). Although such associations do not possess formal regulatory authority, professional contributions are made through the promotion of ethical frameworks, support for professional development, and the facilitation of Continuous Professional Development (CPD) initiatives. The Allied Health Professions Council of South Africa (AHPCSA), a statutory regulatory body, holds jurisdiction over complementary health professions; however, somatologists are not currently eligible for registration under the Allied Health Professions Council of South Africa (AHPCSA). Broader governance of the beauty and wellness sector is further shaped by the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB) and the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC), with regulatory influence determined by the employment classification, whether as an employer, employee, or independent contractor (Employers Organisation for Hairdressing, Cosmetology and Beauty, 2023).

Building on the broader governance context outlined above, the current landscape is shaped by significant developments following the Allied Health Professions Council of South Africa's (AHPCSA) intention to establish a formal register for somatologists. The proposal was published for public comment in the Government Gazette (Department of Health, 2025), prompting extensive national debate within the industry. Universities of Technology (UoTs) have initiated petitions and collective responses supporting statutory regulation, citing the need for redress, scope protection, and alignment with national health governance priorities.

In contrast, the South African Association of Health and Skincare Professionals (SAAHSP) has driven petitions opposing the proposed inclusion, emphasising concerns about professional autonomy, role delineation, and the implications of integrating somatology into an allied health framework (SAAHSP, 2025). The discourse has been further shaped by the circulation of contradictory information regarding the legal and operational consequences of the Allied Health Professions Council of South Africa (AHPCSA) registration. The competing petitions reflect the divided position within the industry and highlight the urgency for coherent communication, policy clarity, and equitable regulatory processes. Collectively, such developments illustrate the contested regulatory environment currently influencing the somatology industry, reinforcing the relevance of examining regulatory knowledge, expectations, and practices within the current study.

Within the broader regulatory context and evolving governance dynamics, the table below presents a comparative overview of key organisations involved in the governance of the somatology profession in South Africa, with specific emphasis on statutory recognition, regulatory functions, and contributions to continuing professional development. This comparison highlights the distinctions between statutory regulators, professional associations, and employer bodies, and their respective contributions to professional oversight.

**Table 2.3: Comparative overview of regulatory bodies and professional associations in the South African somatology industry**

Type	Legal Status	Function	Examples
Regulatory Body	Statutory	Legally mandated to regulate professional conduct, licensure, ethical standards, and public safety.	AHPCSA currently not specifically aligned with somatology in SA
Regulatory Body	Non-statutory	May exist informally or operate under delegated authority without legal mandate. Rare in SA context.	Not specifically aligned with somatology in SA

Professional Association	Statutory	Rare, may be formed under legislation to represent the profession, but with limited regulatory power.	Not applicable in current SA somatology context
Professional Association	Non-statutory	Advocates for profession, supports CPD, sets voluntary standards, promotes industry growth.	SAAHSP, BHSEA
Employer/Industry Body	Non-statutory	Represents employers and/or employees, supports employment relations, may issue guidelines.	EOHCB, HCSBC

Having outlined the comparative roles of regulatory and professional bodies, the following sections provide a detailed examination of selected entities. Each organisation is discussed in terms of its legal status, scope of authority, and relevance to somatology practice.

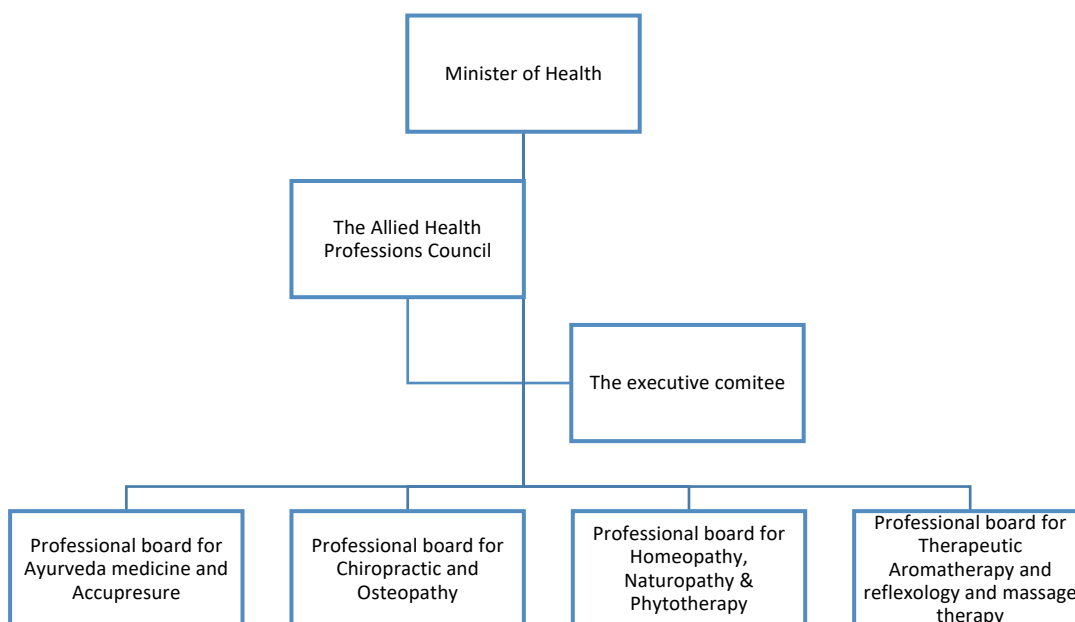
#### 2.5.6.1 Allied Health Professions Council of South Africa

The Allied Health Professions Council of South Africa (AHPCSA) oversees allied health professions in South Africa under Act 63 of 1982, with responsibilities centred on public health, policymaking, professional conduct, practitioner registration, and the regulation of education and training standards (Allied Health Professions Council of South Africa, 2023). Accordingly, the Allied Health Professions Council of South Africa (AHPCSA) primarily focuses on governing, regulating, and ensuring high standards for all allied health professions (Allied Health Professions Council of South Africa, 2023). Furthermore, the Allied Health Professions Council of South Africa (AHPCSA) is tasked with ensuring that recognised qualifications are aligned with the competencies required for professional registration, thereby safeguarding the quality and integrity of allied health education. The Allied Health Professions Act, which has undergone multiple amendments over time, provides the legal framework allowing registered practitioners to practice for remuneration. The enactment of the Allied Health Professions Act led to the establishment of the Allied Health Professions Council of South Africa (AHPCSA), which is mandated to define and implement the Council's regulatory functions, oversee procedures for registration and deregistration of practitioners, and

enforce professional conduct and ethical standards applicable to practitioners, interns and students (Allied Health Professions Council of South Africa, 2020). Professions governed by the Allied Health Professions Council of South Africa (AHPCSA) include chiropractors, osteopaths, homeopaths, physiotherapists, naturopaths, acupuncturists, ayurveda practitioners, therapeutic aromatherapists, therapeutic massage therapists, therapeutic reflexologists, and unani tibb practitioners (Allied Health Professions Council of South Africa, 2008).

To effectively implement the legislative responsibilities and maintain oversight of various allied health disciplines, the Allied Health Professions Council of South Africa (AHPCSA) is structured into three primary regulatory divisions. The Health Professions Council of South Africa (HPCSA) forms the first regulatory division within the broader national health regulatory framework. Operating under the authority of the Minister of Health, the Health Professions Council of South Africa (HPCSA) is responsible for setting national regulatory policies, including the determination of scopes of practice, the establishment of ethical guidelines, the oversight of licensure and registration requirements, and the implementation of disciplinary procedures in cases of professional misconduct. The second regulatory division comprises four professional boards, each tasked with the regulation of specific allied health disciplines. The respective boards are composed of the professional for Ayurveda, Chinese medicine, acupuncture, and unani tibb; the professional board for chiropractic and osteopathy, the professional board for homeopathy, naturopathy, and phytotherapy; and the professional board for therapeutic aromatherapy, massage therapy, and reflexology (Allied Health Professions Council of South Africa, 2015). The third regulatory division encompasses the administrative infrastructure responsible for supporting both the council and the professional boards. Administrative responsibilities include recordkeeping, internal communication, meeting coordination, application processing, and the management of regulatory documentation.

The figure below outlines the organisational structure of the Allied Health Professions Council of South Africa (AHPCSA), illustrating the key divisions, regulatory committees, and the respective function assigned to each component in overseeing allied health professions.



**Figure 2.2 Structure of the Allied Health Professions Council of South Africa**

Registering with the Allied Health Professions Council of South Africa (AHPCSA) provides practitioners with formal professional status, consistent regulation of practice, standardised education and ethical oversight, and protection of public interest (Allied Health Professions Council of South Africa, 2023). As a statutory regulatory body, the Allied Health Professions Council of South Africa (AHPCSA) governs a wide range of complementary and allied health modalities. However, somatologists currently fall outside the current framework and operate under a non-statutory model. Consequently, professional recognition and development within the somatology industry are facilitated by the South African Association of Health & Skincare Professionals (SAAHSP), a voluntary professional association which performs many of the functions typically undertaken by statutory bodies in regulated professions. Although somatologists lack statutory recognition, several therapeutic modalities within the defined scope of somatology practice, such as aromatherapy, reflexology, and massage therapy, are already recognised and regulated under the Allied Health Professions Council of South Africa (AHPCSA) through established practitioner registers.

Given the overlap in therapeutic modalities, the regulatory model implemented by the Allied Health Professions Council of South Africa (AHPCSA) illustrates the potential applicability of a

similar statutory framework within the somatology industry. The adoption of a similar statutory framework could promote standardised best practices, centralised professional membership, and consistent ethical oversight. The National Diploma in Allied Health Therapies, which promotes self-employment and is supported by national policy frameworks (SAQA 0480/09, 2009), aligns with the independent practice environments commonly associated with somatology. In addition, Higher Education institutions in South Africa continue to offer training in modalities which correspond with international regulatory benchmarks, thereby reinforcing the relevance and feasibility of formalised statutory regulation for the profession. Considering the above-mentioned factors, Van der Walt (2011) reports that Dr Mullinder proposed the inclusion of somatologists in a sub-register under the Minister of Health, particularly where the work overlaps with modalities already governed by the Allied Health Professions Council of South Africa (AHPCSA). Aligning somatology with the Allied Health Professions Council of South Africa's (AHPCSA) statutory framework has been further advocated to bridge current regulatory gaps, elevate professional standards, and expand career opportunities in both public and private healthcare sectors. Although earlier discussions on the matter were noted over a decade ago (Nkwanyana, 2015), the absence of a formal register to date suggests that progress has been limited, despite efforts by universities and stakeholders to promote regulatory inclusion.

#### **2.5.6.2 South African Association of Health and Skincare Professionals**

The South African Association of Health and Skincare Professionals (SAAHSP) is a legally constituted non-profit organisation serving professionals within the skin, body, and nail care industries in South Africa. The organisation is mandated to protect public interest by awarding, developing, monitoring, and revoking professional designations. Additional responsibilities include regulating Continuous Professional Development (CPD), enforcing ethical standards, formulating scopes of practice, and promoting alignment with national and international industry standards (South African Association of Health & Skincare Professionals, 2023). Founded in 1979, the association was established to provide unified representation for health and skincare professionals across South Africa. Until 2006, no alternative representative association operated within the South African health and skincare

sector (South African Association of Health & Skincare Professionals, 2006). Foundational objectives included the advancement of professionalism, the promotion of industry cohesion, and the development of educational and ethical standards.

Since its establishment, the South African Association of Health & Skincare Professionals (SAAHSP) has supported a broad range of professional categories, including somatologists, skincare therapists, beauty technologists, and spa managers. In addition to representing practitioners, the association collaborates with accredited training institutions, oversees the National South African Association of Health & Skincare Professionals (SAAHSP) examination, and fulfils the role of national representative for the Comité International d'Esthétique et de Cosmétologie (CIDESCO) (Assheton-Smith, 2007). The constitution adopted in June 2005 outlines key organisational objectives, including the promotion of unity within the profession, the enhancement of professional competence, and the facilitation of strategic collaboration with stakeholders across the health, beauty, and wellness sectors (SAAHSP-CIDESCO Section SA, 2005).

Continuous Professional Development (CPD), as regulated by the South African Association of Health & Skincare Professionals (SAAHSP), involves the systematic maintenance, enhancement, and broadening of professional competencies, as well as personal development required for sustained effectiveness throughout a professional career. Support for Continuous Professional Development (CPD) structures is provided through the promotion of professionalism, the enforcement of educational standards, and the alignment of professional practice with prevailing industry trends. Additional functions include the enforcement of ethical conduct, the formulation of scopes of practice, the promotion of professional advancements and the establishment of relevant operational committees (South African Association of Health & Skincare Professionals, 2023).

Legislative reforms introduced by the Skills Development Act (Act No. 97 of 1998) and the Labour Relations Act (Act No. 66 of 1995), as amended, necessitated the comprehensive organisational restructuring of the South African Association of Health & Skincare Professionals (SAAHSP). The legislative frameworks imposed new obligations concerning

employer representation, labour relations, and workplace-based learning, thereby prompting the South African Association of Health & Skincare Professionals (SAAHSP) to realign organisational functions and governance structures. As a result, the Beauty, Health and Skincare Employers' Association (BHSEA) was established in 2003 to specifically represent the interests of employers within the beauty industry and to ensure compliance with labour legislation (South African Association of Health & Skincare Professionals, 2006). The BHSEA functions as a self-governing body which provides legal, business, and labour support to employers, including independent contractors, partners, members of closed corporations and managerial staff, while also offering group insurance and credibility enhancing services (Assheton-Smith, 2007).

Although the South African Association of Health & Skincare Professionals (SAAHSP) does not possess legal enforcement authority, members are expected to adhere to ethical guidelines and engage in continued professional development. The South African Association of Health & Skincare Professionals (SAAHSP) board addresses non-compliance through its Professionalism and Ethics Committee, which may impose sanctions such as the withdrawal of professional designation status. As a South African Qualifications Authority (SAQA)-recognised professional body, the South African Association of Health & Skincare Professionals (SAAHSP) is authorised to manage designations, and failure to comply with the established standards may result in exclusion from profession directories and events (South African Qualifications Authority, 2023). Resultant consequences in turn may adversely affect a practitioner's credibility, employment opportunities, and access to ongoing professional development.

Currently, the South African Association of Health & Skincare Professionals (SAAHSP) recognises four professional designations, namely nail technologist, beauty technologist, beauty therapist, and somatologist (South African Association of Health & Skincare Professionals, 2023). A nail technologist is a professional specialising in the application of artificial nails and providing nail care therapy for hands and feet, often focusing on enhancements such as gel, silk, fibre, acrylic, and nail art, depending on specific training (South African Association of Health & Skincare Professionals, 2023). A beauty

technologist offers basic skincare, hair and nail treatments, nail treatments, hair removal, make-up application and basic massage treatments. A beauty therapist, after two years of training, provides comprehensive skincare and body treatments, including massage (South African Association of Health & Skincare Professionals, 2023). A somatologist is a wellness professional trained over three years, with specialised knowledge in anatomy, physiology, nutrition, and holistic body therapies. The curriculum also incorporates elements of cosmetic chemistry and health sciences to enable safe and effective body and skincare treatments (South African Association of Health & Skincare Professionals, 2023). Advanced aesthetic therapists frequently undertake further studies toward an advanced diploma or degree which facilitates progression into more specialised areas of professional practice. Training typically includes advanced anatomy, physiology, cosmetic chemistry, and specialised aesthetic treatment techniques.

Professional activities are commonly conducted within clinical and medically affiliated environments such as Medi Spas, Skin Rejuvenation Clinics, or Medical Aesthetic Practices, often in collaboration with cosmetic medical practitioners. The defined scope of practice includes modalities such as laser therapy, intense pulsed light (IPL), chemical peels, photo rejuvenation, and micro-needling (South African Association of Health & Skincare Professionals, 2023). Relevant treatment modalities align with the specialist professional designations awarded by the South African Association of Health & Skincare Professionals (SAAHSP). As a professional body recognised by the South African Qualifications Authority (SAQA), the South African Association of Health & Skincare Professionals (SHAASP) confers formal professional designations based on accredited qualifications, demonstrated practical competencies, and continued professional development. Designations such as advanced aesthetic therapist reflect an expanded and clinically orientated scope of practice, supported by higher credentials and advanced technical proficiency (South African Association of Health & Skincare Professionals, 2023; South African Qualifications Authority, 2023).

While the South African Association of Health & Skincare Professionals (SAAHSP) focuses on professional development and voluntary regulation, labour-related aspects within the industry fall under the jurisdiction of the National Bargaining Council for Hairdressing,

Cosmetology, Beauty and Skincare Industry (HCSBC). The National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) regulates employment conditions and standards, thereby ensuring fair labour practices within the health and skincare industry.

### 2.5.6.3 National Bargaining Council for Hairdressing Cosmetology, Skincare and Beauty

As discussed above, the South African Association of Health & Skincare Professionals (SAAHSP) addresses professional recognition and educational development. Workplace compliance and employment conditions fall under the scope of the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC). Bargaining councils, trade unions, and employer organisations play distinct roles within the South African labour framework, which underscores the importance of distinguishing among the respective entities. Somatology entities must comply with the legislative framework to maintain harmonious labour relations and uphold the rights of all parties involved (Employers Organisation for Hairdressing, Cosmetology and Beauty, 2023).

The table below outlines the comparison between bargaining councils, trade unions, and employers organisations.

**Table 2.4 Comparison of bargaining councils, trade unions, and employer organisations**

Aspect	Bargaining Councils	Trade Unions	Employer Organisations
Definition	Legally established, independent bodies under South African labour law	Associations formed by workers	Groups established by employers
Primary Purpose	Facilitate and enforce collective agreements, regulate collective bargaining, and resolve disputes	Protect and promote the interests of workers	Represent the interests of employers
Key Functions	Promote orderly collective bargaining Set minimum wages and	Collective bargaining Industrial action (e.g., strikes)	Collective bargaining Advice on labour laws Representation in

	working conditions	Resolve disputes	disciplinary hearings and disputes	in support of	disputes and negotiations
Composition	Representatives from employers and employees	Occasionally includes government officials	Comprised of workers or employee representatives	Comprised of employers or employer representatives	
Legal Status	Legally established and recognised under South African labour law		Registered under labour laws		Registered under labour laws
Profession Scope	Operates within specific industries or sectors		Can operate at workplace, sectoral, or national level		Typically sector-specific, may operate nationally
Examples of Activities	Enforcement of collective agreements Dispute resolution mechanisms Ensuring compliance with minimum conditions		Wage negotiations Organising worker protests Legal representation for members		Engage with trade unions on behalf of members Offer compliance training Participate in policy discussions affecting the profession

Bargaining councils are legally established, independent bodies in South African labour law, which play a crucial role in facilitating and enforcing collective agreements, regulating collective bargaining, and resolving disputes between employers and employees within specific industries or sectors (Budlender & Sadeck, 2007). The primary purpose is to promote orderly collective bargaining, set minimum wages and working conditions, and resolve disputes between employers and employees. Bargaining councils are typically composed of representatives from both employers and employees, with government officials occasionally included (Employers Organisation for Hairdressing, Cosmetology and Beauty, 2023).

Trade unions advocate for improved wages, favourable working conditions, and enhanced employee benefits, thereby fulfilling a critical function within labour negotiations. Core activities performed by trade unions include collective bargaining, the organisation of industrial action such as strikes, and the provision of representation and support to

employees during disciplinary procedures and workplace disputes (Employers Organisation for Hairdressing, Cosmetology and Beauty, 2023). Comparable functions are executed by employer's organisations, which are formally constituted by employers to advance employer-related interests within the same labour relations framework. Employer's organisations advocate on behalf of employers during negotiations with employees and trade unions, engage in collective bargaining processes, contribute to the formulation of employment policies, provide legal advisory services in accordance with labour legislation, and offer formal representation in workplace disputes and negotiation proceedings (Employers Organisation for Hairdressing, Cosmetology and Beauty, 2023).

Organisational functions of a regulatory nature correspond with the role of bargaining councils, which serve as statutory bodies facilitating sector-specific collective bargaining. Bargaining councils are formally established when employer organisations and the trade unions operating within a defined industrial sector and geographical region reach agreement to collaborate on matters such as wage regulation, employment standards, and dispute resolution procedures (Budlender & Sadeck, 2007). The National Bargaining Council for Hairdressing, Cosmetology, Beauty, and Skincare Industry (HCSBC) is not a statutory body but derives statutory authority from the South African Labour Relations Act (LRA) No.66 of 1995 (National Bargaining Council for Hairdressing, Cosmetology, Beauty, and Skincare Industry, 2023). In accordance with section 28 of the LRA, registered bargaining councils are empowered to establish and administer pension, provident, medical aid, sick pay, holiday, unemployment and training schemes or similar funds for the benefit of parties to the bargaining council. Bargaining councils are obliged to report annually to the Registrar of Labour Relations of the country (Budlender & Sadeck, 2007).

The Labour Relations Act requires all relevant parties to comply with the terms of the Bargaining Council Agreement. Collective agreements negotiated through bargaining councils establish the guidelines and minimum standards employers are legally required to follow within the profession. Dispute resolution mechanisms, such as conciliation and arbitration, ensure fair and constructive outcomes for both employers and employees. Bargaining councils further introduce industry-specific rules promoting consistency and equity across the

sector (Barter McKellar, 2024). Employers align workplace practices with the provisions of sectoral agreements, including employment conditions, wage structures, and dispute procedures. Strategic alignments contribute to a stable and equitable working environment while reducing the likelihood of conflicts or legal challenges (Employers Organisation for Hairdressing, Cosmetology and Beauty, 2023).

Failure to comply with orders can result in serious repercussions, including legal action such as lawsuits or arbitration. In cases involving disputes or issues related to the work environment, matters are referred to the Bargaining Council, which appoints agents to investigate and issue compliance orders to employers found in violation of the Council Agreement (Allardyce and Partners, 2024). Financial penalties including additional fines and interest on the outstanding amount may also accrue. Reputational damage caused by non-compliance can tarnish a business's image, leading to the loss of clientele and diminished respect within the profession. In extreme cases, operational disruptions can occur, and non-compliance may even result in the closure of the business (National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry, 2023). The resulting consequences are particularly relevant in the context of registration and adherence requirements imposed by the bargaining council, which are legally binding on all members. Registration with the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) is mandatory for all employers and employees operating in the hairdressing, cosmetology, skincare and beauty industries, and employers within a specific sector are legally required to adhere to the collective agreements established by the relevant bargaining council. Failure to register constitutes a violation of the Labour Relations Act No. 66 of 1995 (as amended), which may lead to legal consequences.

The Board of the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry is composed of representatives from both employers and employees actively engaged within the profession. Compliance inspections are regularly conducted by bargaining council agents, and conduct is monitored and managed by the council's board (Employers Organisation for Hairdressing, Cosmetology and Beauty, 2023). A key responsibility of labour inspectors, designated agents, and commissioners is to investigate

violations, impose penalties, and ensure that employers adhere to statutory requirements. The National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) Council may assist by reporting violations or advocating for workers' rights and holds the authority to enforce legal penalties (Hair News, 2021). The profession-specific conditions of employment within the hairdressing, cosmetology, skincare, and beauty sectors are negotiated by the Employers' Organisation for Hairdressing, Cosmetology, and Beauty (EOHCB) and the United Association of South Africa (UASA). Negotiations are conducted based on mandates received from profession stakeholders (Barter McKellar, 2024.).

The bargaining council staff are responsible for implementing and facilitating the main collective agreement established between the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB) and the UASA. In accordance with the agreement, clear profession regulations are defined and clarified to promote a standardised approach to operations. The council also plays a vital role in implementing and facilitating profession operational and educational standards, ensuring that the profession maintains professional benchmarks. An important benefit of collective bargaining through the council is the establishment of a profession pension fund and sick pay fund, which includes provisions such as a maternity leave benefits. Additionally, the council is responsible for managing dispute resolution processes, ensuring fair and effective conflict resolution within the profession (Employers Organisation for Hairdressing, Cosmetology and Beauty, 2023). Despite the significant role of the National Bargaining Council for Hairdressing, Cosmetology, Beauty, and Skincare Industry in promoting equitable labour practices and facilitating sector-specific collective bargaining, the council does not constitute a legislative authority and lacks jurisdiction to formulate, enforce, or interpret statutory law. The bargaining council's responsibilities do not include regulating employment standards, adjudicating legal disputes, or imposing statutory sanctions. However, employers within the specific sector are legally required to adhere to the collective agreements established by the relevant bargaining council. The obligation of statutory sanctions, such as CODIA, UIF, and tax regulations such as pay-as-you-earn (PAYE) is outside the jurisdiction of the council (Employers Organisation for Hairdressing, Cosmetology and Beauty, 2023).

To summarise, the bargaining councils are a significant aspect of South African labour law, influencing collective bargaining, dispute resolution, and profession standards. Employers must understand the role and implications of bargaining councils within specific sectors to ensure compliance, maintain positive labour relations, and navigate disputes effectively. Employers, employees, and stakeholders understand legal limitations to navigate the labour landscape effectively and ensure compliance with legislative requirements. Stakeholders clarify the boundaries of the council's responsibilities to better appreciate the council's role within the broader framework of labour relations and legislative requirements (Employers Organisation for Hairdressing, Cosmetology, and Beauty, 2023). An understanding of the functions performed by entities such as the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) is essential for somatologists and other professionals operating within the skincare and beauty industry. While not a legislative body, the council enforces compliance that directly impacts working conditions, thereby influencing both business operations and professional practice standards. For somatologists, whose work bridges the gap between beauty therapy and therapeutic health modalities, understanding the roles of the Allied Health Professions Council of South Africa (AHPCSA), South African Association of Health & Skincare Professionals (SAAHSP), and the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) is essential. Each entity contributes uniquely to shaping professional recognition, educational standards, and employment rights.

## **2.6 KNOWLEDGE, EXPECTATIONS AND PRACTICES OF SOMATOLOGISTS**

A sound foundation of knowledge regarding the principles, responsibilities, and regulatory expectations of the industry is essential for somatologists to provide safe, ethical, and effective treatments. As the wellness and aesthetic sectors continue to evolve, somatologists must stay agile, continually updating skills and knowledge in line with emerging trends and best practices. Professionals develop a foundational understanding by becoming familiar with regulations, treatment standards, and the defined scope of practice (South African Association of Health & Skincare Professionals, 2023). Although no recognised regulatory body currently governs somatologists in South Africa, awareness of the qualifications and

certifications commonly acknowledge the profession remains essential for professional practice. Standards help outline which procedures can be performed independently and which require collaboration with medical professionals or advanced training (South African Association of Health & Skincare Professionals, 2023). Equally important is the somatologist's knowledge of hygiene practices, infection control, safe product use, and proper equipment handling. With the foundational knowledge in place, certain expectations naturally arise regarding how somatologists should conduct themselves professionally. Professional expectations are demonstrated through thorough consultations and a commitment to clinical and environmental safety standards that enhance both safety and results (South African Association of Health & Skincare Professionals, 2023).

Regulatory bodies play a crucial role in professional governance by establishing standards, enforcing compliance, and promoting ethical conduct, particularly when situated within the framework of foundational professional knowledge. Regulatory bodies facilitate the development and implementation of professional standards, define the scope of practice, and disseminate current information across the profession. Within the South African context, regulatory bodies including the South African Association of Health and Skincare Professionals (SAAHSP) and the Allied Health Professions Council of South Africa (AHPCSA) establish regulatory frameworks designed to uphold ethical conduct, professional accountability, and safe practice across the somatology industry (South African Association of Health & Skincare Professionals, 2023). Regulatory bodies also monitor emerging professional trends and technological advancements to ensure alignment between education and training standards and the evolving requirements of both somatologists and clients (BABTAC, 2021).

A shared foundation of knowledge naturally informs expectations placed on somatologists and the regulatory bodies that support the profession. Professional standards are upheld through ethical behaviour, ongoing learning, and a strong commitment to client well-being. Continuous Professional Development (CPD) activities enable adaptation to advancements in products, technologies, and safety protocols (BABTAC, 2021). Daily practice involves comprehensive client consultations, accurate health assessments, informed consent, and detailed client records. Each element supports quality care, legal protection, and service

continuity. Respect for client diversity, ~~confidentiality~~, and adherence to legal and ethical guidelines remains essential throughout professional interactions.

Regulatory bodies are responsible for setting and communicating standards for education, clinical competence, and ethical behaviour. Advocacy for inclusivity, protection of client dignity, and mechanisms for addressing complaints and misconduct reinforce trust and accountability across the profession (South African Association of Health & Skincare Professionals, 2023). Professional expectations established by regulatory entities, including South African Association of Health & Skincare Professionals (SAAHSP), are reflected in practitioner conduct through the consistent maintenance of hygienic environments, adherence to health and safety regulations, and the integration of ethical principles within therapeutic practices. Documentation of client history, treatment plans, and outcomes is required for safe, professional practice. Through monitoring, support, and enforcement, when necessary, regulatory bodies ensure consistent application of standards (BABTAC, 2021). Professional expectations guide daily practice, ensuring client care remains ethical and effective. Furthermore, somatologists are encouraged to integrate ethical methods into somatology practices. Adherence to ethical and legal requirements helps reinforce the trust placed in the profession by clients and the wider community.

Regulatory bodies conduct inspections, perform reviews, and provide professional guidance to ensure compliance with industry standards. Regulatory bodies enforce penalties or revoke professional membership when practitioners fail to maintain clean, safe, and compliant workspaces, thereby reinforcing the integration of safety procedures into routine treatment practices (BABTAC, 2021). Regulatory bodies also facilitate ongoing development through resources such as Continuous Professional Development (CPD) workshops, legal updates, and professional networking events. Advocacy for the profession at governmental and policy making levels is another key function, helping to secure recognition and integration of somatology within broader healthcare and wellness systems (South African Association of Health & Skincare Professionals, 2023). By linking knowledge, expectations, and practice, both somatologists and somatology regulatory bodies contribute to a coherent, safe, and ethical professional framework which benefits clients and upholds the credibility of the profession.

Foundational knowledge and ethical expectations culminate in a well-defined scope of practice, which acts as the practical framework for somatologists' day to day responsibilities.

## 2.7 SCOPE OF PRACTICE

Although the curriculum for somatologists is designed to equip graduates with current and relevant knowledge, along with practical work experience through experiential learning, the fast-evolving nature of the profession necessitates continued education and guidance after graduation. Regulatory bodies assist therapists in the beauty profession, including somatologists, by offering additional education and professional support to empower both practitioners and business owners to have thriving careers (Rammanhor, 2014). An essential component of professional practice in any profession is a clearly defined scope of practice, establishing the standards that professionals must adhere to. The framework fosters accountability, responsibility, and trust between professionals and the clients or patients served. In somatology, the scope of practice serves as a guiding tool to promote ethical and professional behaviour among therapists (South African Association of Health & Skincare Professionals, 2023). The primary objective of the scope of practice for somatologists is to uphold professionalism and reduce the risk of adverse incidents in the field.

Somatologists adhere to professional guidelines and treatment protocols to ensure service delivery aligns with best practices and upholds professional integrity (South African Association of Health & Skincare Professionals, 2023). The clearly delineated scope of practice serves to safeguard clients against improper or unethical conduct, thereby reinforcing consumer protection within the profession. Adhering to ethical conduct and professional standards fosters client trust and reassures the public of the somatologist's commitment to safe and responsible practices (South African Association of Health & Skincare Professionals, 2023), thereby ensuring somatologists operate within clearly defined professional boundaries, referring clients to appropriate medical professionals when necessary, and thereby promoting a collaborative, client-focused approach to care (South African Association of Health & Skincare Professionals, 2023).

To support the aforementioned professional standards, Table 2.5 outlines the various treatment categories commonly performed by somatologists. These definitions help clarify the scope and complexity of procedures based on practitioner qualifications and training. The categorisation serves as a foundation for understanding the range and complexity of procedures somatologists may perform, depending on the level of qualifications.


**Table 2.5: Definitions of treatment categories within the somatology scope of practice (Adapted from South African Association of Health & Skincare Professionals, 2023)**


Treatment Category	Description
Electrotherapy	Application of electrical currents to stimulate muscles, improve circulation, and enhance skin tone.
Ultrasound (Aesthetic)	Use of high-frequency sound waves to enhance product absorption, stimulate collagen, and aid healing.
Peeling & Exfoliation	Removal of dead skin cells using mechanical, chemical, or enzymatic methods for skin renewal.
Hair Removal	Temporary or permanent removal of unwanted hair via waxing, threading, laser, or intense pulsed light (IPL).
IPL / Laser	Use of intense pulsed light (IPL) or laser for hair removal, pigmentation, vascular lesions, and rejuvenation.
Skin Rejuvenation	Techniques aimed at improving skin tone, texture, and appearance through cellular renewal.
Microneedling	Micro-injury technique using fine needles to boost collagen and improve product absorption.
Mesotherapy / PRP / Injectables	Injection-based procedures to rejuvenate skin using vitamins, Platelet-Rich Plasma (PRP), or fillers.
LED / PDT	Light-based therapies or Photodynamic Therapy (LED or PDT) to treat acne, reduce inflammation, and improve tone.
Body Sculpting (RF, Cryo)	Non-invasive contouring methods such as radiofrequency (RF) and cryolipolysis (Cryo) targeting fat reduction.
Minor Skin Procedures	Removal of superficial lesions, milia, or skin tags by qualified professionals.


Anaesthetics (Topical)	Use of surface numbing agents to reduce procedural discomfort.
Massage Therapies	Manual manipulation of soft tissue to relieve tension and enhance circulation.
Complementary Therapies	Holistic approaches such as reflexology, aromatherapy, or acupuncture to support overall well-being.
Spa Therapies	Relaxation treatments offered in spa environments, including hydrotherapy and wraps.
Skin Care / Facials	Custom skin treatments involving cleansing, exfoliation, masking, and hydration.
Body Treatments	Aesthetic services focused on improving body skin condition (e.g., wraps, scrubs, cellulite care).
Advanced Skin Analysis	Diagnostic evaluation using advanced tools to assess skin conditions and guide treatment planning.

Understanding these categories is essential for aligning treatment responsibilities with professional competencies and ensuring safe, ethical practice. The summary of scope of practice guidelines for somatology professionals (adapted from South African Association of Health & Skincare Professionals, 2023) provides a structured comparison of the responsibilities and treatment capabilities assigned to each practitioner category within the beauty and aesthetics profession. The tiered framework, ranging from beauty technicians to advanced aesthetic therapists, demonstrates the progressive development of skills, training, and scope of permissible treatments. For example, beauty technicians are limited to perform basic skincare treatments and exfoliation, whereas qualified somatologists are permitted to perform more advanced procedures such as superficial chemical peels, ultrasound therapy, and various complementary therapies. The table below further illustrates how specific treatments may only be conducted under supervision or within defined conditions, including microneedling restricted to a maximum depth of 1mm or the application of topical anaesthetics under professional supervision. By clearly outlining the permitted treatments for each therapist level, the framework reinforces the importance of adhering to professional boundaries in accordance with the ethical and safety principles guiding the somatology industry (South African Association of Health & Skincare Professionals, 2023).

Table 2.6 summarises the scope of practice guidelines for different practitioner categories within the somatology profession. It uses competence indicators to distinguish between authorised, supervised, and restricted treatments. The following competence indicators are used in the table:

 **Full Competence:** Practitioner is fully qualified and authorised to perform the treatment independently.

 **Supervised or Limited Competence:** Practitioner may perform the treatment under supervision or with defined limitations (e.g., the depth, equipment or product)

 **Not within Scope:** Treatment is not permitted for the practitioner category.

**Table 2.6 Summary of scope of practice guidelines for somatology professionals (Adapted from South African Association of Health & Skincare Professionals, 2023)**

Category	Beauty Technician	Beauty Therapist	Somatologist	Advanced Aesthetic Therapist
Electrotherapy	✗	✓	✓	✓
Ultrasound (Aesthetic)	✗	✗	✓	✓
Peeling & Exfoliation	✓ (basic)	✓ (basic + micro)	✓ (incl. chem. superficial)	● (incl. medium & deep peels)
Hair Removal	●	●	●	●
IPL / Laser	✗	●	●	●
Skin Rejuvenation	✗	●	●	●
Microneedling	✗	● (≤1mm)	● (≤1mm)	● (≤2mm)
Mesotherapy / RPR / Injectables	✗	✗	●	● / ✗ (Injectables)
LED / PDT	✗	✗	✓	● (PDT requires supervision)
Body Sculpting (RF, Cryo)	✗	●	●	●
Minor Skin Procedures	✗	✗	●	●

Anaesthetics (topical)	✗	✓	✓	● (>6% requires supervision)
Massage Therapies	●	●	●	●
Complementary Therapies	●	●	✓	●
Spa Therapies	✗	✗	✓	✓
Skin Care / Facials	✓	✓	✓	✓
Body Treatments	✓	✓	✓	✓
Advanced Skin Analysis	✗	✓	✓	✓

While Table 2.6 outlines the authorised treatments for each practitioner category, recognition of scope of practice, defined by the South African Association of Health & Skincare Professionals (SAAHSP), as a professional guideline as opposed to a legally enforceable framework remains essential. The structured delineation of practitioner responsibilities promotes consistency in client care and upholds ethical standards across the somatology industry (South African Association of Health & Skincare Professionals, 2023). In the absence of statutory enforcement, compliance with the defined scope of practice depends primarily on individual accountability and adherence to professional integrity. The current lack of legislative regulation contributes to a regulatory gap wherein somatologists may perform treatments beyond the recommended parameters without incurring legal consequences. Regulatory ambiguity elevates the risk of inconsistent practice and compromises client safety, thereby underscoring the urgent need for formal recognition and statutory oversight of the somatology industry in South Africa (South African Association of Health & Skincare Professionals, 2023).

The beauty profession is regulated in countries such as the Netherlands and the United States of America, where therapists are required to obtain a cosmetology license to practice or to qualify for insurance purposes (Ross *et al*, 2021). In contrast, South Africa's somatology sector lacks a clearly defined scope of practice and is not governed by a statutory body such as the Allied Health Professions Council of South Africa (AHPCSA) or the Health Professions Council

of South Africa (HPCSA). The absence of appropriate legislative provisions may have contributed to an increasing number of somatologists independently performing specialised, non-medical aesthetic treatments, either without adequate training or under the supervision of medical professionals, primarily motivated by financial incentives.

Engagements involving unregistered individuals may contravene section 39(A) of the Health Professions Act 56 of 1974, as well as the Allied Health Professions Act 63 of 1982, both of which prohibit registered health professionals from entering professional practice with unregistered individuals (Ross *et al*, 2021). The rationale for the current study stems from feedback obtained in a study conducted by Vosloo (2009), which revealed significant confusion within the somatology profession regarding the roles and functions of professional associations versus statutory bodies. The somatology profession highlights the need to educate and inform stakeholders about distinctions between regulatory bodies to ensure clarity and informed engagement. Notably, 75% of Vosloo's participants believed that somatologists should register with a statutory body, and 93% supported the establishment of a dedicated register for the profession. Therefore, attention should be given to the creation of a somatology association, which could function as a catalyst for formal registration of the profession under a statutory body (Vosloo, 2009).

In conclusion, regulating the somatology profession is vital to uphold client safety, promote ethical practice, and ensure uniform standards of treatment across the industry. A statutory framework provides clearly defined scopes of practice, minimum qualification criteria, and structured accountability processes. Implementing regulatory frameworks protects the public from inadequately trained or unregistered individuals while enhancing the credibility and professional identity of somatologists within the broader health and wellness sector (South African Association of Health & Skincare Professionals, 2023; Allied Health Professions Council of South Africa, 2021). Without legal regulation, the profession remains susceptible to fragmented standards and ethical inconsistencies.

Introducing formal oversight would mitigate risks, foster professional growth, and support the long-term development and recognition of somatology in South Africa (Ross *et al*, 2021).

The somatology profession addresses gaps in current regulatory frameworks and aligns regulatory structures with the evolving scope of somatology treatments, to achieve greater recognition, strengthen professional identity, and contribute meaningfully to the broader health and wellness sector as a recognised professional discipline. Continual adaptation and refinement of regulatory frameworks will help the profession stay responsive to new challenges and opportunities, ensuring somatology's ongoing development as a respected and integral part of the healthcare and wellness industries.

## **Methodology**

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In this chapter, the researcher outlines the methodology used to investigate the knowledge, expectations and practices of somatologists regarding the regulatory bodies of the somatology profession in South Africa. Therefore, the purpose of Chapter three is to reflect on the research design and methods used to investigate the research questions. The reflection will elaborate on the research study's research paradigm, research design, data collection methods applied, as well as the procedures used for data analysis.

### **3.1 RESEARCH PARADIGM**

Researchers must embrace certain perceptions about the nature of the area being studied, including which phenomena can be understood and discovered. The underlying assumptions, known as research paradigms, influence how knowledge and inquiry are approached. In other words, research paradigms describe how information is produced, challenges are approached, and research is conducted (University of Nottingham, 2019).

The methods, ontologies (theories of being or reality), and epistemologies (theories of knowing) employed to examine trends are all encompassed within a paradigm. Positivism and interpretivism are two of the most widely accepted conventional frameworks in research. In addition to the aforementioned paradigms, a third paradigm, frequently applied in health sciences research, is pragmatism (University of Nottingham, 2019). To contextualise the current investigation, the definitions of the three paradigms are presented in relation to the relevance within the research framework.

A philosophical perspective known as positivism places a higher value on empirical data than on subjective interpretation and emphasises the study of objective reality and observable phenomena (Park, 2020). In order to examine and explain the world, positivist inquiry primarily relies on scientific methods such as statistical analysis and experimentation. With the objective of achieving systematic and trustworthy knowledge grounded in quantitative and verifiable evidence, positivism aims to establish causality, produce generalisable findings, and subject theoretical propositions to rigorous testing (University of Nottingham, 2019).

Interpretivism seeks to understand social processes and human behaviour by examining the meanings individuals assign to personal actions and relationships. Emphasis is placed on the significance of subjective experience and the exploration of the underlying meaning associated with behaviour in specific contexts. Researchers frequently use qualitative techniques such as observations and interviews to obtain rich, in-depth insights into individual perspectives, beliefs, and experiences. Through interpretive analysis, interpretivism seeks to provide a nuanced understanding of the dynamics underlying social interactions and human behaviour (University of Nottingham, 2019). The following section outlines the definition of pragmatism and the application in research.

Pragmatism emphasises practical solutions to real-world problems and incorporates aspects of both positivism and interpretivism. The paradigm is highly adaptable, and outcome-oriented placing emphasis on research questions rather than strict adherence to a singular philosophical approach (University of Nottingham, 2019). To address complicated problems, practical analysis frequently combines quantitative and qualitative data through mixed methods approaches. The aforementioned method enables flexible study designs capable of effectively addressing a range of changing needs, thereby enhancing applicability within the field of health sciences (University of Nottingham, 2019).

A balanced integration of paradigms enables researchers to comprehensively address diverse questions within the field of study. Having outlined the principal paradigmatic options, the following section explains the philosophical and methodological alignment underpinning the current investigation, which is guided by a post-positivist paradigm, which aligns with the objective of measuring knowledge, expectations, and practices through quantifiable measures (Park,2020). From an ontological perspective, post-positivism assumes the existence of a reality independent of human perception, but only partially accessible due to inherent biases and limitations. The associated epistemological stance reflects a belief in the acquisition of knowledge through empirical observation and critical inquiry, guided by structured instruments and validated through repeated testing. A quantitative methodological approach was therefore adopted, employing a structured questionnaire with Likert scale items to generate objective data suitable for statistical analysis. The selected

methodology reflects the paradigm's emphasis on methodological rigour, replicability, and the pursuit of generalisable findings within the context of regulatory awareness in the somatology profession (Bhandari, 2021).

In contrast, the qualitative component is reflected in the inclusion of open-ended questions, which generate textual or descriptive data typically analysed through thematic methods. Thematic analysis aligns with constructivist or interpretivist paradigms, which emphasise the interpretation of subjective experiences communicated by research participants. In studies where primary emphasis is placed on quantitative data, and open-ended responses serve solely to provide additional insight, the overarching research paradigm remains post-positivist, while qualitative elements are regarded as supplementary. In the current investigation, the dominant paradigm is post-positivism, as the methodological focus remains on quantifiable data, with qualitative responses incorporated to enhance contextual understanding. Therefore, post-positivism was selected due to its emphasis on empirical observation and structured data collection, aligning with the study's quantitative approach and the objective of identifying measurable trends in somatologists' knowledge, expectations, and practices (Bhandari,2021).

### **3.2 RESEARCH DESIGN AND METHOD**

A research design is a structured plan for addressing the research question using empirical data. Developing a research design involves making key decisions regarding the primary research objectives and methodological approach. A research design also includes determining whether to use primary or secondary research sources and selecting an appropriate sampling strategy or criteria for choosing participants (McCombes, 2021). Additionally, a research design outlines the methods for collecting data, the procedures for conducting data collection, and the techniques for analysing the gathered information. A carefully designed research plan ensures alignment between the selected methods and the research objectives and guarantees the application of appropriate analytical techniques to the data collected (McCombes, 2021).

The current study was conducted using quantitative variables and employed a quantitative research design. Quantitative research involves the systematic collection and analysis of numerical data, which can be categorised, ranked, or measured to identify patterns and trends (McLeod, 2019; Creswell & Creswell, 2018). In this study, questionnaires were used as the primary data collection method. A research project employing Likert-scale questions with supplementary open-ended responses remains embedded within a quantitative framework, provided the qualitative input serves only to contextualise the numeric findings. The quantitative component is demonstrated through the use of the Likert scale, which generates numerical data suitable for statistical interpretation and hypothesis testing (Bhandari, 2021).

The quantitative approach is typically employed when the object is to measure variables, test hypotheses, or confirm assumptions through objective and statistical means. Data are collected using structured instruments such as surveys, questionnaires, or experiments. In the present study, numerical data were obtained through a structured questionnaire comprising closed-ended and Likert-scale items. The use of a standardised instrument enabled the measurement of somatologists' knowledge, expectations, and practices in a consistent format, thereby facilitating direct comparison across all participants (Radford, 2022). One of the principal advantages of the quantitative method is its inherent objectivity. Since the data collected were numerical in nature, the potential for subjective interpretation is minimised, which enhances the reliability and replicability of the findings (Bryman, 2016). A further benefit of the quantitative approach is the capacity to collect information from large sample sizes, which increases the generalisability of the results to the broader population. The application of statistical analysis allows for the identification of correlations, the testing of significance, and the interpretation of trends among variables. Analytical tools such as Microsoft Excel were used to compute averages, frequencies, and distributions, contributing to both efficiency and precision in data analysis. Within the context of the current investigation, statistical evaluation facilitated the identification of broad patterns in somatologists' awareness and perceptions of regulatory bodies, thereby generating empirically grounded insights (Hanif, 2023).

Qualitative research, by contrast, seeks to explore the meanings, experiences, and perspectives of individuals. The qualitative research orientation involves the collection of non-numerical data such as words, images or observations. The qualitative method is typically implemented through open-ended interviews, focus groups, or textual and content analysis, and the approach enables in-depth exploration of subjective viewpoints (Flick, 2014). Although qualitative research offers rich and detailed insights, the methodology is often more time-consuming and less generalisable due to smaller sample sizes and the interpretative nature of the data (Denzin & Lincoln, 2018). For investigations requiring a comprehensive understanding of context-specific or individual experiences, qualitative techniques are particularly valuable.

In addition, closed-ended and Likert-scale items were used for statistical analysis, whilst the questionnaire included a selection of open-ended questions designed to enhance the contextual understanding of participants' responses. The inclusion of narrative-based items was intended to supplement numerical data by providing insights into the rationale behind the respondents' selections. While the primary focus of the study involved identifying measurable trends, the qualitative responses allowed participants to elaborate on perspectives, clarify ambiguous answers, and highlight issues not adequately captured by predefined options. The integration of qualitative components added interpretative depth to the quantitative patterns observed. The supplementary insights enriched the analytical framework and contributed to a more nuanced interpretation of the overall data set (Dubey, 2023).

The process of framing the questions which assessed knowledge, expectations, and practices began with the delineation of the expected level of knowledge within the targeted population. The development of the knowledge items ensured alignment with the scope and the context of the somatology profession. Importantly, knowledge was assessed not in isolation but as a precursor to understanding expectations and practices. In other words, the study recognised knowledge alone is meaningful only when the acquired information influences how individuals form expectations about regulatory structures and how such understanding is applied in professional practice. Consequently, the questionnaire was

deliberately structured to move from basic knowledge-based items to more interpretive and action-orientated questions which revealed how the acquired knowledge translated into expectations and real-world application. The logical progression ensured coherence in data interpretation and supported the study's aim of exploring the interplay between awareness, professional perception, and behaviour (Radford, 2022).

Although a formal knowledge, attitude, and practices (KAP) study was not conducted, the research aimed to explore participants' knowledge, expectations, and practices. Questionnaires were used as a quantitative method to collect both quantitative and qualitative data as described by Andrade (2020). According to literature, questionnaires can be semi structured or structured that are self-administered or administered by interviewers to collect qualitative and /or quantitative data (Andrade, 2020). Therefore, the structured questionnaire of the current study was distributed by trustworthy administrators by means of a participant invitation.

The administrators included established and reliable suppliers of the beauty profession, in the Free State, purposely selected from the researcher's contact list and willingly assisting with distribution of the study invitation and information letter. The invitation/recruitment letter was distributed via WhatsApp and included the link to the online questionnaire and consent form. When prospective participants clicked on the questionnaire link within the invitation, the first page of the questionnaire consisted of the study's formal information letter and consent form. Only once participants clicked on the "Agree" button at the end of the consent form to provide informed consent, were they granted access to the actual questionnaire. Therefore, no participant who did not provide informed consent, in the prescribed manner, could access the questionnaire nor participate in the study.

### **3.3 POPULATION AND SAMPLING**

#### **3.1.1 Target Population**

Success in research requires the selection of a sample which accurately reflects the broader target population (Gumucio, 2011). The target population in the current study comprised

somatologists and salon owners practicing within the central province of South Africa, namely the Free State. Somatologists are directly affected by the various regulatory bodies, while business owners and/or managers who employ somatologists engage with the relevant associations and governing bodies. Both groups of professionals were considered valuable contributors to the research study, from which a representative sample was drawn.

### **3.1.2 Sampling Method**

Due to the sensitive nature of contact details in the South African context and the 'Protection of Personal Information Act' (POPIA), the researcher made use of two established and reliable suppliers who willingly assisted with recruiting of participants. The established and reliable suppliers were conveniently sampled from the researcher's personal list of contacts. The participant recruitment process did not involve a formal sampling procedure. Instead, an open invitation was distributed by two established and reliable suppliers to all clients listed in each supplier's personal database who fulfilled the inclusion criteria. The recruitment approach reflects a convenience sampling strategy, as participants were identified based on accessibility through existing professional networks. The decision to invite the entire group of eligible individuals, instead of selecting a smaller subset, was made to maximise the number of responses obtained and address the commonly documented challenge of low response rates associated with questionnaire-based research (Wassenaar, 2016). The invitation provided information on the research study to participants and a questionnaire link to follow.

The invitation to participate in the study was distributed via WhatsApp by established and reliable suppliers which included the study title, research methodology, aim, informed consent documentation, and researcher's contact details. All customers (somatologists and salon owners) were able to read about the study. Individuals who considered participating proceeded to access the link provided or contacted the researcher directly if they required additional information.

### 3.1.3 Sample Size and Inclusion/Exclusion Criteria

As mentioned earlier, as many as possible participants were recruited/invited, in an attempt to mitigate a possible poor response, as flagged by Wassenaar (2016). A total number of 569 participants was recruited with the aim to receive an ideal of 220 completed questionnaires, leaving a 5% margin for error. The formula used for calculating the ideal number of participants were: 'participants needed' divided by 'response rate' and multiplied by one hundred. The total number of responses obtained was 143, with only thirty-seven fully completed questionnaires.

#### Inclusion criteria for somatologists

- All somatologist with a two-to-three year somatology diploma or equivalent qualification.
- Participants who are English literate.
- Participants with access to mobile data and electronic devices such as a smart phone, which were required to complete the questionnaire.

#### Inclusion criteria for business owners/managers

- All salon owners dealing with the somatology associations and governing bodies.
- Participants who are English literate.
- Participants with access to mobile data and electronic devices such as a smart phone, which were required to complete the questionnaire.

#### Exclusion criteria for somatologists

- A somatologist practicing in the beauty therapy profession with a qualification of two years or fewer (e.g. nail technician, massage therapist, cosmetic health and skincare therapist, cosmetologist).
- Individuals younger than 18 years.
- Somatologists practicing outside of the Free Sate area.

#### Exclusion criteria for business owners/managers

- Individuals younger than 18 years.
- Salon owners practicing outside of the Free State area.
- Salon owners that are not involved in the salon.

### **3.4 DATA COLLECTION INSTRUMENT**

#### **3.4.1 Overview**

Research methods and data collection instruments play a pivotal role in ensuring the accuracy and reliability of findings in any quantitative research study. The selection of appropriate instruments is guided by the research objectives and questions, which direct the procedures for gathering and analysing empirical evidence (Creswell & Creswell, 2018). Within the present study, the primary data collection instrument was an online questionnaire, designed to generate quantifiable responses from participants and aligned with the study's positivist orientation. The construction of the questionnaire was informed by a comprehensive review of relevant literature, which provided contextual grounding, helped define the key constructs under investigation, and supported content validity.

The literature review did not serve as a data collection method but rather contributed to the study's theoretical framework. The researcher adapted question items previously used in studies exploring knowledge and attitudes of participants towards professional regulation. A five-point Likert-scale format was incorporated to assess the somatology profession's knowledge, expectations, and practices regarding regulatory bodies in South Africa. A quantitative study design with a Likert-scale-based questionnaire was considered well suited for the current research study, as Bhandari (2023) noted such instruments, when used in KAP surveys, can uncover misperceptions which could prevent behavioural change (e.g. a misconception may prevent a somatologist from joining an association). Specifically, the knowledge section aimed to elicit information about the level of understanding and practices components included in the questionnaires were regarded as representative of the target population; the purpose of the knowledge section was to elicit information concerning what

was understood, while the practices section aimed to capture actions undertaken in relation to the topic under investigation (Bhandari, 2023).

### **3.4.2 Structure and Rationale for the Questionnaire**

A Likert scale is a structured rating scale designed to measure opinions, attitudes, or behaviours. The scale consists of a statement or a question, being followed by a series of five or seven answer statements. Participants select the option which most accurately reflects the sentiments expressed in response to the provided statement or question. Since participants are presented with a range of possible answers, Likert scales are effective for capturing the degree of agreement or emotional responses to a topic in a more refined manner (Middleton, 2023). Nevertheless, Likert scales may be susceptible to response bias, where participants may consistently agree or disagree due to fatigue, social desirability, or a tendency toward extreme responding or other demand characteristics. Likert-scales are frequently utilised in research questionnaires, as well as in fields such as marketing, psychology, and the social sciences (Middleton, 2023). The inclusion of the cited literature is essential, as the referenced material supports the methodological rationale for the present investigation and affirms the instrument's capacity to elicit nuanced participant responses. Therefore, Likert-scale questions were deemed appropriate for the current study because such formats facilitated the systematic measurements of attitudes, perceptions, and behaviours regarding professional regulation in the somatology industry. The Likert scale's structured, and simultaneously adaptable format enabled the quantification of subjective viewpoints, which aligned with the study's objective of identifying patterns in the participants knowledge, expectations, and practices through statistically analysable data.

### **3.4.3 Alignment with Research Questions**

The current research study employed questionnaires to investigate the knowledge, expectations and practices of professionals within the somatology industry. The researcher subsequently developed a questionnaire comprising Likert-scale items to quantitatively

assess the identified variables relevant to professional practice. The current study aimed to address the primary research question:

**“Did South African regulatory bodies adequately regulate and meet the needs of somatologists and/or the employers of such professionals?”**

The question was explored by examining the practices, expectations, and perceptions of both somatologists and employers, as well as evaluating the extent to which the identified professional practices aligned with the regulations established by regulatory bodies within the somatology industry.

The primary research question led to the formulation of three secondary research questions, which guided the study.

- The first secondary research question explored the knowledge possessed by the somatology profession regarding the available regulatory bodies. Therefore, the questionnaire examined whether both somatologists and employers were aware of the existing regulatory bodies, the roles fulfilled by the identified regulatory bodies, and the extent to which such entities influenced the professional practices of somatologists. The specific question was designed to understand the level of awareness within the profession and whether sufficient communication or education about the regulatory bodies are in place.
- The second secondary research question focused on how the practices of somatologists and/or the respective employers aligned with the constitutions of the available regulatory bodies. Accordingly, the questionnaire aimed to investigate whether the day-to-day professional practices aligned with the regulatory frameworks established by the relevant somatology bodies. The related questions aimed to determine whether somatologists were aware of the applicable regulations, how the somatologists incorporated the regulations into professional practice, and whether employers supported or enforced such standards within organisational operations.

The alignment between the practices of the profession and the regulatory bodies was a key point of analysis.

- Lastly, the third secondary research question investigated how the constitutions of the available regulatory bodies aligned with the expectations of the somatology profession. The relevant part of the questionnaire posed questions to assess whether the regulations and codes of practice set by the regulatory bodies met the needs and expectations of the somatology professionals and associated employers. Consequently, the questionnaire assessed whether the regulatory frameworks were perceived as relevant, practical, and beneficial, and whether the frameworks adequately addressed the professions operational challenges. In other words, the corresponding section of the questionnaire aimed to identify any gaps between the expectations of the profession and the regulatory standards set by regulatory bodies.

#### **3.4.4 Advantages and Limitations of Questionnaire Use**

Questionnaires are commonly used in quantitative research to collect numerical data, such as demographic distributions across age groups, thereby enabling the profiling of target populations (Bhandari, 2021). Questionnaires can also be used to determine how frequently certain events, such as beliefs, attitudes, experiences, behaviours, or forecasts occur. Numerous common topics can be covered in a questionnaire, including personal information such as age or occupation, opinions, attitudes, beliefs, and opinions (Rowley, 2014). Questionnaires offer benefits such as cost-effectiveness, accessibility, and the ability to reach a large and diverse population, enabling the efficient collection of detailed insights (Kuphanga, 2024). However, challenges including low response rates, potential bias from non-responses, and issues with ensuring respondent representativeness were considered. Despite the aforementioned challenges, the questionnaire method remains a valuable tool, providing a systematic approach to gathering information and contributing to the advancement of knowledge across various fields (Kuphanga, 2024).

### 3.4.5 Questionnaire Design Principles

A well-designed questionnaire consists of questions which are both valid and reliable, enabling accurate insights to be drawn from the data. According to Bhandari (2021), the process of designing a questionnaire involves several key steps: crafting appropriate questions, organising the questions in a logical sequence, and selecting the most suitable method of administration. However, an important point to note is the role of questionnaire design as only one element within the broader research process. To ensure the success of the study, the questionnaire was deliberately aligned with the study's aims and objectives, thereby supporting the collection of meaningful and relevant data. The questionnaire served as the primary tool for gathering data that directly addressed the research aims, making the design essential in ensuring the questions included in the questionnaire were specifically crafted to measure the variables outlined in the study's objectives. The alignment ensured the relevance, reliability, and validity of the data collected. Furthermore, the questionnaire administration method was selected to align with the study's objectives, thereby facilitating accurate data collection from the target population. Accordingly, the questionnaire served not only as a data collection tool but also enhanced the overall research quality by ensuring all collected information aligned with the study's aims.

### 3.4.6 Pilot Study

Piloting the questionnaire on a sample group was an essential step to ensure the reliability and clarity of the questionnaire. According to De Vos, Strydom, Fouche and Delpont (2005), piloting a newly developed questionnaire is crucial as the pilot study provides an opportunity to identify and address any potential errors or doubts before conducting the full-scale study. Therefore, prior to distribution, the questionnaire was reviewed by a focus group panel, comprising somatologists in practice and research-orientated academics, followed by a pilot study. The focus group panel provided critical feedback on necessary revisions. The primary purpose of the expert review was to ensure content validity of the questionnaire and to confirm alignment with the stated aim and objectives of the research study. The panel consisted of five individuals with relevant expertise, including extensive experience in the

somatology industry. Several members of the panel had completed a master's degree in somatology and demonstrated a sound understanding of research principles, while all members possessed backgrounds in professional somatology practice and were actively engaged in the industry through clinical work, education, or applied research. Based on the feedback from the focus group some adjustments were made to the questionnaire. The adjustments were language edits to improve the clarity and precision of the concerning questions, ensuring the questionnaire would be more comprehensible and valid for the pilot study.

Following the questionnaire review by the focus group panel, a pilot study was conducted with five participants from the study population. The researcher requested the two established and reliable suppliers to send information about the study to any five (5) random customers who met the inclusion criteria as stated for participants of the actual study. The information sent to the customers consisted of the research method, aim, consent forms and researcher's contact details. The five (5) identified participants (somatologists and salon owners) were able to read about the study, make a choice in relation to their participation in the study by clicking on the link provided, or to contact the researcher directly if additional information was required. The participants of the pilot study remained anonymous throughout the process. The feedback from the pilot study assisted in ensuring the questions included in the questionnaire were effective in gathering the intended information.

The purpose of the pilot study was to determine whether the participants clearly understood each question (De Vos *et al*, 2005), whether the response items and scaling were effective, the average time required to complete the questionnaire sufficient, and whether any suggestions could be made to enhance the overall quality of the questionnaire. Participants involved in the focus group and pilot study were excluded from the main study.

### **3.5 DATA COLLECTION PROCEDURE**

The current research study is based on quantitative data collection methods via an electronic questionnaire. The questionnaire was formulated by the researcher and supported by

literature. Ethical clearance was obtained prior to the commencement of data collection. The questionnaire was developed based on established and previously validated survey instruments, including items adapted from a previous 'membership survey' questions shown to enhance overall satisfaction (Hanif, 2023) and the '30 Best Customer Survey Questions and Examples' (Dubey, 2023) as guiding frameworks. The questionnaire consisted of five structured sections; each aligned with the study's objectives. Section 1 gathered demographic information to contextualise participants' responses. Section 2 assessed participants' knowledge of regulatory bodies and their functions. Section 3 explored expectations regarding professional regulation. Section 4 examined current practices in relation to regulatory frameworks. Section 5 provided space for final comments and open-ended reflections. This structure ensured a logical progression from factual awareness to interpretive insights, supporting the study's aim of exploring the interplay between knowledge, expectations, and behaviour.

The questionnaire was distributed by using both online and physical methods to maximise accessibility and improve the response rate. Initially, the questionnaire was created and hosted on QuestionPro, a secure data collection platform, and distributed exclusively via WhatsApp on behalf of the researcher by two established and reliable suppliers. The message included the information letter, study title, aim, and consent form. Access to the questionnaire was only granted once informed consent was provided. The researcher's contact details were also included in the message. Participation remained anonymous, with no identifying information collected at any stage. No follow-up reminders were issued, as the questionnaire was shared solely via WhatsApp.

The research proposal indicated a target of approximately 300 participants. After a period of four weeks following the initial invitation to participate, the anticipated number of responses were not achieved. The two suppliers then distributed two reminder messages four weeks apart. Additionally, the questionnaire remained open for a period of three months, as the data collection timeframe was extended in response to the low participation rate, thereby allowing sufficient time for completion and submission. Despite the reminder messages and the extension, the response rate remained below the expected level. As a mitigation

endeavour to increase the response rate, printed copies of the questionnaire were subsequently distributed.

This distribution was performed in person by the same two suppliers who distributed the electronic invitations to maintain confidentiality of the participants' contact details. Completed hard copy questionnaires were returned to the suppliers and thereafter collected from the suppliers by the researcher. As a result, the dual distribution approach ensured broader reach and inclusivity, while maintaining participant anonymity and adherence to ethical standards across both formats. Data from the hard copy questionnaires were captured and added to the online data management system (QuestionPro) by the researcher. The hard copies were stored in a locked cabinet that only the researcher had access to.

The questionnaire was organised into five sections. The first section focused on demographic information. The second section included Likert-scale items to assess knowledge of various governing organisations and the roles assigned to each. Likert-scale questions allow participants to express the degree of agreement or disagreement with a given statement, offering valuable insight into participants' attitudes and perceptions in a quantifiable manner (Radford, 2022). The third section explored expectations regarding the identified organisations and included both closed- and open-ended items. The fourth section examined professional practices in relation to regulatory structures, using a similar combination of item types.

The final section provided space for concluding remarks and additional comments. Although the overall design relied on closed-ended items to allow for elaboration or clarification of specific responses, narrative input was reviewed and categorised into recurring ideas to assist with the interpretation of the quantitative findings derived from the Likert-scale data. The inclusion of a limited number of open-ended questions allowed for additional context to be captured alongside structured responses, enhancing the interpretation of quantitative findings without altering the overall quantitative nature of the study (De Vos *et al*, 2005).

A focus group panel comprising somatologists and research-oriented academics reviewed the questionnaire and provided critical feedback regarding the content, wording, and overall structure. Recommendations from the panel informed specific revisions, contributing to improved clarity and alignment with the study objectives prior to the pilot study. Before implementation, the questionnaire was piloted among the somatologists and salon owners meeting the defined inclusion criteria, but they were excluded from participation in the main study. Feedback from the pilot study informed minor refinements to question wording and structure, improving clarity and minimising ambiguity. The revised questionnaire was uploaded to the QuestionPro platform, which facilitated the entire electronic data collection process. A unique survey link was generated and embedded in the WhatsApp invitations distributed by the suppliers. Participants accessed the questionnaire through a secure link, available on any smartphone, tablet, or computer with internet connectivity. Access was granted only after informed consent had been provided. Each response was automatically captured in real time, with the system preventing duplicate submissions by tracking device identifiers. Response data were securely stored on QuestionPro's encrypted servers and accessed solely by the researcher through password-protected login credentials.

The platform enabled continuous monitoring of response rates, the issuing of reminders via suppliers at specified intervals, and the downloading of datasets in Excel and SPSS-compatible formats for subsequent statistical analysis. The dataset was subsequently forwarded to a biostatistician for analysis using the SPSS version 29 programme. The questionnaire remained accessible for a period of three months, which allowed participants across multiple towns in the Free State to complete the survey at a convenient time. The average completion time was 30 minutes per participant. The selection of the QuestionPro platform was based on several key features: the ability to preserve participant anonymity, compatibility with broad geographic distribution, and secure storage of response data. All information was stored on a cloud-based system with password protection, in accordance with ethical research standards and data security requirements.

### 3.6 DATA ANALYSIS

Following data collection via the QuestionPro platform, anonymised responses were exported in Microsoft Excel format. A qualified biostatistician conducted the descriptive statistical analysis, which included calculating frequencies, percentages, and measures of central tendency such as means and medians. Descriptive statistics are widely applied to summarise large datasets and to identify trends relevant to research objectives (McLeod, 2019). Once the descriptive statistics were completed, the results were returned to the researcher in Excel format for further preparation and visual representation. Each questionnaire item was systematically captured, and the structured export from QuestionPro allowed for clean data handling. The researcher used Excel to generate graphs and figures for presentation of the quantitative results.

Responses to open-ended, supportive questions were also examined in Excel. The qualitative responses were reviewed and organised in a structured tabulation format to identify outcome patterns and to provide context for the statistical findings. Instead of applying formal coding or qualitative analysis software, the researcher reviewed and organised participant responses to highlight commonalities and supportive insights in relation to the numerical data. Quantitative and qualitative data first were analysed separately to ensure clarity and consistency. Quantitative data served as the primary dataset, after which qualitative responses were used to provide additional interpretation, explanation, and depth to the statistical findings. The integrative approach contributed to a more nuanced understanding of the data and allowed the researcher to triangulate insights across both components of the study. All interpretations were aligned with the research objectives and supported by relevant academic literature. The results and full discussion of findings are presented in chapters 4 and 5 of the study. Including open-ended questions in a structured questionnaire provides supplementary insights that help to explain or contextualise patterns emerging from quantitative responses (De Vos *et al*, 2011).

Although the current study relied on tabulating open-ended responses in Excel to support the primary quantitative data, qualitative data can be analysed using various established

methods, including thematic or content analysis. Researchers may apply manual coding techniques or make use of qualitative analysis software, particularly when working with high volumes of narrative data. However, due to the limited scope and volume of open-ended responses in the study, a structured tabulation approach was deemed sufficient for identifying relevant patterns and supporting the interpretation of statistical findings (De Vos *et al*, 2011).

### **3.7 RELIABILITY AND VALIDITY**

Reliability and validity are fundamental concepts in research, essential for assessing the quality and trustworthiness of a study or a data collection tool. Reliability refers to the consistency of a measure over time, meaning the extent to which a data collection tool generates the same results under similar conditions. Validity, on the other hand, concerns the accuracy of a measure, meaning whether the data collection tool or method is truly measuring the specific construct or concept the research intended to assess (Middleton, 2023). A reliable measurement should produce consistent results, even if it is applied to the same subject multiple times or across different researchers or settings (Bhandari, 2021). Reliability is a critical aspect of the data collection process.

Careful planning and methodological uniformity should be employed to ensure the results of a study are precise, stable, and reproducible. Furthermore, data collection should be conducted in a manner which minimises errors and eliminates unnecessary variations (Bhandari, 2021). Consistency is further ensured through the uniform application of the selected methods throughout the research process. Moreover, questions should be asked in the same way every time to avoid differences in the data. Failure to uphold standards of reliability and validity may result in errors such as inappropriate assumptions about variables or data, which could compromise the accuracy of the findings (Bhandari, 2021).

A valid measure accurately reflects the concept or constructs the instrument is designed to assess. Middleton (2023) identified various types of validity, including construct validity (whether the tool truly measures the theoretical concept the instrument is intended to

access), content validity (whether the tool covers the full range of the concept), and criterion-related validity (how well the measure correlates with other measures or outcomes known to be relevant). While reliability refers to the consistency or stability of a measurement tool, validity relates to the accuracy of the tool in assessing the intended concept. Both are essential for ensuring credible and meaningful research findings (Bhandari, 2021). A researcher should implement strategies to confirm the accuracy and representativeness of the findings in reflecting genuine variations when scores or ratings are used to quantify differences in characteristics, skills, or physical attributes. Consequently, the concept of validity must be addressed from the outset of the research process, particularly during the selection of a suitable data collection tool (Bhandari, 2021).

Employing instruments specifically developed to measure the constructs under investigation is essential for ensuring methodological soundness. Furthermore, the selected data collection tool should be grounded in established literature and informed by comprehensive research on the subject to ensure relevance and scientific credibility (Bhandari, 2021). Standardising the conditions under which data is acquired remains equally important as maintaining consistency throughout the research process. Furthermore, when participants perceive the research to serve a meaningful purpose, responses may become aligned with socially desirable norms. Behaviour influenced by social desirability introduces bias and compromises the validity of the collected data (Bhandari, 2021).

To ensure the rigour and trustworthiness of the quantitative study, specific strategies were applied to enhance both the validity and reliability of the data collection instrument. Reliability was addressed through the consistency of the questionnaire design and administration. The questionnaire comprised of standard Likert-scale items, which were carefully structured to minimise ambiguity and reduce the risk of measurement error. The same instrument was distributed to all participants under uniform conditions via the QuestionPro online platform. Consistency in the distribution method ensured external factors did not influence participants' responses, thereby enhancing the stability of the instrument (Bhandari, 2021). In addition, a pilot study was conducted with five somatologists and salon owners who matched the inclusion criteria but were excluded from the main study. The pilot

process facilitated the identification of inconsistencies or unclear items. Feedback from the preliminary participants was used to refine the wording and structure of specific questions, thereby improving clarity and interpretability (Middleton, 2023). The pre-testing phase contributed to internal consistency and overall reliability by confirming the functionality of items to large-scale distribution.

Content validity was ensured through expert review of the questionnaire by a focus group of five research-orientated professionals with experience in the somatology industry. Input from such individuals confirmed the questionnaire items sufficiently addressed the core constructs under investigation, namely, knowledge, expectations, and practices regarding regulatory bodies. Questionnaire items were revised according to expert recommendations to improve alignment with the study's objectives and to guarantee comprehensive coverage of each domain (Bhandari, 2021). Furthermore, construct validity was supported by aligning each item with established concepts derived from literature on professional regulation and somatology practice. The development of the questionnaire was informed by prior research exploring compatible themes, which ensured accurate measurement of the intended theoretical constructs (Middleton, 2023). To minimise threats to external validity, the study adopted a structured sampling strategy and maintained uniformity in the online distribution process. Anonymity and information consent were assured, thereby reducing response bias and social desirability effects which could compromise the accuracy of the findings (Bhandari, 2021).

### **3.8 ETHICAL CONSIDERATIONS**

The effective use of accurate data collection tools and techniques not only enhances the overall quality of gathered information but also enables researchers to draw more reliable conclusions and make informed adjustments to the interpretations (Resnik, 2015). Adherence to ethical standards is essential in fostering trust, accountability, mutual respect, and fairness within the research environment. According to Resnik (2015), ethical considerations play a vital role in maintaining integrity. Upholding principles protects participant rights while simultaneously strengthening the credibility and legitimacy of research outcomes. Within the

current investigation, ethical responsibilities were integrated throughout all stages of the research process, ranging from the design of the data collection instrument to the procedures for distribution, statistical analysis, and dissemination of results. As outlined in the reliability and validity section, the questionnaire employed was standardised, piloted for clarity, and distributed under consistent conditions to ensure methodological uniformity and reduce potential bias. Participation remained voluntary, informed consent was secured, and participant anonymity was preserved to ensure confidentiality and reinforce the ethical soundness of the study.

Each of the aforementioned practices reflects a deliberate commitment to both research integrity and ethical accountability. Saunders, Lewis, and Thornhill (2003) highlight several key ethical considerations which researchers must address during the research process, particularly when gathering and presenting data. One critical ethical issue is the right to privacy of individuals involved in the research. Researchers are responsible for protecting personal data and maintaining participant confidentiality and anonymity. The participation in the research process must remain entirely voluntary, and individuals must retain the right to withdraw from the study at any stage, either partially or fully, without experiencing negative consequences.

Voluntary participation and the right to withdraw reflect the ethical principle of respect for persons, which prioritises the autonomy and well-being of each participant. A core component of the principle involves the implementation of informed consent procedures, where prospective participants received comprehensive and understandable information about the research objectives, procedures, and potential risks, allowing for informed and autonomous decision-making (Resnik, 2015). All participants were required to provide informed and unambiguous consent prior to inclusion in the study. Each individual received comprehensive information regarding the purpose of the research, the procedures involved and, any potential risks or benefits associated with participation.

Confidentiality was maintained as a critical ethical obligation. Specific measures were implemented to protect all data, including anonymisation of responses and secure storage

protocols applied throughout the research process. Confidentiality safeguards extended beyond the removal of personal identifiers to include any information capable of linking individual participants to specific research outcomes (Saunders *et al*, 2003). All protective measures were applied to uphold ethical standards and ensure the privacy and rights of each participant were respected.

Sensitivity to participant responses during the data collection phase was prioritised throughout the research process. Particular attention was given to the potential impact of the questionnaire format and wording, with the intention of minimising discomfort or misinterpretation. Consideration was also given to the implications of data analysis and reporting, especially in terms of how the interpretation of results could influence both professional perceptions and practical applications within the somatology industry. To uphold objectivity and integrity, the data were analysed using a descriptive statistical approach without manipulation or selective reporting. Open-ended responses were reviewed systematically and presented to reflect the range of perspectives expressed by participants. The researcher remained impartial throughout the study and adhered to ethical guidelines by avoiding any behaviour which could compromise the validity or ethical standards of the investigation (Saunders *et al*, 2003).

### **3.8.1 Ethical Clearance**

Ethical clearance was obtained from the Health Science Research Ethics Committee of the University of the Free State (UFS-HSD2024/0676/1806). The pilot and actual study were only conducted after ethical clearance had been received.

### **3.8.2 Financial Implications to the Participants**

Participants did not receive any compensation for involvement in the study. Additionally, no risks, discomforts, or adverse effects were associated with participation, ensuring a safe and voluntary experience.

### **3.8.3 Withdrawal Criteria**

Participants retained the right to withdraw from the study at any stage, for any reason, without incurring penalties or adverse consequences. Furthermore, no foreseeable risks or discomforts were associated with participation in the study, thereby ensuring withdrawal would not compromise participants' well-being.

### **3.8.4 Participant Information and Informed Consent**

A core principle of underpinning research ethics is the concept of informed consent, which ensures voluntarily participation based on full disclosure regarding the nature and implications of study involvement. The process is structured to equip potential participants with sufficient information to enable autonomous decision-making. Consent was obtained prior to a participant's involvement in the research, with no coercion applied, thereby safeguarding the voluntary nature of participation (University of Oxford, 2021). Information pertaining to the research study was included within the electronic invitation distributed to prospective participants. Upon accessing the questionnaire link provided in the information letter/invitation, prospective participants were directed to the initial section of the questionnaire. The opening section presented the informed consent form, which included key participant information such as the right to withdraw and applicable withdrawal criteria.

Informed consent was formally obtained by requiring participants to select the “agree” button at the bottom of the informed consent form. Access to the full questionnaire was restricted to individuals who completed the consent procedure through affirmative agreement. The information letter, consent form, and questionnaire were made available exclusively in English, in accordance with the inclusion criterion stipulating English language proficiency. The procedure followed for securing informed consent adhered to guidelines established by the University of Oxford (2021). The initial phase of the process involved a comprehensive explanation of the research objectives, methodological procedures, potential risks, and anticipated benefits. All explanatory content was captured within the combined information and consent letter. Sufficient time was provided for review and consideration of

the details without any form of external influence or pressure. The subsequent phase involved the formal obtainment of consent. The concluding section of the informed consent form presented a summary of the main points of the study, accessible language, thereby facilitating full understanding of the study prior to confirming agreement through electronic selection.

### **3.8.5 Confidentiality**

In research, the ethical duty of confidentiality means researchers must protect the information received from participants. The obligation includes ensuring the information is not accessed, used, shared, or changed without permission. Maintaining confidentiality is important for building trust between researchers and participants, as well as maintaining the integrity of the research (Government of Canada, 2022).

During the current study participants' identities were managed confidentially, and the following measures were implemented to support confidentiality obligations. Participants were recruited by established and reliable suppliers not merely to assist with the recruitment of large numbers, but also to keep participants' personal details unknown to the researcher. The questionnaires were completed anonymously, and no contact details were collected via the questionnaire or obtainable through the QuestionPro software. QuestionPro assisted in blinding the identity of completed questionnaires. Further confidentiality of participants' identities was ensured by utilising QuestionPro's consolidated data capture from questionnaires.

All results from the online questionnaire were stored on QuestionPro, an online database, with password encryption. The researcher had access to the results at any time. No participants were identifiable from the results. The consolidated, anonymous data were then downloaded by the researcher. The downloaded data remained password protected and accessible only to the researcher, supervisors, and biostatistician, as outlined in the ethically approved data management plan. A data management plan was created, and executed for the creation and capture from devices, the storage with security backup and recovery, usage

for data viewing, processing, and communication, and saving and sharing of data. Archival for protected data was ensured, and provisions were made for the purging of all data collected.

### **3.9 LIMITATIONS OF THE METHODOLOGY**

Although the research design and procedures were carefully structured to align with the study's objectives, several methodological constraints require acknowledgement, as such factors may influence the interpretation and applicability of the findings. The study employed a non-probability, purposive sampling approach, which although appropriate for targeting a specific professional population, inherently restricts the generalisability of the results to the wider population of somatologists and salon owners across South Africa. The sample was confined to participants within the Free State province, and regional practices and perceptions may not be representative of the professionals operating in other provinces where socio-economic or regulatory conditions differ.

The exclusive use of an online questionnaire as the primary data collection tool introduced accessibility-related limitations. Only individuals with adequate digital literacy, access to the internet, and appropriate electronic devices were able to participate. As a result, potential participants operating in areas with limited connectivity or technological resources may have been excluded from the sample, potentially leading to underrepresentation of specific subgroups within the targeted population. In addition, the self-administered format of the questionnaire increases the likelihood of response bias. Participants may have interpreted certain items subjectively or selected responses perceived to be socially acceptable, particularly in items related to ethical practice and professional regulation. Although the questionnaire was piloted to ensure clarity and alignment with the study's objectives, self-report instruments have limited ability to capture complex, context-specific behaviours, or attitudes.

Finally, the study used descriptive statistical techniques to analyse the collected data. While descriptive analysis is suitable for identifying patterns, frequencies, and general trends, it does not support inferential statistical assessments which explore relationships or predictive

outcomes between variables. As a result, conclusions are confined to observed patterns within the dataset and cannot be generalised beyond the sampled population. Despite the outlined limitations, the methodological approach remained consistent with the positivist paradigm and was deemed appropriate for the exploratory nature of the investigation. Mitigating strategies, including piloting the questionnaire and providing structured response options, were implemented to strengthen the instrument's validity and reliability within the established research constraints.

### **3.10 SUMMARY**

In conclusion, the chapter presented a comprehensive overview of the research design and methodology. The discussion commenced with a background to the research problem, which served to contextualise the design approach. The selected research paradigm was clarified, followed by an outline of the procedures employed to ensure validity and reliability. Further elaboration was provided on the target population, sampling strategy, and the instruments and procedures used for data collection. A concise summary of the data analysis process was also included. The subsequent chapters, chapters 4 and 5, will present the results, interpret the findings, and provide a detailed discussion.

**Results**

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Chapter 4 presents the research results. A descriptive quantitative research design was used to investigate the knowledge, expectations and practices of somatologists in the Free State. The investigation focused specifically on the extent of somatologists interaction with, and understanding of the regulatory entities relevant to the somatology industry in South Africa. The researcher used a structured questionnaire composed primarily of closed-ended Likert-scale questions to quantify responses. To provide contextual depth and support the interpretation of the quantitative data, the researcher also included a limited number of open-ended questions. An important point to acknowledge is the partial completion of some questionnaires and that not all participants responded to every item in the questionnaire. As a result, the number of responses varies across individual questions. For each item, only fully completed responses that met the inclusion criteria were considered valid and were included in the analysis. Missing or incomplete data were excluded from both the statistical analysis and the reporting of results to ensure accuracy and consistency. The observed variations are clearly indicated and considered in the interpretation of results.

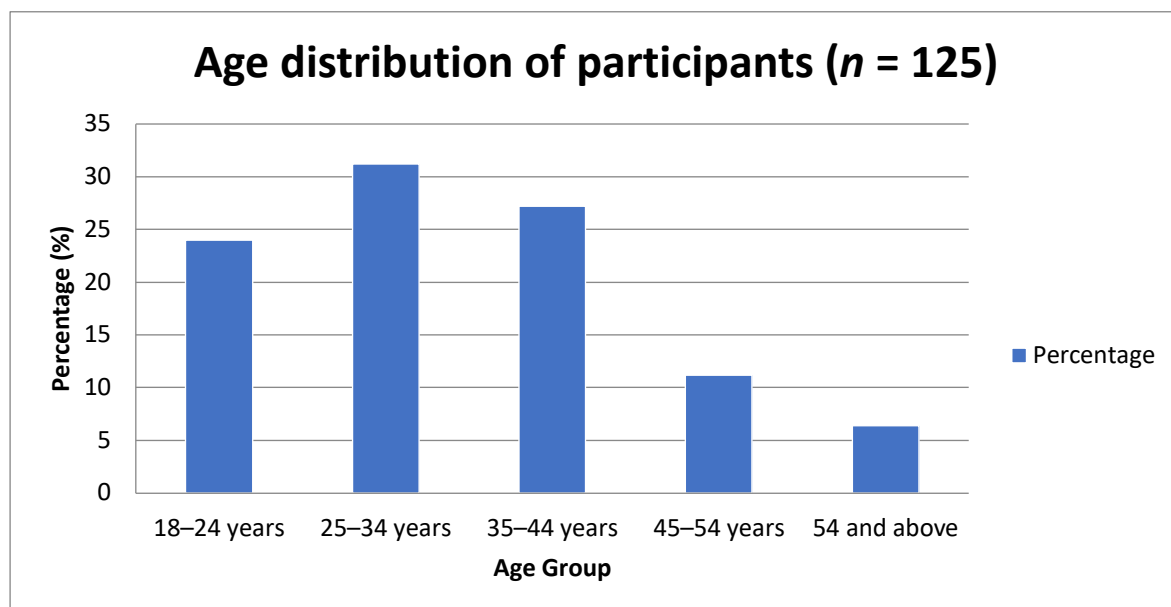
The researcher analysed responses to open-ended questions using descriptive data analysis to identify recurring themes and relevant insights. The qualitative results are integrated with the quantitative results, where relevant, to enhance the overall interpretation and provide a more comprehensive understanding of the results. The results are arranged into five thematic sections similar to the questionnaire structure. The first section presents the demographic profile of participants, including age, qualifications, years of experience, and other relevant background information. The second section reflects on participants' knowledge regarding regulatory entities associated with the somatology industry. In the third section, participants' expectations regarding the regulatory bodies are presented. The fourth section reports on participants' current practices in relation to the regulatory bodies. The final section consists of closing remarks, where participants shared their concluding remarks.

#### **4.1 SECTION 1: DEMOGRAPHIC INFORMATION**

Section 4.1 provides an overview of participant demographics. The demographic data includes participants' age, qualifications, years of industry experience, employment status,

and professional roles within the somatology sector. Therefore, these variables assist to frame the diversity and representativeness of the sample and support a more detailed understanding of the rest of the results and perspectives shared in this chapter.

Figure 4.1 illustrates the age distribution of participants ( $n = 125$ ) with the majority (31%) between the ages of 25 and 34 years. This was followed by 27% aged between 35 and 44 years and 24% between 18 and 24 years. Furthermore, 11% of the participants were in the 45 to 54 age range and 6% in the 55 years and older category. Therefore, the majority of participants that fall within the 25 to 34 age range, indicates that the sample primarily consists of early- to mid-career professionals.



**Figure 4.1 Age distribution of participants**

Table 4.1 outlines the qualifications held by participants in the study. Data were collected on the highest academic qualifications attained by participants ( $n = 115$ ). The most frequently reported qualification was a 2-3 year Diploma in Somatology (58.3%), followed by a Bachelor of Health Sciences in Somatology (11.3%), and a one-year Advanced Diploma in Somatology (9.6%). Fewer participants held a Certificate in Somatology, a one-year Postgraduate Diploma in Somatology (4.3%), or a Certificate in Beauty Technology (4.3%). Additional qualifications reported by a small number of participants included a Master of Health Sciences in Somatology (2.6%), Diploma in Health and Skincare (ITEC) (0.9%), fourth

year in Dermal Aesthetics (NQF 7) (0.9%), ITEC Level 2 Beauty Specialist (0.9%), and Certified Lymphoedema Therapist (0.9%). These results indicate that the majority of participants possess foundational qualifications in somatology, with relatively few holding advanced or specialised credentials. Therefore, suggesting limited progression into postgraduate or niche areas within the profession.

**Table 4.1 Academic qualifications of participants**

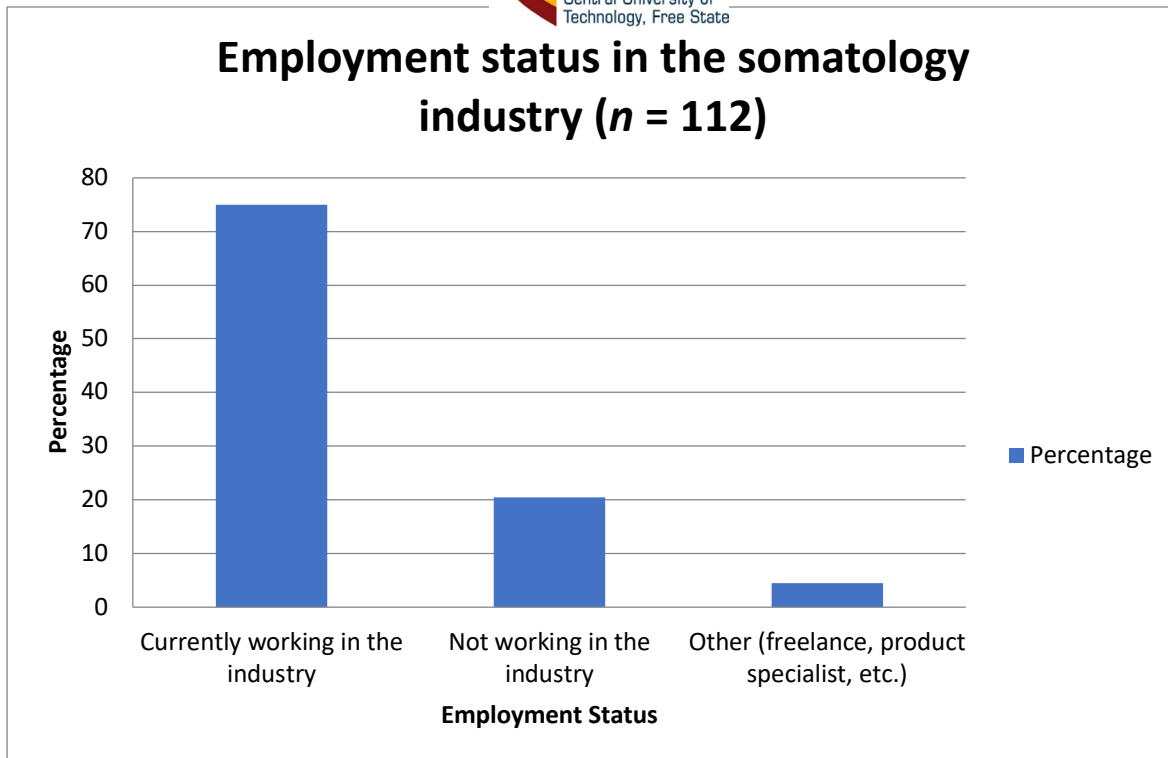
Qualification	Total Responses ( <i>n</i> )
Certified Lymphoedema Therapist	1
ITEC Level 2 Beauty Specialist	1
Fourth year in Dermal Aesthetics (NQF7)	1
Diploma in Health & Skincare (ITEC)	1
Certificate in Beauty Technology (1 year)	5
Certificate (2–3 years)	7
Diploma in Somatology (2–3 years)	67
Advanced Diploma in Somatology (1 year)	11
Postgraduate Diploma in Somatology	5
Bachelor of Health Sciences in Somatology	13
Master of Health Sciences in Somatology	3
Total	115

The following section presents the distribution of participants' years of experience in the somatology industry, offering insight into the professional maturity and career stages represented in the sample. Accordingly, Figure 4.2 illustrates the years of industry experience among participants ( $n = 114$ ). The largest percentage (28.1%) of participants had between six and ten years of industry experience, indicating a strong representation of mid-career professionals. Furthermore, 19.3% had over 26 years of experience. Lastly, participants with 1-5 years of experience accounted for 15.8% of the sample, while 13.2% had 16-20 years, 12.3% had 11-15 years, and 11.4% had 21-25 years of experience. This distribution suggests a diverse range of professional maturity levels within the sample, from early-career practitioners to highly experienced individuals.



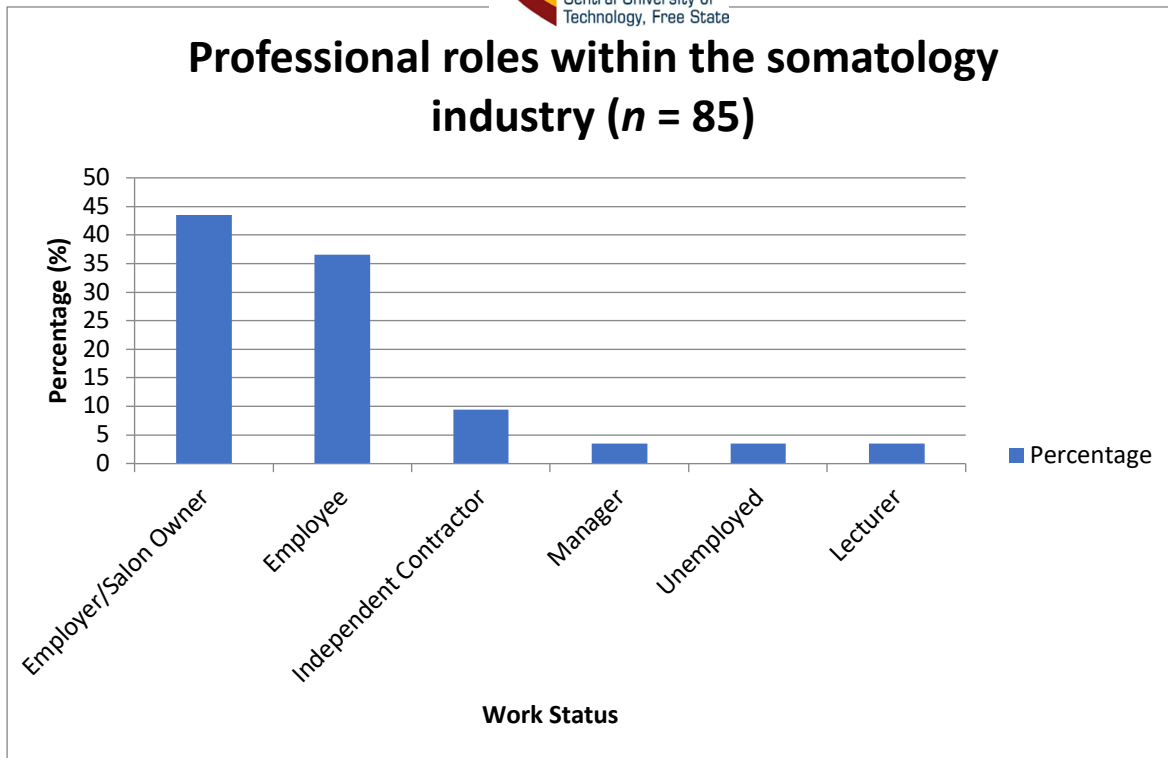
**Figure 4.2 Years of professional experience in the somatology industry**

The employment profile of participants reflects a predominantly active engagement in the somatology industry, as displayed in Figure 4.3. Among the 112 participants, 75% indicated that they were currently employed in the somatology industry. Contrastingly, 20.5% were not employed within the industry. A smaller percentage (4.5%) described their employment roles as freelance practice, product specialisation, professional training, motivational speaking, and dermal aesthetics, highlighting alternative forms of engagement within or adjacent to the somatology industry. The mentioned results suggest that while the majority of participants are actively employed in traditional somatology roles, a notable minority are diversifying into specialised or entrepreneurial pathways, thereby reflecting the evolving nature of the profession.



**Figure 4.3 Employment status of participants in the somatology industry**

Building on the previous results of employment status, the subsequent section explores the specific roles occupied by participants who reported active involvement in the somatology industry. As shown in Figure 4.4, among the 82 participants currently employed within the somatology industry, 43.5% identified as employers or salon owners, while 36.5% were employed as therapists. A smaller percentage (9.4%) worked as independent contractors and 3.5% each held positions as managers or lecturers. Additionally, few individuals described themselves as unemployed despite being included in the broader group of industry-affiliated participants, which may reflect transitional stages or partial engagement in the profession. This distribution of results highlights the dominance of practitioner and entrepreneurial roles within the somatology sector, while also reflecting the presence of academic and managerial functions, suggesting a multifaceted and adaptable professional framework.



**Figure 4.4 Professional roles of participants within the somatology industry**

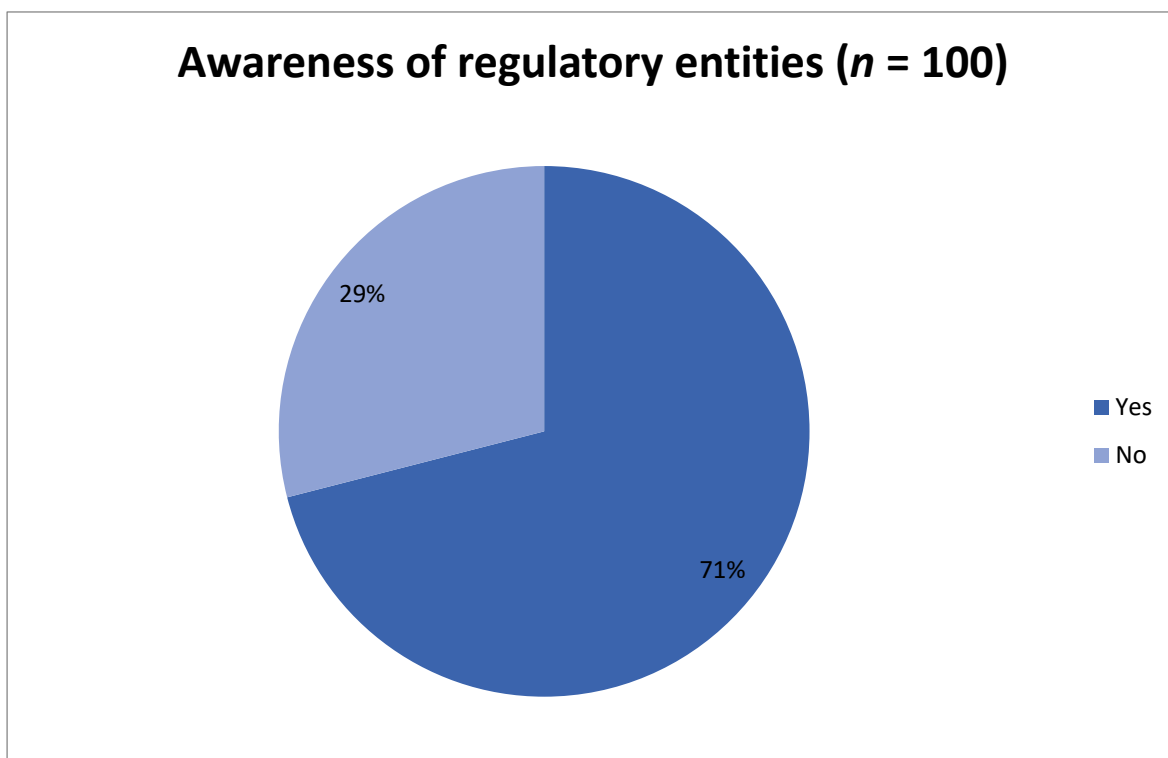
The demographic profile suggests that somatologists' career stage, qualifications, and roles plausibly shape their exposure to regulatory information. Building on this context, the following section reports on participants' knowledge of relevant regulatory entities, their functions, and affiliation pathways.

#### **4.2 SECTION 2: KNOWLEDGE REGARDING THE DIFFERENT REGULATORY BODIES AND THEIR FUNCTIONS**

Section 2 examines the knowledge participants hold regarding regulatory entities associated with the somatology profession in South Africa. The analysis considers how participants recognise these entities in terms of awareness, familiarity, perceived functions, and membership. Assessing knowledge in this way is important as it reflects whether somatologists understand the structures intended to support and regulate the profession. The results reveal both established areas of knowledge and notable gaps, suggesting that limited awareness or uncertainty may influence professional engagement with regulatory frameworks.

By examining familiarity, perceived roles, and membership status, the analysis identifies how somatologists interact with regulatory entities and highlights areas where improved communication and professional alignment may be required. The analysis examines participants' knowledge of regulatory entities and their functions within the somatology industry. To establish this initial measure, the questionnaire assessed whether participants possessed knowledge of regulatory entities associated with the somatology industry.

As displayed in Figure 4.5, the results reflect participants' ( $n = 100$ ) knowledge of regulatory entities associated with the somatology industry. The pie chart shows that 71% of participants demonstrated knowledge of such entities, while 29% indicated no knowledge. The results suggest that knowledge of regulatory entities is generally widespread among participants, although a notable minority demonstrated limited knowledge. This variation highlights uneven levels of understanding within the group, pointing to differences in how regulatory governance is recognised across the somatology profession.



**Figure 4.5 Awareness of regulatory entities associated with the somatology industry**

As presented in Table 4.2, the results reflect participants' knowledge of which regulatory entities are regarded as primary within the somatology industry. The South African

Association of Health & Skincare Professionals (SAHSP) was identified by the majority (85.2%), followed by the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) (42.9%), the Health Professions Council of South Africa (HPCSA) (33.3%), the Beauty Health and Skincare Employers Association (BHFSa) (32.5%), the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB) (30.5%), and the Allied Health Professions Council of South Africa (AHPCSA) (26.5%). The highest levels of uncertainty were associated with the Beauty Health and Skincare Employers Association (BHFSa) (42.5%), the Allied Health Professions Council of South Africa (AHPCSA) (36.1%), and the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB) (34.1%). A small number of individuals also indicated that certain regulatory entities were either not regarded as primary or not associated with the somatology industry. While participants demonstrated strong recognition of the South African Association of Health & Skincare Professionals (SAHSP) as the leading professional body aligned with the somatology profession, the inclusion of entities such as the Beauty Health and Skincare Employers Association (BHFSa), the Health Professions Council of South Africa (HPCSA), and the Allied Health Professions Council of South Africa (AHPCSA) reflects a degree of misunderstanding regarding the actual regulatory context.

Although influential within broader healthcare and wellness sectors, such entities do not regulate the somatology profession. Similarly, the identification of the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB) and the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC), although relevant to labour and employment relations, suggests that participants may conflate labour governance with professional regulation. Although both the South African Association of Health & Skincare Professionals (SAHSP) and the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) are commonly perceived as part of the regulatory environment, it is important to note that neither holds statutory authority to govern the profession. At present, the somatology industry in South Africa is not regulated by any dedicated statutory regulatory body, meaning that no formal primary regulatory authority currently exists. This uneven distribution of knowledge highlights variability in professional understanding of the regulatory framework in somatology.

**Table 4.2 Knowledge of primary regulatory entities for somatologists in South Africa**

Body	Total Responses (n)	Primary	Not Primary	Uncertain	Not Related
AHPCSA	83	26,5%	18,1%	36,1%	19,3%
BHFSA	80	32,5%	23,8%	42,5%	1,3%
EOHCB	82	30,5%	28%	34,1%	7,3%
HCSBC	84	42,9%	23,8%	27,4%	6%
HPCSA	78	33,3%	25,6%	29,5%	11,5%
SAAHSP	81	85,2%	3,7%	9,9%	1,2%

Table 4.3 summarises participants' familiarity-based knowledge of regulatory entities associated with the somatology industry, based on a five-point scale ranging from "not at all familiar" to "extremely familiar". For the Allied Health Professions Council of South Africa (AHPCSA), 35.5% indicated they were not at all familiar, 47.4% slightly familiar, and 11.8% moderately familiar. For the Beauty Health and Skincare Employers Association (BHFSA), the majority (55.3%) reported no familiarity, followed by 34.2% slightly familiar, and 10.5% moderately familiar, with no responses indicating high familiarity. Awareness of the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB) showed a similar trend, with 53.9% not at all familiar, 25.0% slightly familiar, and 9.2% moderately familiar. For the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC), 46.1% reported no familiarity, while 30.3% were slightly familiar, and 9.2% moderately familiar.

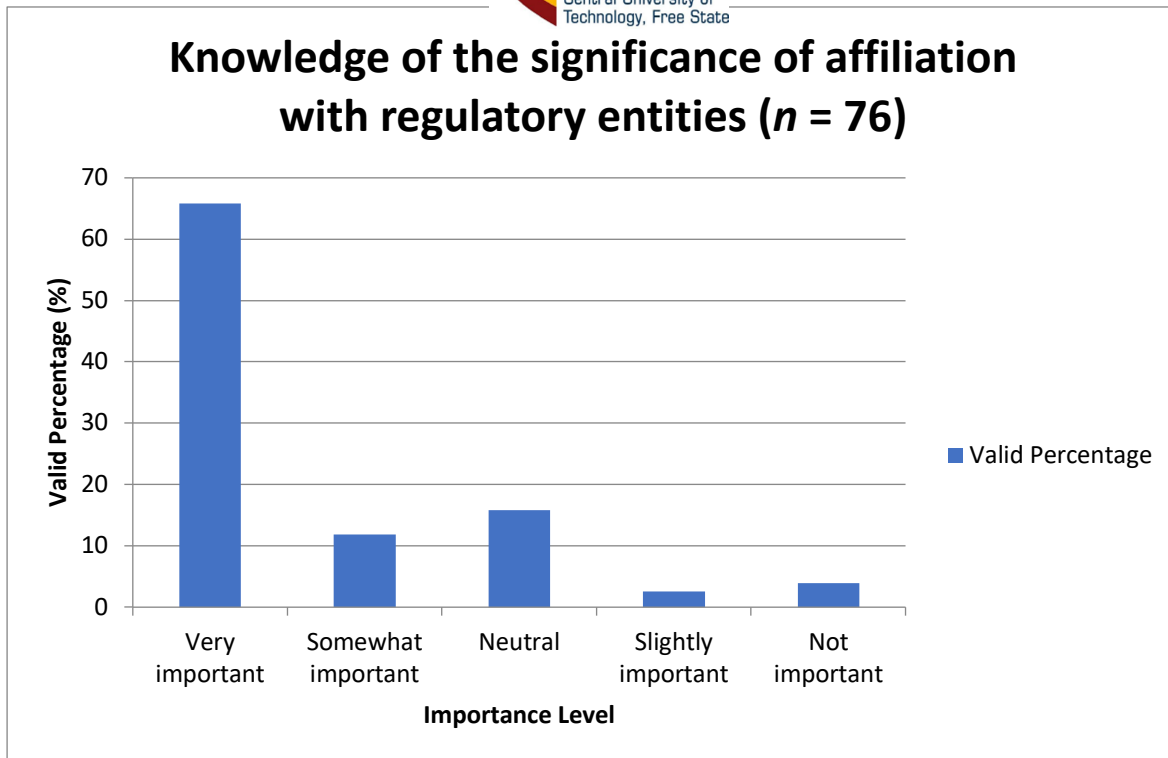
The Health Professions Council of South Africa (HPCSA) demonstrated slightly higher levels of familiarity, with 30.3% not at all familiar, 31.6% slightly familiar, and 17.1% moderately familiar. In contrast, the South African Association of Health & Skincare Professionals (SAAHSP) reflected the strongest knowledge base among participants, with only 10.8% reporting no familiarity, and 31.1% indicating they were extremely familiar. These results

indicate that participants' familiarity-based knowledge of regulatory entities is inconsistent, with the South African Association of Health & Skincare Professionals (SAAHSP) being the most widely recognised, while entities such as the Beauty Health and Skincare Employers Association (BHFSa), the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB), and the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) demonstrated the lowest levels of familiarity. This inconsistency further highlights variability in professional understanding of regulatory governance within the somatology industry.

**Table 4.3 Familiarity with regulatory entities in the somatology industry**

Regulatory body	Total responses (n)	Not at all familiar	Slightly familiar	Moderately familiar	Very familiar	Extremely familiar
AHPCSA	76	35,5%	47,4%	11,8%	3,9%	1,3%
BHFSa	76	55,3%	34,2%	10,5%	0%	0%
EOHCB	76	53,9%	25%	9,2%	5,3%	6,6%
HCSBC	76	46,1%	30,3%	9,2%	9,2%	5,3%
HPCSA	76	30,3%	31,6%	17,1%	14,5%	6,6%
SAAHSP	74	10,8%	16,2%	24,3%	17,6%	31,1%

The importance of professional affiliation with a regulatory entity, as understood by participants ( $n = 76$ ), is illustrated in Figure 4.6. Collectively, 65.8% of the cohort regarded such affiliation as highly significant, while 11.8% considered it moderately significant. A further 15.8% of individuals maintained a neutral stance. Only 2.6% of participants perceived affiliation as having limited significance, and 3.9% viewed it as not significant at all. Therefore, the results indicate that participants demonstrated sound knowledge of the value of professional affiliation with regulatory entities, although a small minority regarded it as less important. These results underscore both the general recognition of affiliation as central to professional identity and the variation on how its importance is perceived within the somatology industry.



**Figure 4.6 Knowledge of the significance of affiliation with regulatory entities**

Knowledge regarding the professional regulatory entities that oversee the practice of somatology in South Africa is reflected in Table 4.4. In relation to the Allied Health Professions Council of South Africa (AHPCSA), 15.2% of participants ( $n = 64$ ) affirmed the council's regulatory responsibility, 11.6% did not recognise such a role, and 19.6% expressed uncertainty. Similarly, with respect to the Beauty Health and Skincare Employers Association (BHFSAs), 15.2% of participants ( $n = 65$ ) recognised the Beauty Health and Skincare Employers Association (BHFSAs) as an overseeing entity, while 13% did not, and 18.8% were unsure. Responses regarding the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB) followed a similar trend, with 15.9% of individuals ( $n = 63$ ) identifying the council as having regulatory authority, 13.8% not recognising such a role, and an equal number expressing indecision.

The National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) was acknowledged by 18.1% of participants ( $n = 63$ ) as overseeing the practice of somatology, while 13.8% did not recognise this role, and the same percentage reported being uncertain. The Health Professions Council of South Africa (HPCSA) received the lowest level

of recognition, with only 13.8% of somatologists ( $n = 52$ ) identifying it as relevant, 21% not recognising its involvement in somatology, and 10.1% remaining unsure. In contrast, the South African Association of Health & Skincare Professionals (SAAHSP) was most frequently recognised, with 35.5% of participants ( $n = 63$ ) acknowledging its involvement, 3.6% not recognising this role, and 6.5% indicating uncertainty. The results suggest that participants' knowledge of regulatory entities is fragmented, with the South African Association of Health & Skincare Professionals (SAAHSP) most widely recognised and considerable uncertainty regarding other explored entities. This lack of consensus indicates an inconsistent understanding of formal regulatory governance in the somatology industry.

**Table 4.4 Knowledge of regulatory oversight of the somatology industry by various regulatory entities in South Africa**

Regulatory Body	Total Valid Responses ( <i>n</i> )	Yes	No	Uncertain
AHPCSA	64	15,2%	11,6%	19,6%
BHFSA	65	15,2%	13%	18,8%
EOHCB	63	15,9%	13,8%	15,9%
HCSBC	63	18,1%	13,8%	13,8%
HPCSA	62	13,8%	21%	10,1%
SAAHSP	63	35,5%	3,6%	6,5%

Table 4.5 provides an overview of participants' knowledge of the functions and roles of regulatory entities associated with the somatology industry. For the Allied Health Professions Council of South Africa (AHPCSA) ( $n = 61$ ), 36.4% of participants demonstrated knowledge of the council as a statutory health body, while 12.7% indicated awareness of its affiliation with training institutions. A smaller number expressed knowledge of the council as a non-profit organisation (3.6%), a self-governing body (3.6%), or a workplace representative (1.8%). An

additional 9.1% regarded the council as unrelated to the somatology profession, while 43.6% reported uncertainty regarding its function.

A comparable lack of clarity was evident in participants' knowledge of the Beauty Health and Skincare Employers Association (BHFSAs), the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB), and the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC). For the Beauty Health and Skincare Employers Association (BHFSAs) ( $n = 55$ ), 24.1% demonstrated knowledge of the organisation as a workplace representative, while 5.6% associated the body with statutory health authority, and 5.6% acknowledged an affiliation with training institutions. A smaller group viewed the entity as self-governing (11.1%) or non-profit (1.9%). However, 53.7% of participants reported limited or no knowledge of its function. For the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB) ( $n = 58$ ), 28.3% expressed knowledge of its role in workplace representation, 11.3% acknowledged its affiliation with training institutions, and 9.4% indicated statutory regulation, while 50.9% reported uncertainty regarding its purpose. For the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) ( $n = 55$ ), 17.0% reported knowledge of workplace representation, and 13.2% linked the council to both statutory health authority and affiliation with training institutions, whereas 45.3% were unsure of its specific role.

Participants' knowledge of the Health Professions Council of South Africa (HPCSA) ( $n = 56$ ) was relatively stronger. A total of 34.0% demonstrated awareness of its role as a statutory health body, while 5.7% acknowledged its affiliation with training institutions, 7.5% regarded the council as self-governing, and 1.9% considered it a non-profit organisation. Despite this, 39.6% indicated limited or no knowledge of its function, and 15.1% viewed the council as unrelated to the somatology profession.

In contrast, the South African Association of Health & Skincare Professionals (SAAHSP) ( $n = 73$ ) was the most consistently identified entity in terms of functional knowledge. A total of 39.6% of participants demonstrated knowledge of the association as both a statutory health body and as having an affiliation with training institutions. Additional responses indicated perceptions of the South African Association of Health & Skincare Professionals (SAAHSP) as

a non-profit organisation (13.2%), a self-governing body (11.3%), or a workplace representative (7.5%), while 26.4% indicated uncertainty regarding its primary role.

Taken together, the results suggest that participants demonstrated the most consistent knowledge of the South African Association of Health & Skincare Professionals (SAAHSP). However, knowledge of the functional roles of the remaining regulatory entities remained fragmented and was characterised by widespread uncertainty. This inconsistent knowledge base highlights ongoing confusion regarding regulatory governance in the somatology profession and reinforces the need for improved communication about the functions and responsibilities of regulatory and professional governance structures.

**Table 4.5 Knowledge of the functions and roles of regulatory entities in the somatology industry**

Body	Total Responses (n)	Statutory Health Body	Represent Training Institutes	Non-Profit Organisation	Self-Governing Body	Workplace Representative	Not Somatology Related	Unsure
AHPCSA	61	36,4%	12,7%	3,6%	3,6%	1,8%	9,1%	43,6%
BHFSA	55	5,6%	5,6%	1,9%	11,1%	24,1%	0%	53,7%
EOHCB	58	9,4%	11,3%	1,9%	1,9%	28,3%	5,7%	50,9%
HCSBC	55	13,2%	13,2%	1,9%	11,3%	17%	1,9%	45,3%
HPCSA	56	34%	5,7%	1,9%	7,5%	1,9%	15,1%	39,6%



SAAHSP	73	39,6%	39,6%	13,2%	11,3%	7,5%	0%	26,4%
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An overview of participants' knowledge of current and potential membership in regulatory entities is provided in Table 4.6. This overview highlights significant variation across the six entities ( $n = 52$ ). With the exception of the South African Association of Health & Skincare Professionals (SAAHSP), current membership across all entities was very low, ranging from 3.8% to 5.8%. The Allied Health Professions Council of South Africa (AHPCSA), the Beauty Health and Skincare Employers Association (BHESA), and the Health Professions Council of South Africa (HPCSA) each reflected current membership within this range, although between 30.8% and 40.4% of participants considered future affiliation.

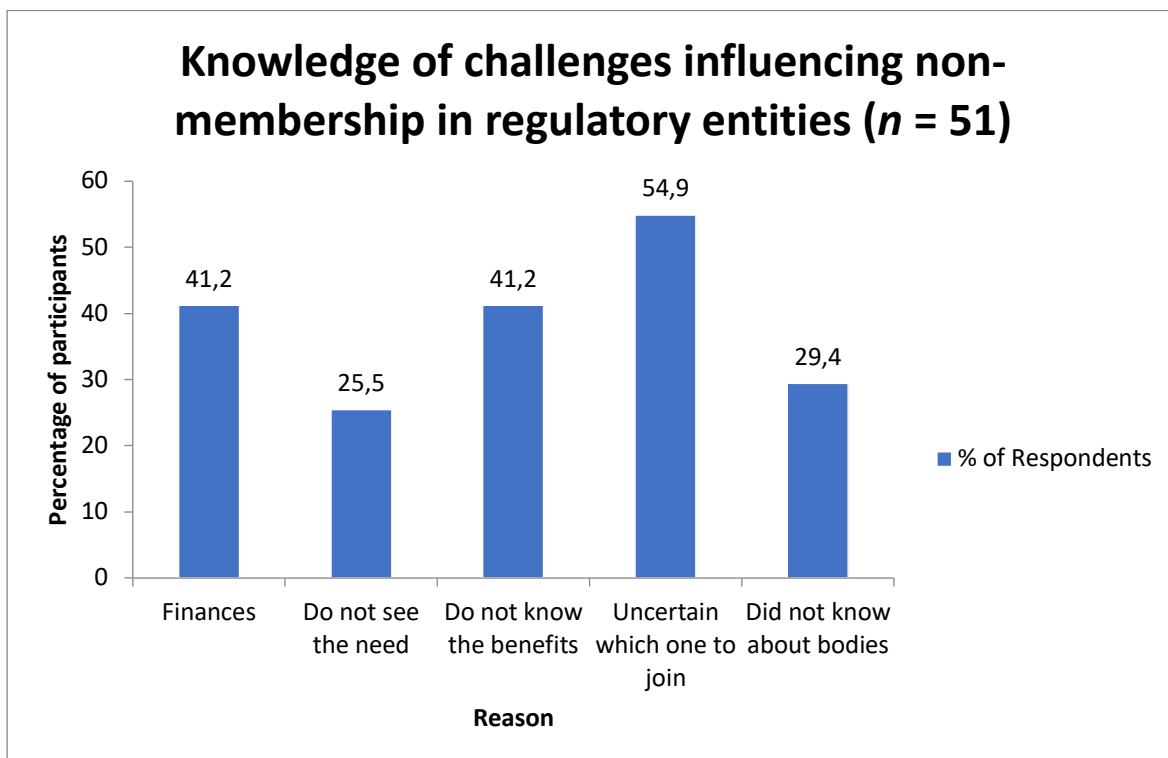
The Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB) and the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) reflected minimal active membership among participants, at 3.8% and 5.8% respectively, with the majority (76.9% and 73.1%) indicating no intention to pursue membership. In contrast, the South African Association of Health & Skincare Professionals (SAAHSP) demonstrated the highest level of current membership (23.1%), with an additional 48.1% of participants considering future affiliation. Across all entities, non-membership levels varied considerably, ranging from 28.8% to 76.9%, which reflects differing levels of recognition and engagement across the professional framework. These results suggest that while somatologists demonstrate greater awareness and engagement with the South African Association of Health & Skincare Professionals (SAAHSP), knowledge of membership structures related to other entities appears more limited and inconsistent, highlighting uncertainty regarding the broader framework of professional registration within the somatology industry.

**Table 4.6 Knowledge of current and potential membership in regulatory entities**

Organisation	Valid responses ( $n$ )	Yes	No, but considering it	No, not considering it
AHPCSA	52	3,8%	40,4%	55,8%

BHFSA	52	30,8%	65,4%
EOHCB	52	3,8%	76,9%
HCSBC	52	5,8%	73,1%
HPCSA	52	5,8%	61,5%
SAAHSP	52	23,1%	28,8%

Figure 4.7 reflects participants' knowledge on the challenges associated with affiliating with regulatory entities in the somatology industry, based on 51 valid results, with multiple challenges identified by each participant. The most commonly recognised challenge was uncertainty about which regulatory body to join, identified by 54.9% of participants. Financial constraints and limited knowledge of the potential benefits of membership were each noted by 41.2% participants. Additionally, 29.4% of individuals highlighted a lack of knowledge on the existence of relevant associations or governing entities. Lastly, 25.5% of the participating cohort regarded membership as unnecessary. Therefore, results suggest that gaps in knowledge, coupled with uncertainty about structural alignment, represent the most significant barriers to professional affiliation.



**Figure 4.7 Knowledge of challenges influencing non membership in somatology regulatory entities**

Knowledge of specific regulations or guidelines issued by regulatory entities relevant to the somatology industry is reflected in Table 4.7, based on 45 valid results ( $n = 45$ ). Levels of knowledge varied across entities. The South African Association of Health & Skincare Professionals (SAAHSP) ( $n = 46$ ) demonstrated the strongest knowledge, with 30.4% of participants reporting a high level of knowledge and an equal proportion indicating moderate knowledge. In contrast, 44.4% of participants indicated no knowledge of the Allied Health Professions Council of South Africa (AHPCSA) guidelines, while 13.3% demonstrated high levels of knowledge. Furthermore, 51.1% of participants reported no knowledge of the Beauty Health and Skincare Employers Association (BHFSAs) guidelines, with only 8.9% indicating strong awareness.

Limited knowledge was also reported in relation to the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB), with 55.6% of participants indicating no knowledge of its guidelines, and only 4.4% demonstrating a high level of awareness. The National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) and the Health Professions Council of South Africa (HPCSA) followed comparable trends, with 57.8% and 44.4% of participants respectively reporting no knowledge of guidelines associated with these entities.

When considered collectively, the results indicate that participants' knowledge of regulatory guidelines is generally limited across most entities, with comparatively greater knowledge of South African Association of Health & Skincare Professionals (SAAHSP). This inconsistency highlights gaps in professional understanding of regulatory frameworks and underlines uncertainty regarding governance in the somatology industry.

**Table 4.7 Knowledge of guidelines issued by regulatory entities**

Regulatory body	Valid ( $n$ )	To a great extent	Somewhat	Very little	Not at all
AHPCSA	45	13,3%	17,8%	24,4%	44,4%
BHFSAs	45	8,9%	22,2%	17,8%	51,1%
EOHCB	45	4,4%	22,2%	15,6%	55,6%
HCSBC	45	6,7%	17,8%	17,8%	57,8%

HPCSA	45	57,8%	22,2%	44,4%
SAAHSP	46	30,4%	13%	26,1%

Table 4.8 reflects participants' knowledge regarding which occupational categories within the somatology industry are required to register with each regulatory entity. For the Allied Health Professions Council of South Africa (AHPCSA) ( $n = 45$ ), 57.8% of participants indicated that registration applied to all somatologists, while 31.1% associated this responsibility specifically with employers. A similar pattern was observed for the South African Association of Health & Skincare Professionals (SAAHSP) ( $n = 44$ ), where 75% of participants supported universal registration for all somatologists, the highest percentage recorded for this occupational category across all entities. In the case of the Beauty Health and Skincare Employers Association (BHFSAs) ( $n = 44$ ), 47.7% of participants linked registration to employers, while 31.8% extended it to all somatologists. For the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB) ( $n = 44$ ), 36.4% identified employers as the registering group, and 27.3% selected all somatologists. Regarding the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) ( $n = 44$ ), 40.9% supported registration for all somatologists, while 34.1% assigned this responsibility to employers. In contrast, for the Health Professions Council of South Africa (HPCSA) ( $n = 42$ ), 50% of participants indicated registration was applicable to all somatologists, while 33.3% stated that no occupational category required registration with this entity.

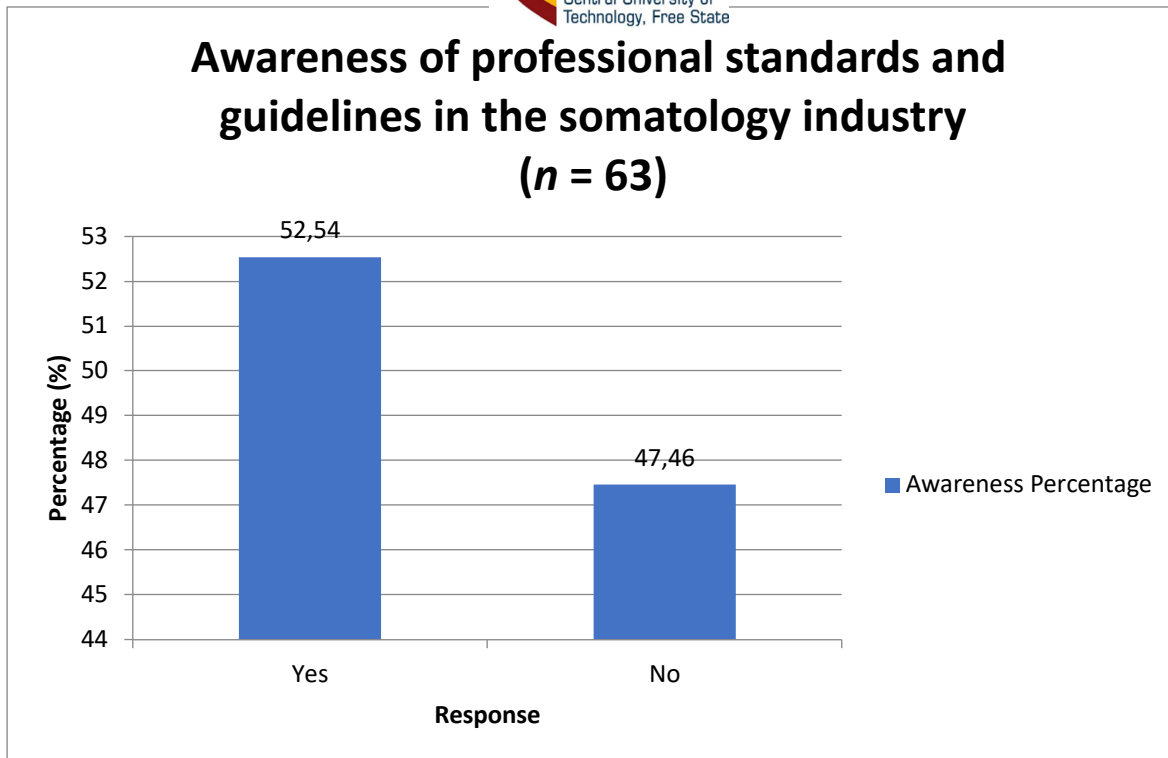
As evident from the above results, relatively few participants identified independent contractors or unemployed individuals as requiring registration across any of the entities. A consistent minority also indicated that none of the listed occupational categories should register with specific regulatory bodies, reflecting variability in participants' knowledge regarding the relevance and jurisdiction of each regulatory entity in relation to somatology practice.

**Table 4.8 Knowledge of occupational category registration with regulatory entities**

Category	AHPCSA	BHFSAs	EOHCB	HCSBC	HPCSA	SAAHSP
Responses ( $n$ )	( $n = 45$ )	( $n = 44$ )	( $n = 44$ )	( $n = 44$ )	( $n = 42$ )	( $n = 44$ )

Somatology employer	31.1%	47.7%	30.4%	34.1%	21.4%	31.8%
Employee	20%	9.1%	13.6%	27.3%	16.7%	18.2%
Independent contractor	13.3%	6.8%	9.1%	9.1%	16.7%	11.4%
All somatologists	57.8%	31.8%	27.3%	40.9%	50%	75%
Unemployed	4.4%	0%	0%	0%	2.4%	4.5%
Nobody	22.2%	29.5%	25%	22.7%	33.3%	9.1%

Knowledge of professional standards or guidelines specific to somatology practice in South Africa was assessed with results illustrated in Figure 4.8. The results reveal a near-even distribution, with approximately half (52.54%) the participants demonstrating knowledge of such standards, while 47.46% of participants indicated no knowledge on professional standards or guidelines. The results suggest that familiarity with existing regulatory or professional frameworks remains limited among somatologists, highlighting uneven knowledge that may influence professional development and the consistency of practice within the industry.



**Figure 4.8 Awareness of professional standards and guidelines for the somatology industry**

According to Table 4.9, participants demonstrated knowledge of several main standards and guidelines considered important within the somatology industry. Client safety emerged as a central focus, with strong emphasis on hygiene, sterilisation, and correct procedures. Participants also highlighted the importance of formal training aligned with SETA outcomes, adherence to a code of ethics, and ongoing professional development. According to participants, only qualified professionals were regarded as suitable to perform electrical and advanced treatments, and high hygiene standards were expected for clients, therapists, and the treatment environment. In addition, standard operating procedures, scope of practice, and professional conduct were frequently noted, along with references to CIDESCO standards and fair working conditions. A small number of participants indicated no knowledge of specific guidelines.

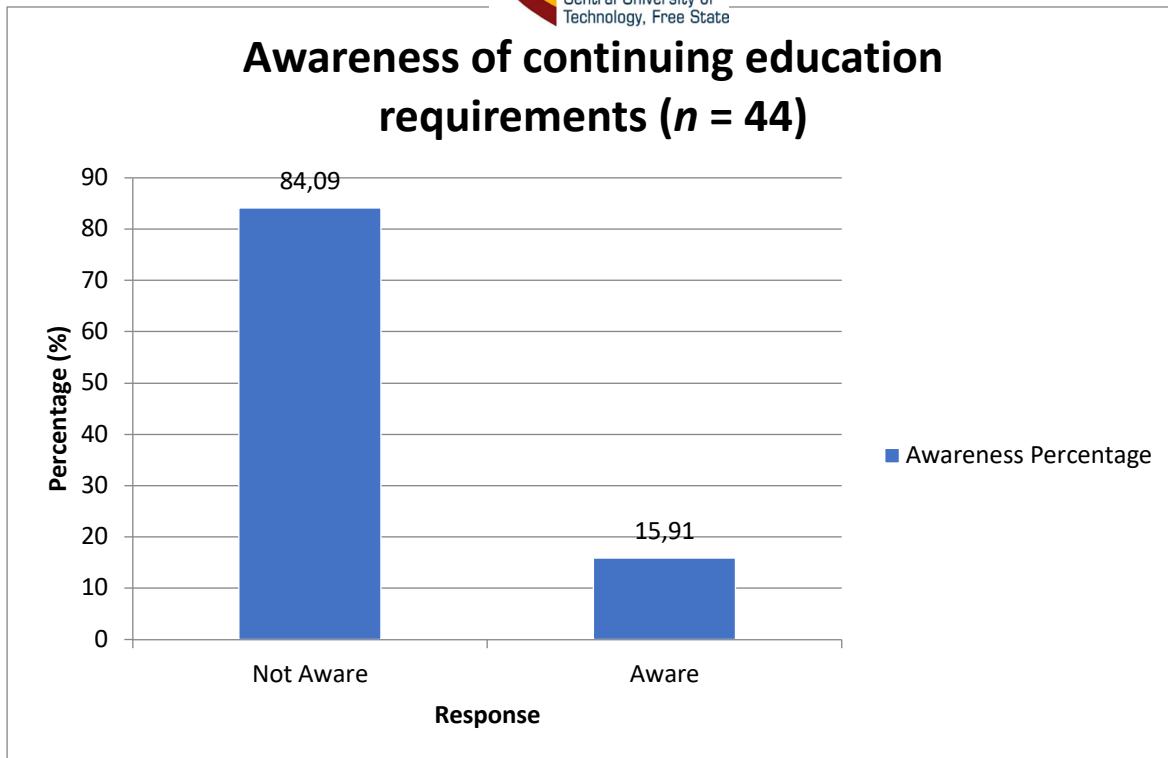
To summarise, the results suggest that participants possessed knowledge of a broad range of professional standards, with client safety, ethical conduct, and structured training most strongly emphasised. This shows both recognition of essential regulatory expectations and

gaps in consistency, which are important for understanding the broader knowledge base of somatologists regarding governance and practice standards.

**Table 4.9 Knowledge of standards and guidelines identified by participants**

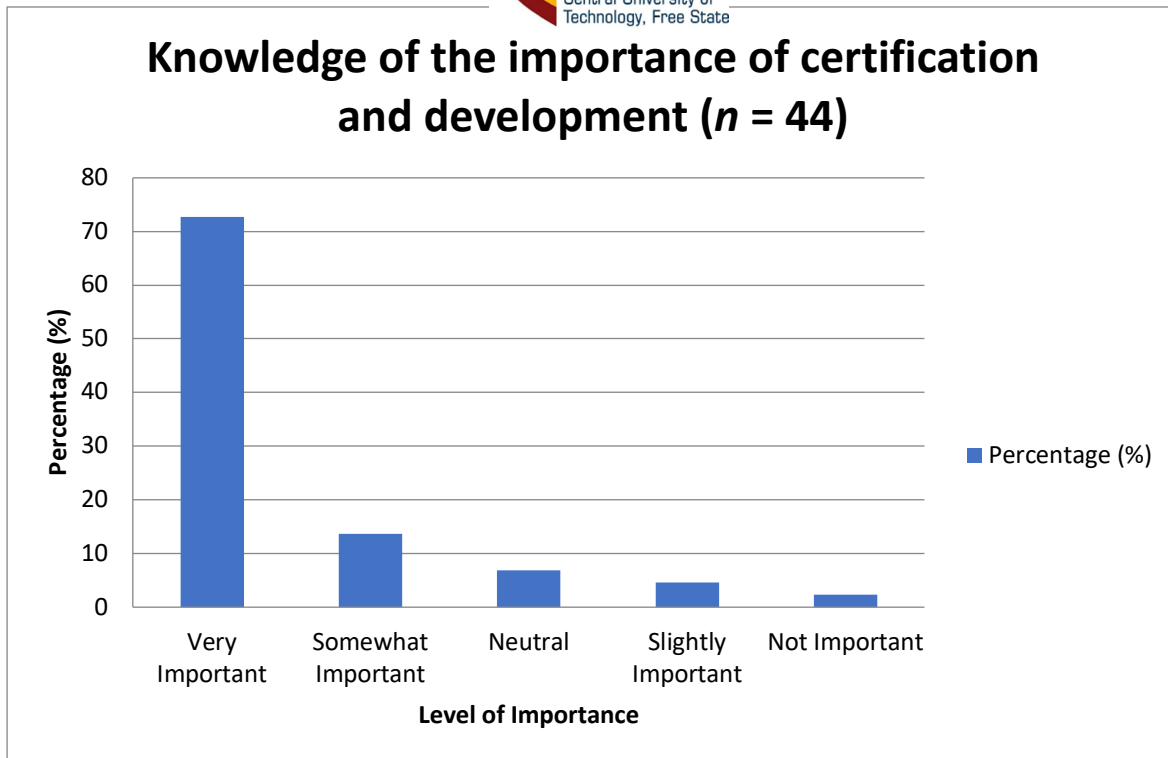
Theme	Examples of Verbatim Responses
Client Safety	“Proper hygiene, sterilization, and correct treatment procedures.”
Training & Professional Development	“Regular updates of knowledge and skills, SETA learning outcomes, attending workshops.”
Ethical & Professional Conduct	“Adherence to code of ethics, professional behavior in client interaction, and scope of practice.”
Health & Safety	“Use of electrical/advanced modalities only by trained professionals, awareness of treatment effects, safe and clinical practice.”
Hygiene Standards	“High hygiene in salons, following CIDESCO standards, environmental safety.”
Employment Conditions	“Fair hourly rates, protection against overwork or underpayment.”
Lack of Awareness	Some participants indicated 'No' or 'N/A', showing gaps in knowledge or access to guidelines.

Figure 4.9 illustrates participants' ( $n = 37$ ) knowledge of continuing education or professional development requirements set by regulatory entities for somatologists in South Africa. The majority (84.09%) of participants indicated no knowledge of development requirements, while only 15.91% were aware of these requirements. The results suggest that knowledge of continuing education expectations is limited among participants.



**Figure 4.9 Awareness of continuing education requirements set by regulatory entities**

Based on valid responses ( $n = 44$ ), 72.73% of participants recognised certification and professional development from regulatory entities as highly significant. As shown in Figure 4.10, a further 13.64% acknowledged these aspects as moderately significant, while 6.82% adopted a neutral position. Only 4.55% of participants considered certification and professional development to have limited relevance, and 2.27% indicated no relevance. The results suggest comprehensive knowledge of the importance of certification and ongoing development in supporting professional standards within the somatology industry, although a small fraction of participants demonstrated limited recognition of their value.



**Figure 4.10 Knowledge of the importance of certification and professional development from regulatory entities**

According to the knowledge section’s results, somatologists recognise the South African Association of Health & Skincare Professionals (SAAHSP) mostly but display fragmented familiarity with other entities. Furthermore, limited awareness and uncertainty exist on guidelines and continuous professional development requirements, membership, and website utility. In addition to knowledge, expectations were examined to clarify which functions are prioritised, ethical standard-setting, professional development, representation, and accessible guidance and how those priorities emerge from the observed knowledge gaps. The subsequent section will present these results on expectations.

### **4.3 SECTION 3: EXPECTATIONS OF PARTICIPANTS REGARDING THE DIFFERENT REGULATORY BODIES**

The results of participants’ expectations provide critical insight into the functions and responsibilities that somatologists believe regulatory entities should fulfil within the South African context. Expectations represent an important dimension of professional regulation,

as they reflect the standards and services practitioners consider necessary to strengthen credibility, protect client safety, and ensure sustainable growth of the profession. The results encompass responses to both structured and open-ended questions, capturing a wide range of participant views. Quantitative results highlight priorities such as the establishment of ethical guidelines, opportunities for professional growth, and mechanisms of representation, while qualitative feedback reveals nuanced concerns regarding governance, accessibility, and the relevance of existing regulatory entities. Consideration of these expectations sheds light not only on what is perceived as lacking within the somatology profession, but also on the forms of support and accountability somatologists regard as most valuable.

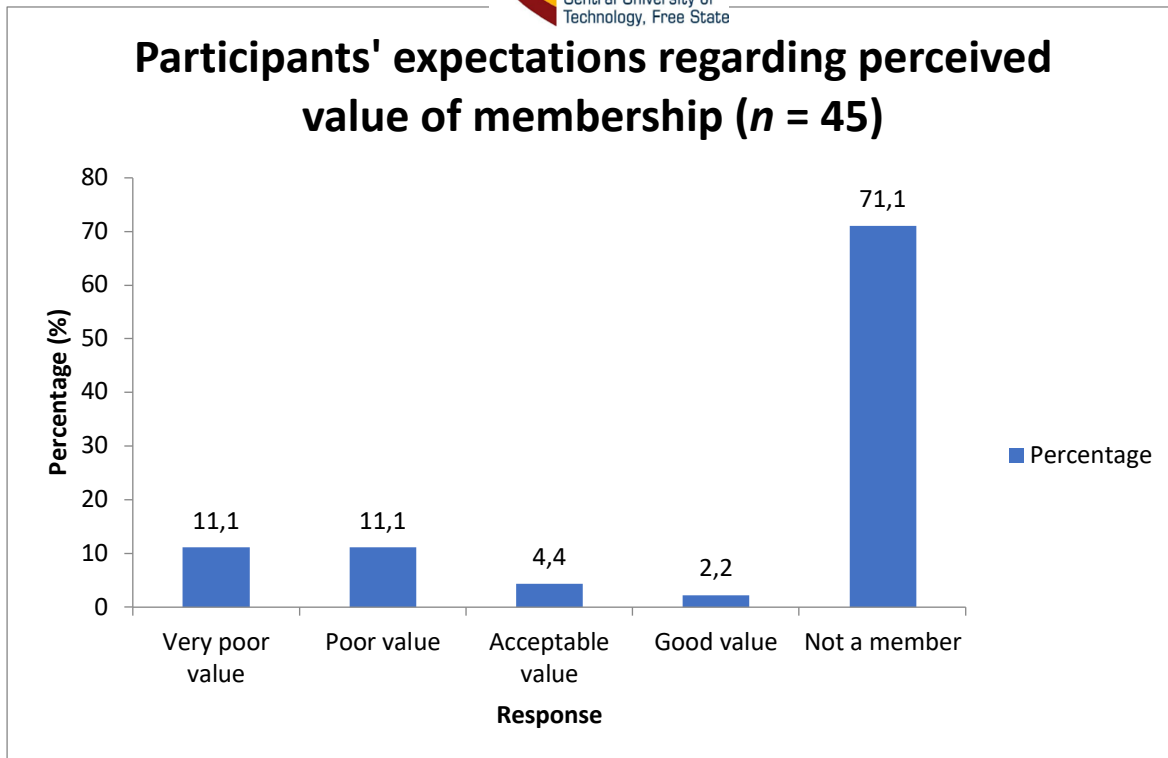
Furthermore, by examining participants' expectations in detail, the results identify the functional roles regarded as important for effective regulation and highlight the areas where participants perceived limitations in current regulatory structures. The results begin by presenting the most frequently selected expectations, which include the promotion of professional development, advocacy for the profession, and the establishment of ethical standards. These aspects reflect the primary responsibilities that participants associate with regulatory entities and form the basis for interpreting expectations throughout the section.

Participants' ( $n = 43$ ) expectations regarding regulatory entities in the somatology industry is reflected in Table 4.10. The most common expectation was setting of standards and ethical guidelines, expected by 90.7% of participants. Professional development opportunities, including training, workshops, and seminars, were expected by 76.7%, followed by advocacy for the profession and representation of somatologists' interests, also expected by 76.7% of participants. Networking opportunities with other industry professionals was an expectation of 65.1% participants. In addition, 2.3% indicated other expectations that includes the need for regulatory entities to protect and guide somatologists. In summary, these results demonstrate participants' strong emphasis on ethical regulation and ongoing professional development, reinforcing the view that regulatory entities are expected to act simultaneously as guardians and promoters of professional standards.

**Table 4. 10 Participants' expectations regarding regulatory entities in the somatology industry**

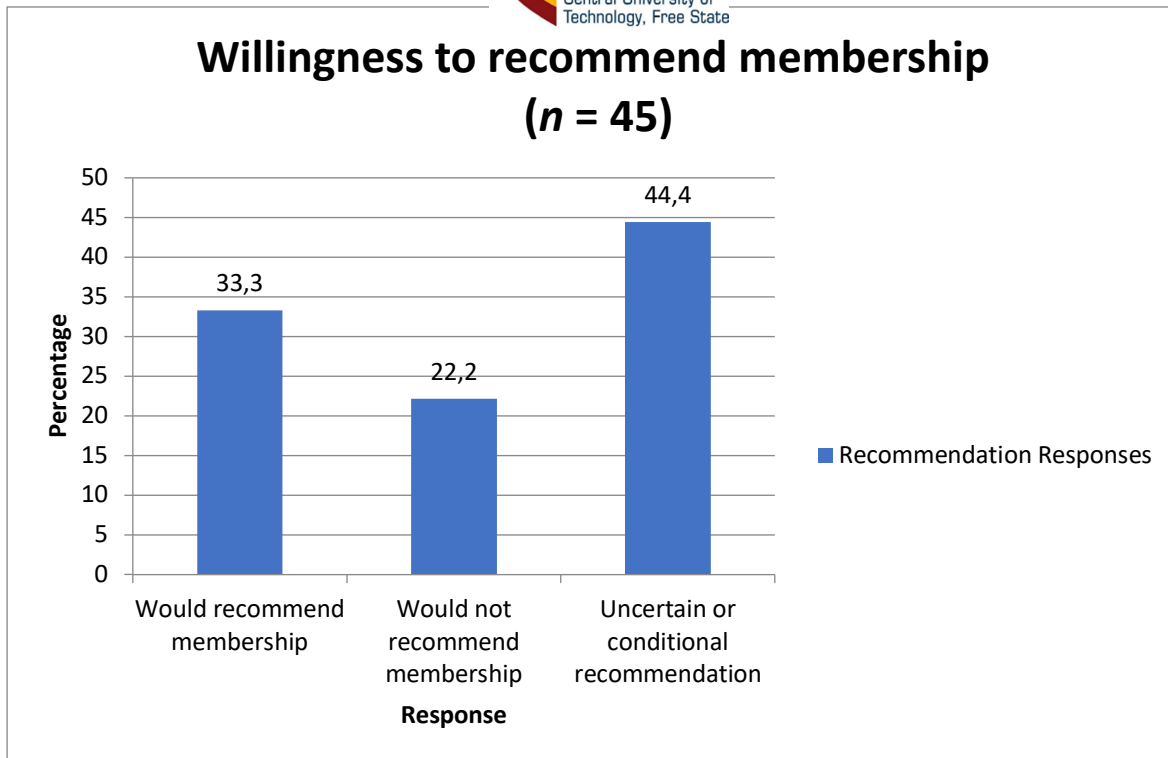
Expectation	Responses ( <i>n</i> )	Percentage of participants
Professional development opportunities	33	76,7%
Networking opportunities	28	65,1%
Advocacy for the profession	33	76,7%
Setting standards and ethical guidelines	39	90,7%
Other: To protect and guide somatologists	1	2,3%

Participants' ( $n = 45$ ) expected value of membership in regulatory entities, as shown in Figure 4.11, provide insight into expectations regarding the professional benefits of affiliation. According to the results in Figure 4.12, 71.1% of participants indicated no affiliation with any regulatory body. Among the remaining participants who were members, 11.1% perceived the value of membership as very low, and a further 11.1% indicated low value. Only 4.4% of participants regarded membership as moderately beneficial, while a mere 2.2% considered it highly beneficial. Overall, the results suggest that existing membership options are not perceived to meet expectations of professional benefit, which may explain the substantial cohort of non-affiliation observed.



**Figure 4.11** Participants' expectations regarding perceived value of membership in regulatory entities.

Willingness to recommend membership was examined as an indicator of how participants' expectations align with the perceived benefits of professional affiliation. Responses on whether participants ( $n = 45$ ) would recommend membership to other somatologists reflected a range of perspectives, as illustrated in Figure 4.12. While 33.3% expressed a clear intention to recommend membership to peers within the industry, 22.2% of participants indicated no intention to advise others to pursue membership. The remaining 44.4% demonstrated a degree of ambivalence, suggesting that a recommendation would depend on specific conditions or additional information. Accordingly, the results indicate that advocacy for membership is limited, and the prevailing uncertainty suggests that participants' expectations of value are not being consistently met. This gap between expectations and perceived benefits undermines the incentive for professional solidarity and highlights the need for regulatory bodies to demonstrate clearer value to their members.



**Figure 4.12 Participants' willingness to recommend membership of regulatory entities**

Participants were asked to indicate which regulatory entities they would recommend for membership within the somatology industry, providing insight into expectations regarding the perceived relevance and value of different entities. Multiple responses were permitted, resulting in 72 selections (*n* = 72) from 31 participants, as presented in Table 4.11. The most frequently recommended entity was the South African Association of Health & Skincare Professionals (SAAHSP), selected by 93.5% of participants. The Allied Health Professions Council of South Africa (AHPCSA) was recommended by 45.2%, followed by the Health Professions Council of South Africa (HPCSA), which was endorsed by 38.7%. A total of 29% of participants recommended the Beauty Health and Skincare Employers Association (BHFS), while the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) received support from 19.4%. The Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB) received the fewest recommendations, with only 6.5% of participants indicating support for membership. The results demonstrate that the South African Association of Health & Skincare Professionals (SAAHSP) is overwhelmingly perceived as the most appropriate and beneficial regulatory entity, reflecting participants' expectations for professional representation and standard-setting. In contrast, the limited endorsement of

the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB) and the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) suggests that these entities are not regarded as adequately meeting professional expectations, thereby reinforcing the perception that relevance and value are unevenly distributed across the regulatory framework.

**Table 4.11 Recommended regulatory entities for membership in the somatology industry**

Regulatory Body	Responses ( <i>n</i> )	Percentage of Participants
AHPCSA	14	45,2%
BHFSA	9	29%
EOHCB	2	6,5%
HCSBC	6	19,4%
HPCSA	12	38,7%
SAAHSP	29	93,5%

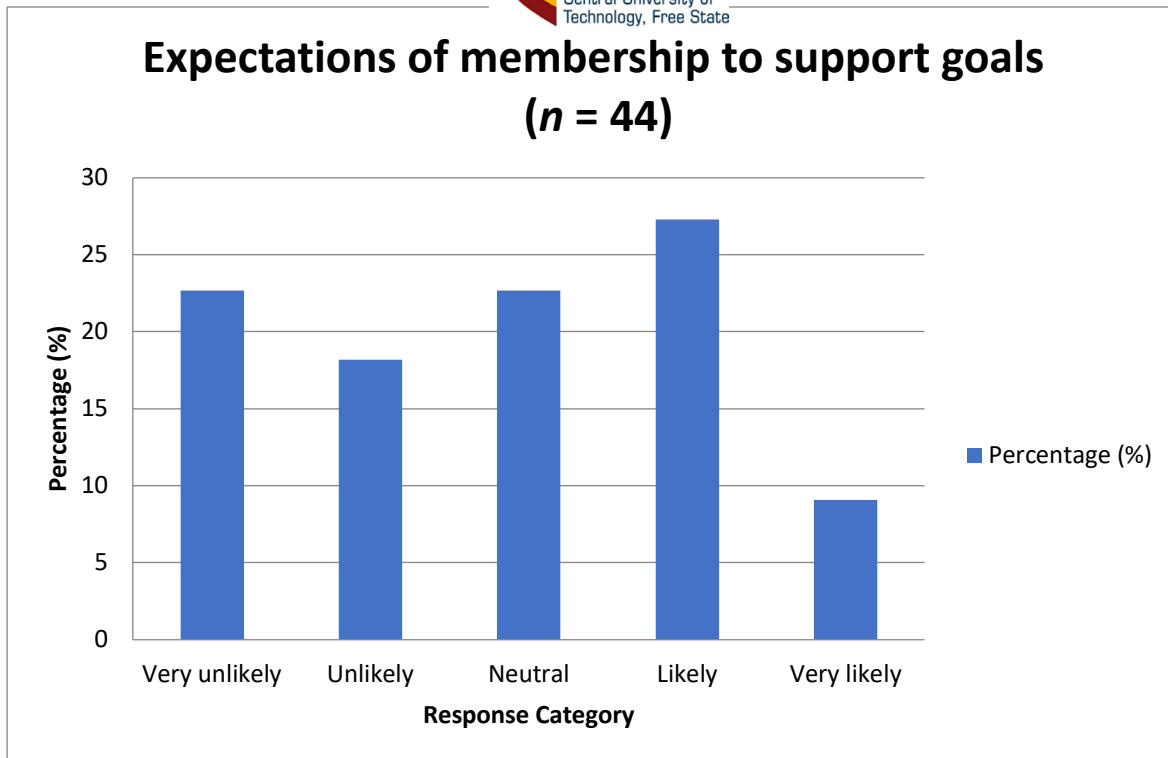
As detailed in Table 4.12, the results capture participants' stated reasons for not recommending membership to a regulatory entity, thereby highlighting expectations that are not being met within the current system. Across the sample of 47 responses, all valid results ( $n = 47$ ) were analysed. Most participants (66%) provided no substantive explanation, with entries such as "N/A" or similar. A further 8.5% pointed to the absence of a clear regulatory structure or expressed disillusionment with existing systems. A lack of information was noted by 6.4% of participants. In addition, 4.3% referred to past experiences that rendered membership no longer relevant, while another 4.3% were uncertain about who to recommend, often because they were not members themselves.

Poor representation was raised by 4.3% of the participants, and another 4.3% criticised the industry or expressed concern about deregulation. Only 2.1% identified a conflict of interest in the roles of regulatory entities. The results suggest that disengagement, limited awareness, and dissatisfaction with structural and representational issues undermine participants' willingness to endorse membership. This indicates a gap between professional expectations and the perceived performance of regulatory entities, weakening confidence in their capacity to deliver value.

**Table 4.12 Thematic summary of reasons for not recommending membership of regulatory entities**

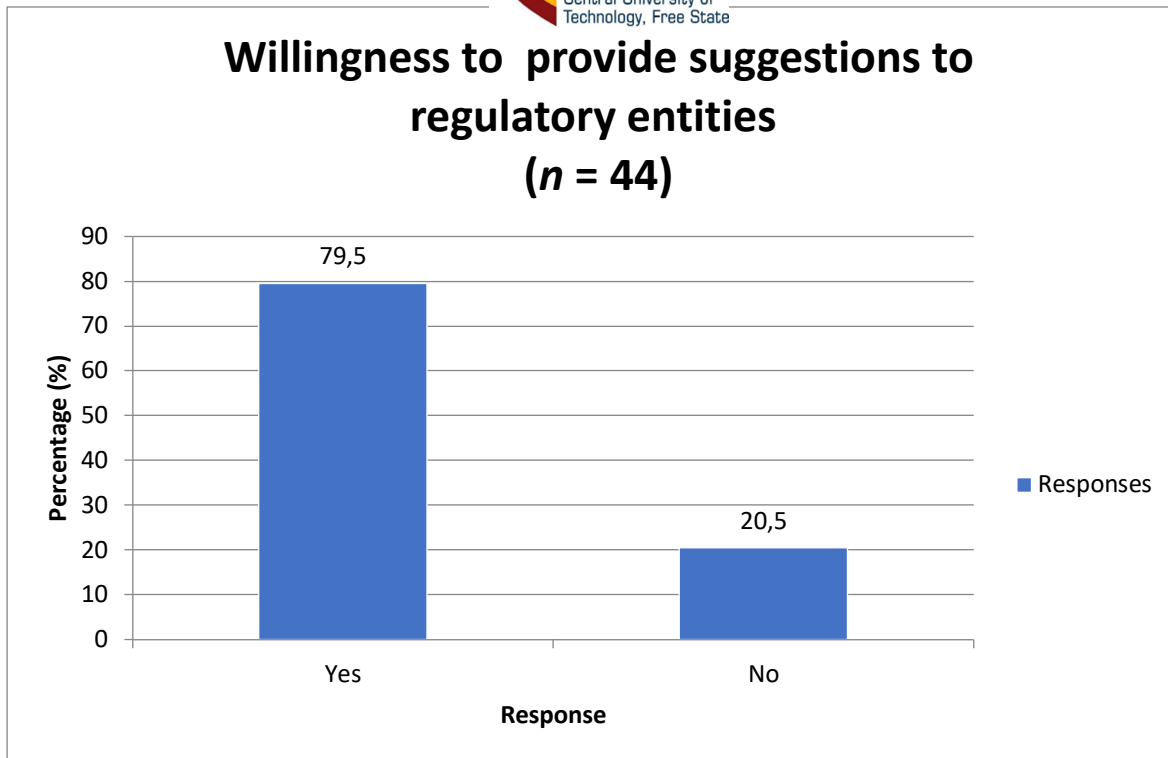
Thematic Summary	Number of Responses ( <i>n</i> = 47)	Percentage
Lack of Information	3	6,4%
No Regulatory Structure / Disillusionment	4	8,5%
Conflict of Interest in Roles	1	2,1%
Past Experience / No Longer Relevant	2	4,3%
Unclear Who to Recommend / Not a Member	2	4,3%
Poor Representation	2	4,3%
Industry Criticism / Deregulation	2	4,3%
No Comment (N/A, n/a, etc.)	31	66%

As illustrated in Figure 4.13, the results examine whether participants perceived membership in regulatory entities as supportive of achieving their personal or business goals, thereby reflecting expectations of value and professional benefit. Out of 44 valid results (*n* = 44), 27.3% of participants expected membership to be beneficial, and a further 9.1% perceived it as highly likely to support professional goals. Conversely, 22.7% regarded membership as very unlikely to be beneficial, while 18.2% considered it unlikely to offer meaningful support. A further 22.7% maintained a neutral stance. The results suggest only a moderate level of confidence in the potential value of regulatory membership. The presence of significant uncertainty and doubt indicates that expectations for professional advancement and goal alignment are not being consistently fulfilled, thereby weakening the perceived role of regulatory entities in meeting members' professional needs.



**Figure 4.13 Expectations of membership in regulatory entities to support personal or business goals**

As illustrated in Figure 4.14, the results explore whether participants believed suggestions should be made to regulatory entities to improve service delivery, reflecting expectations of responsiveness and professional engagement. Out of 44 participants (*n* = 44), a clear majority of 79.5% expressed a willingness to contribute suggestions, while 20.5% indicated no such intention. The results suggest that participants are open to engaging with regulatory entities and hold expectations for opportunities that enable professional dialogue and stakeholder input. This further implies that participants expect regulatory entities not only to provide oversight but also to respond actively to member feedback, thereby enhancing service delivery within the somatology industry.



**Figure 4.14 Willingness of participants to provide suggestions to regulatory entities for improved service delivery**

As shown in Table 4.13, the results capture participants' open-ended perspectives on challenges associated with regulatory entities in the somatology industry, reflecting expectations of effective governance and fair representation. The majority, 68.8%, provided no comment. Lack of regulation or ineffective governance was noted by 6.2%, while poor communication, financial concerns, and limited accessibility were each raised by 4.2%. A smaller number of participants identified issues such as unfair recognition of scope, forced membership, inadequate support, poor service from bargaining councils, and negative experiences with local associations, each mentioned by between 2.1% and 4.2% of participants. The results suggest that overall engagement with regulatory entities is limited, while the scattered concerns raised point to unmet expectations regarding regulation, communication, fairness, and support within the somatology industry.

**Table 4.13 Summary of unmet expectations and challenges with regulatory entities**

Thematic summary	Number of responses ( <i>n</i> = 48)	Percentage of responses
N/A / No comment	33	68,8%
Poor communication / continuity	2	4,2%
Lack of regulation / ineffective governance	3	6,2%
Fees / financial concerns	2	4,2%
Unresponsive / inaccessible	2	4,2%
Injustice in scope recognition / unfair treatment	1	2,1%
Bargaining councils not delivering services	2	4,2%
Spam / lack of real support	1	2,1%
Should not be forced membership / freedom of choice	1	2,1%
Negative experience with local association	1	2,1%

As shown in Table 4.14, the results present participants' perceptions of the support provided by primary regulatory entities in the somatology industry, reflecting expectations of communication and professional assistance. The distribution of responses revealed generally limited engagement and low satisfaction. Many participants were unable to evaluate the support offered across all six regulatory entities or associations. Levels of non-engagement, reflected in "not applicable" responses, ranged from 71.1% for the South African Association of Health & Skincare Professionals (SAAHSP) to 92.3% for the Beauty Health and Skincare Employers Association (BHFSA). Where evaluations were provided, most participants expressed neutral or negative sentiments. Neutral evaluations were most frequently associated with the South African Association of Health & Skincare Professionals (SAAHSP) (13.2%), followed by the Health Professions Council of South Africa (HPCSA) (10.5%) and the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB) (7.7%).

Smaller percentages provided neutral evaluations for the Allied Health Professions Council of South Africa (AHPCSA), the Beauty Health and Skincare Employers Association (BHFSa), and the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC). Dissatisfaction was most apparent for the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB), with 5.1% expressing low satisfaction and another 5.1% strong dissatisfaction. The South African Association of Health & Skincare Professionals (SAAHSP) also received negative feedback, with 2.6% expressing dissatisfaction and 5.3% reporting very high dissatisfaction. The Allied Health Professions Council of South Africa (AHPCSA) and the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) received only limited negative evaluations. Positive feedback was rare: only 2.6% expressed satisfaction with the South African Association of Health & Skincare Professionals (SAAHSP) and the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB), and none reported positive experiences with the Allied Health Professions Council of South Africa (AHPCSA), the Beauty Health and Skincare Employers Association (BHFSa), the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC), or the Health Professions Council of South Africa (HPCSA). Collectively, the results suggest that participants experience limited interaction and limited satisfaction with regulatory entities. The consistently high number of “not applicable” responses highlights a disconnect between regulatory entities and professional practice, pointing to unmet expectations of visibility, accessibility, and meaningful support within the somatology industry.

**Table 4.14 Participants’ expectations of support from regulatory entities**

Regulatory Body	Total Responses (n)	Very Dissatisfied	Not Satisfied	Neutral	Satisfied	Very Satisfied	Not Applicable
AHPCSA	39	0%	2,6%	7,7%	0%	0%	89,7%
BHFSa	39	0%	0%	7,7%	0%	0%	92,3%
EOHCB	40	5,1%	5,1%	7,7%	2,6%	2,6%	77,5%
HCSBC	37	5,4%	2,7%	8,1%	0%	0%	83,8%

HPCSA	38	0%	0%	10,5%	0%	0%	89,5%
SAAHSP	38	5,3%	2,6%	13,2%	7,9%	0%	71,1%

As presented in Table 4.15, the results summarise participants' preferences regarding desired services or events from regulatory entities, providing insight into expectations of professional support and industry development. Nine responses ( $n = 9$ ) were analysed. The most commonly identified theme was a call for training and workshops (33.3%), reflecting strong expectations for continued skills development and specialised education. Professional standards and ethics were emphasised by 22.2% of participants, who raised concerns about unqualified somatologists, insufficient hygiene protocols, and a lack of ethical oversight.

In addition, clear scope and guidelines were prioritised by 11.1% of participants, highlighting the expectation for regulatory clarity on qualifications and permitted practices. Similarly, business support and events were suggested by 11.1%, who emphasised the need for initiatives to assist with operational and entrepreneurial challenges in the somatology industry. A further 11.1% stressed the importance of awareness and visibility, noting that regulatory entities are not sufficiently recognised or understood within the profession. Representation for specialised disciplines, such as permanent makeup, was also mentioned by 11.1%, underscoring expectations for inclusivity within regulatory frameworks.

Finally, the results suggest that while participants highlighted varied needs, including specialised representation, awareness, and business support, themes consistently reflect broader expectations that regulatory entities should strengthen professional development, safeguard ethical standards, and promote fair representation across the industry.

**Table 4.15 Thematic summary of desired services or events from regulatory entities**

Thematic summary	Total number of responses ( $n = 9$ )	Percentage
Training and Workshops	3	33,3%
Clear Scope and Guidelines	1	11,1%
Awareness and Visibility	1	11,1%

Professional Standards and Ethics	2	22,2%
Regulatory Body Representation	1	11,1%
Business Support and Events	1	11,1%

As outlined in Table 4.16, the results present participants' perspectives on desired services or interventions from regulatory entities, providing insight into expectations for professional support and regulatory improvement. A cohort of 12 responses ( $n = 12$ ) were received. The most prominent aspect, identified by 41.7% of participants, was education and training. Participants emphasised the need for increased awareness of the somatologist's role, along with improved access to ongoing training and networking opportunities. Scope of practice and regulation, as well as concerns regarding unqualified therapists, were each raised by 16.7% of participants.

Comments under these themes reflected expectations for clearer regulatory guidelines, stronger enforcement of qualifications, and greater protection against unethical practices. Employment platforms, miscellaneous issues, and client handling were each raised by 8.3% of participants. Suggestions included the establishment of verified employment platforms for qualified somatologists, the provision of additional information or support, and guidance on managing client interactions. Ultimately, the results suggest that participants hold clear expectations for regulatory entities to prioritise professional development, enforce qualification standards, and provide supportive resources that strengthen both practice and client care within the somatology industry.

**Table 4.16 Thematic summary of resources expected from regulatory entities**

Theme	Number of Responses ( $n = 12$ )	Percentage	Verbatim Responses
Scope of Practice and Regulations	2	16,7%	"Clear scope of practice and unethical practice identification, Enforce strict rules for unqualified therapists"
Education and Training	5	41,7%	"More education about what somatologist are and what they do,

			regular training and networking opportunities.”
Unqualified Therapists	2	16,7%	“Picking out the uneducated therapists from salons!!!Be more strict [sic] with unqualified people.”
Employment Platforms	1	8,3%	“A platform to employ qualified therapists with a clear, checked working history with real references.”
Miscellaneous	1	8,3%	“Help with extra info.”
Client Handling	1	8,3%	“Helping with how do [sic] handle clients.”

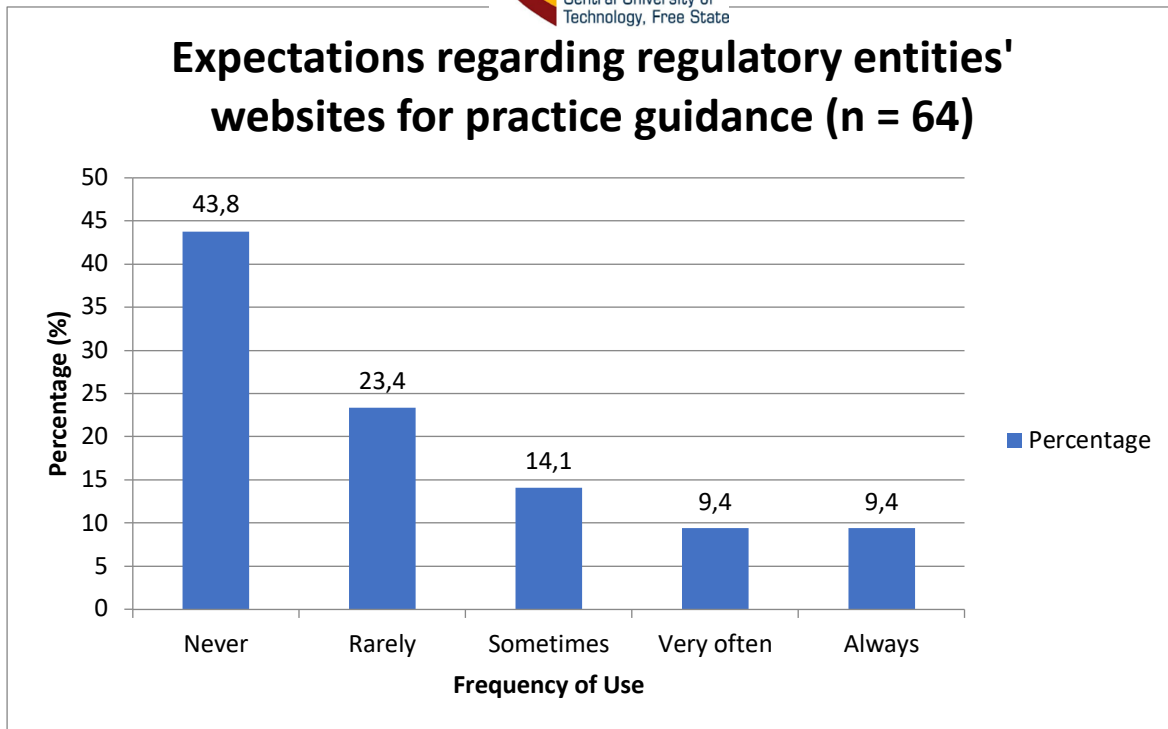
An overview of participant feedback on regulatory expectations is presented in Table 4.17, capturing principal aspects raised across 21 recorded comments. The most prominent focus area was hygiene and sterilisation, identified by 28.6% of participants, with emphasis placed on maintaining client safety through proper hygiene, sterilisation, and treatment procedures. Professional standards and ethics, along with treatment guidelines and safety, were each highlighted by 23.8% of participants, underscoring expectations for ethical conduct and the enforcement of safe treatment protocols in professional practice. Training and education were raised by 19% of participants, reflecting concerns about the adequacy of foundational knowledge provided in training institutions.

A smaller percentage of participants (4.8%) emphasised workplace conditions and remuneration, specifically noting issues related to hourly rates and the importance of maintaining hygiene for both staff welfare and client safety. In summary, the results suggest that participants hold strong expectations for regulatory entities to prioritise safety, uphold ethical standards, and strengthen the quality of professional education within the somatology industry.

**Table 4.17 Thematic summary of expectations for standards and practices to ensure client safety and quality**

Theme	Number of responses ( <i>n</i> = 21)	Percentage	Example of verbatim responses
Hygiene and Sterilization	6	28,6%	“Client safety through hygiene, sterilization, and treatment procedures.”
Professional Standards / Ethics	5	23,8%	“Upholding hygiene practices, ethical and professional standards.”
Training and Education	4	19%	“Basic practices in training schools.”
Treatment Guidelines and Safety	5	23,8%	“Client safety through hygiene, sterilization, and treatment procedures.”
Workplace Conditions/ Remuneration	1	4,8%	“Hourly rates and hygiene for safety and fair work conditions.”

The results presented in Figure 4.15 (*n* = 64) reflect expectations regarding the use of regulatory websites as sources of professional guidance. Interpreted as expectations of use, engagement with regulatory websites is limited: 43.8% indicated they would never use these sites, 23.4% would use them rarely, 14.1% occasionally, 9.4% very frequently, and only 9.4% always. This pattern suggests the websites are not expected to provide sufficiently useful guidance. The pattern of results suggests that regulatory websites are not widely utilised, highlighting a gap between professional expectations for accessible guidance and the limited visibility, accessibility, or perceived relevance of such online platforms within the somatology industry.



**Figure 4.15 Expectations regarding engagement with regulatory entities' websites for professional guidance**

Table 4.18 provides an overview of how participants ( $n = 21$ ) evaluated the usefulness of regulatory entities' websites, shedding light on expectations for their role in professional guidance and support. Among the responses, 47.6% of participants perceived the websites to be of moderate value. Additionally, 38.1% considered the websites to be of limited usefulness. A further 14.3% indicated that the websites provided no meaningful assistance. Notably, none of the participants described the websites as highly or exceptionally useful. These results suggest that regulatory websites are widely regarded as offering limited benefit, underscoring unmet expectations for accessible, reliable, and meaningful online resources to support professional practice in the somatology industry.

**Table 4.18 Participants' expectations of the usefulness of regulatory entities websites**

Helpfulness Rating	Number of Responses ( $n = 21$ )	Percentage
Not at all helpful	3	14,3%
Slightly helpful	8	38,1%
Moderately helpful	10	47,6%
Very helpful	0	0%

Extremely helpful		0%
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Expectations concentrate on ethical standards, ongoing professional development, fair representation, and accessible guidance; however, uncertainty persists regarding membership value and the usefulness of regulatory websites. Building on this context, the analysis examines how somatologists translate these priorities into practice, ethical conduct, client communication, safety and adverse-event management, and Continuous Professional Development (CPD).

#### **4.4 SECTION 4: PRACTICES OF SOMATOLOGISTS REGARDING THE DIFFERENT REGULATORY BODIES**

An examination of practices among somatologists provides critical insight into how professional knowledge and expectations are enacted in daily professional contexts. In examining ethical conduct, client communication, safety protocols, adverse event management, and professional development, the results reveal the extent to which somatologists operationalise both formal guidance from regulatory entities and informal standards shaped by education, mentorship, and industry norms. Attention is given to adherence to ethical frameworks, strategies for ensuring client safety and quality, and approaches to fostering professional growth through continuous professional development. Taken together, these results illustrate how somatologists navigate the practical demands of their profession while striving to maintain accountability, competence, and ethical integrity.

In relation to ethical standards and guidelines, participants outlined the practices through which they uphold professional expectations in somatology. As multiple practices could be identified, 39 participants ( $n = 39$ ) reported a total of 60 instances ( $n = 60$ ) across the available options. Table 4.19 presents an overview of the approaches used to maintain ethical standards within professional practice. The most common practice was regularly reviewing and updating one's personal ethical framework, which accounted for 41.7% of the total instances and was reported by 64.1% of participants. This was followed by adherence to the code of ethics established by professional associations, representing 38.3% of total instances

and reported by 59% of participants. Seeking guidance from regulatory entities or professional mentors accounted for 16.7% of the instances and was noted by 25.6% of participants. Two participants contributed “other” practices, which included comments such as “just follow what I was taught” or “training”, each representing 1.7% of the total instances and 2.6% of participants.

The results suggest that ethical practice in somatology is primarily upheld through personal reflection and compliance with established professional codes, while fewer practitioners rely on external sources or informal training. This highlights an expectation for practitioners to take responsibility for their own ethical conduct, supported by professional frameworks and guidelines.

**Table 4. 19 Practices adopted by somatologists to align with ethical standards and guidelines**

Ethical Practice Method	Total Selections (n = 60)	Total Responses	Number of Participants
Adhering to the code of ethics set forth by professional associations	23	38,3%	59%
Seeking guidance from regulatory bodies and professional mentors	10	16,7%	25,6%
Regularly reviewing and updating own ethical framework	25	41,7%	64,1%
Other (“Just follow what I was taught”)	1	1,7%	2,6%
Other (“Training”)	1	1,7%	2,6%

To explore practices related to ethical challenges in somatology, the researcher analysed seven results ( $n = 7$ ) and categorised these into six themes reflecting primary concerns. Table 4.20 details the identified issues, with the most frequently reported concern being sexual harassment or safety, which accounted for 43% of the total. Participants described serious incidents, including inappropriate treatment requests in unsafe environments and cases requiring police involvement, underscoring the importance of practitioner safety and client

boundaries. Each of the remaining themes was represented by a single result, accounting for 14% of the total.

Major concerns included unethical treatment requests, such as pressure to perform procedures deemed ethically inappropriate; insurance and indemnity issues, highlighting challenges in accessing affordable coverage for specialised treatments; and lack of oversight or support, indicating the absence of reliable structures for addressing ethical concerns. Additionally, one participant emphasised the importance of consistently maintaining high professional standards as a means of preventing ethical issues in practice. The results suggest a need for stronger regulatory guidance and protective mechanisms to support ethical decision-making and ensure practitioner safety within somatology practice.

**Table 4.20 Thematic summary of reported ethical issues and concerns in somatology practice**

Theme	Number of responses (n = 7)	Percentage	Verbatim responses
Sexual Harassment or Safety	3	42,9%	“I was told that a student was requested to go to a man's HOUSE. He definitely had negative intentions. She was his type if I could put it that way. I intervened, told him he is more than welcome to come to the salon. He said no. He was immediately blacklisted by me.; sexual harassment, had to report to SAPS and enhance security.”
Unethical Treatment Requests	1	14,3%	“Being forced to do hot stone massage on very severe varicose veins, I refused to do the treatment and someone else was given the treatment.”
Insurance/Indemnity Issues	1	14,3%	“Not getting indemnity insurance that covers specialized treatments like permanent make-

			up, microneedling, etc. Could only find 1 company and it is extremely expensive.”
Lack of Oversight or Support	1	14,3%	“I’m sorry, how can you seek out if there is not really anyone present.”
Professional Standards Maintenance	1	14,3%	“I keep the standards as high as possible as not to receive ethical issues.”
Other/Unclear	0	0	

In relation to communication practices, participants described how they engage with clients about the services provided, including associated risks and benefits. Hundred and twenty-three practices were recorded from 40 participants ( $n = 40$ ), as multiple approaches could be identified. Table 4.21 presents the distribution of reported practices, with the most common approach being the provision of clear and comprehensive explanations. This accounted for 30.1% of all practices and was reported by 92.5% of participants. Addressing client questions and concerns with patience and empathy followed closely, comprising 27.6% of the total and reported by 85% of participants. Obtaining informed consent before performing treatments represented 26.8% of the practices and was reported by 82.5% of participants. Only one participant (2.5%) noted “Other,” which involved intentionally avoiding sensitive topics such as sex, money, politics, and religion during client interactions. The “Not Applicable” category accounted for 14.6% of all practices and was reported by 45% of participants.

These results suggest that most participants prioritise transparent communication, ethical engagement, and informed consent as central practices. However, the relatively high number of “Not Applicable” responses points to inconsistent or informal approaches among a significant portion of practitioners, highlighting an expectation for clearer guidance on standardised client communication - a focus area that links directly to broader considerations of professional accountability discussed in the next section.

**Table 4.21 Approaches used by to communicate service information, risks, and benefits to clients**

Response Category	Total Selections (n = 123)	Total Selections	Participants (n = 40)
Providing clear and comprehensive explanations	37	30,1%	92,5%
Obtaining informed consent before performing treatments	33	26,8%	82,5%
Addressing client questions and concerns with patience and empathy	34	27,6%	85%
Other (“Avoid talking about sex, money, politics and religion”)	1	0,8%	2,5%
Not Applicable	18	14,6%	45%

Thematic analysis of client communication practices in somatology revealed that client education and professionalism was the most frequently emphasised aspect, cited in 29.4% of practices. Table 4.22 captures the main aspects identified by participants, highlighting the importance of informing clients about treatment procedures, product information, and post-treatment care, while also maintaining professional standards through ongoing education and thorough consultations. Step-by-step explanation followed closely, accounting for 23.5% of the practices. This approach involved narrating each stage of the treatment to ensure clients were well-informed and comfortable throughout the session. Other communication strategies included promoting client comfort and consent (17.6%) and ensuring clear communication and availability (17.6%).

The practices described demonstrate efforts to establish a safe, transparent, and responsive environment for clients. A smaller share (11.8%) focused on experience and credibility, where somatologists built trust by displaying qualifications and progressing cautiously in treatment plans. The results suggest that client communication in somatology is strongly centred on education, clarity, and ethical engagement, even though somatologists employ a variety of methods to achieve these expectations.

**Table 4.22 Thematic summary of client communication practices in somatology**

Theme	Number of Responses ( <i>n</i> = 17)	Percentage	Verbatim responses
Clear communication and availability	3	17,6%	“Clear communication at all times; Expectations and goals are met, Clearly explaining the treatment before I commence and answer any questions, Constantly communicating clearly. And always being available to answer all their questions”
Client comfort and consent	3	17,6%	“By asking questions on their comfort, as well as engaging them in the conversation, I explain everything to them, and they have to sign a consent to confirm that I explained, Comfortability, concern, clean towels, hot/cold room”
Client education and professionalism	5	29,4%	“Telling them everything they need to know about the treatment, Give all post-treatment info. Answer their questions, Explain procedures, product info & effects; I attend continual education via social media, I am thorough in consulting even if it takes time”
Experience and credibility	2	11,8%	“My diplomas are visible. I have a few years of experience, I don’t take big steps, I start small and build trust”
Step-by-step explanation	4	23,5%	“Explaining step by step, By explaining to them step by step what I am doing, why and products used; By communicating with the client throughout the treatment; Explain what I am doing as I go along with my treatments”

In relation to safety and quality practices, participants identified the measures implemented within their professional environments (*n* = 41). As shown in Table 4.23, the most common

measure was adherence to hygiene and infection control protocols, noted by 95.1% of participants and representing 36.1% of all reported practices. Regular maintenance and calibration of equipment followed, with 87.8% of participants indicating this approach, comprising 33.3% of the practices recorded. Furthermore, 80.5% of participants highlighted the monitoring and documentation of client progress and outcomes, which accounted for 30.6% of the practices. The results suggest a strong and consistent emphasis on infection control, equipment reliability, and client monitoring as core practices for upholding professional safety and quality standards within somatology.

**Table 4.23 Measures implemented to ensure safety and quality in somatology practice environments**

Measures for Safety and Quality	Number of Selections (n = 108)	Total Selections	Participants (n = 41)
Regular maintenance and calibration of equipment	36	33,3%	87,8%
Adherence to hygiene and infection control protocols	39	36,1%	95,1%
Monitoring and documenting client progress and outcomes	33	30,6%	80,5%

Table 4.24 presents results on the practices somatologists employ when managing adverse events, offering insight into expectations of client care and professional responsibility. The most common result was categorised as *no response*, accounting for 50% of the total. Blank entries or “N/A” responses were included in the analysis, suggesting that many somatologists either had no experience with adverse events or chose not to provide detail. Follow-up and client contact accounted for 21.4%, with somatologists describing actions such as checking in with client’s post-treatment or maintaining communication to ensure well-being. A further 9.5% emphasised communication and explanation, highlighting open dialogue, addressing concerns, and providing reassurance during adverse outcomes. Aftercare advice and management, as well as “other” practices, each represented 4.8% of results and included actions such as offering home-care instructions, adjusting treatments, or practical gestures

such as vouchers. A small number of somatologists (2.4%) indicated no prior experience with adverse events or noted referral to expert consultation when such events occurred.

The results suggest varied approaches to adverse event management, with an emphasis on client communication and professional follow-up where relevant. However, the high representation of non-responses points to inconsistent practices and highlights an expectation for clearer regulatory guidance to support somatologists in managing adverse events effectively.

**Table 4.24 Thematic summary of practices for managing adverse events in somatology**

Thematic summary	Number of responses ( <i>n</i> = 42)	Percentage
Other	2	4,8%
No response	21	50%
Communication and explanation	4	9,5%
Follow-up and client contact	9	21,4%
Aftercare advice and management	2	4,8%
No experience with adverse events	1	2,4%
Referral or expert consultation	1	2,4%

To explore professional development practices in somatology, participants described the methods they actively use to enhance their skills and knowledge. Table 4.25 presents the distribution of reported practices, with the most common being attendance at workshops, seminars, and conferences, noted by 80% of participants. Pursuing additional certifications or specialised training was reported by 72.5%. Engagement in peer mentoring or professional networking opportunities was highlighted by 60% of participants. These results reflect a multi-faceted approach to professional development, with strong emphasis placed on structured learning opportunities and ongoing qualification upgrades. Peer interaction and collaborative learning also play a significant role in the continuing education of somatologists. The total number of reported practices exceeded the number of participants, indicating that many individuals engage in multiple forms of professional development simultaneously.

The results suggest that somatologists view professional development as an active and diverse practice, combining formal training with peer collaboration. This emphasis on continuous learning reflects expectations for maintaining professional standards and provides a natural link to how regulatory entities might support such development through structured guidance and accredited opportunities.

**Table 4.25 Methods of engagement in professional development among somatologists**

Professional Development Activity	Number of Participants ( <i>n</i> = 40)	Percentage of Participants	Percentage of Total Selections
Attending workshops, seminars, and conferences	32	80%	37,6%
Pursuing additional certifications or specialised training	29	72,5%	34,1%
Participating in peer mentoring or professional networking opportunities	24	60%	28,2%

Table 4.26 provides a thematic summary of professional development practices among somatologists, based on the analysis of 38 results. Half of the participants (50%) did not specify a recent professional development activity, indicated by the *no response* or N/A category. Product training emerged as the most frequently identified practice, reported by 21.1% of participants and typically involving brand-related education and skills enhancement. Advanced treatment training, including techniques such as Lamprobe, IPL, ozone therapy, laser, and lymphoedema care, was reported by 13.2% of participants. Short or refresher courses were noted by 7.9%, while attendance at seminars or conferences accounted for 5.3%. Only 2.6% of participants engaged in online, networking, or marketing-related courses.

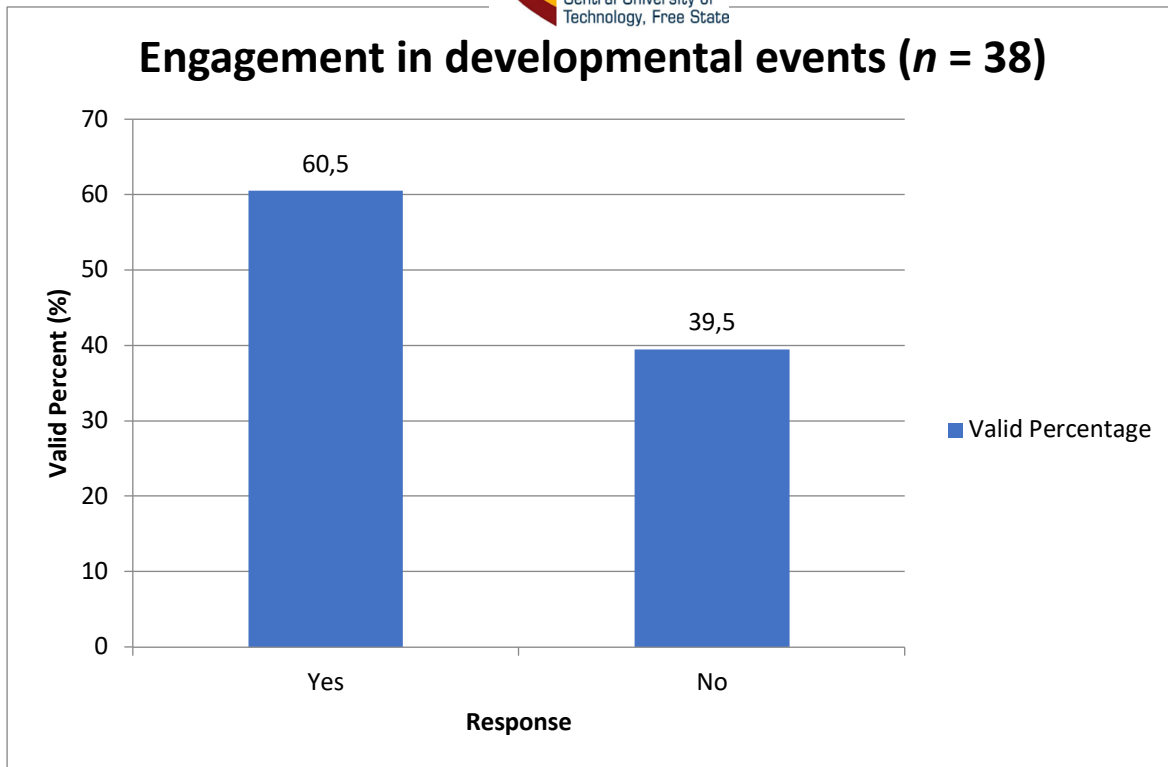
The results suggest that recent professional development practices among somatologists remain largely focused on hands-on clinical and product-specific training, with fewer engaging in broader opportunities such as academic courses, networking, or business-oriented

development. This emphasis reflects expectations for practical skills enhancement, while also pointing to potential gaps in more diverse forms of professional growth.

**Table 4.26 Thematic summary of recent professional development among somatologists**

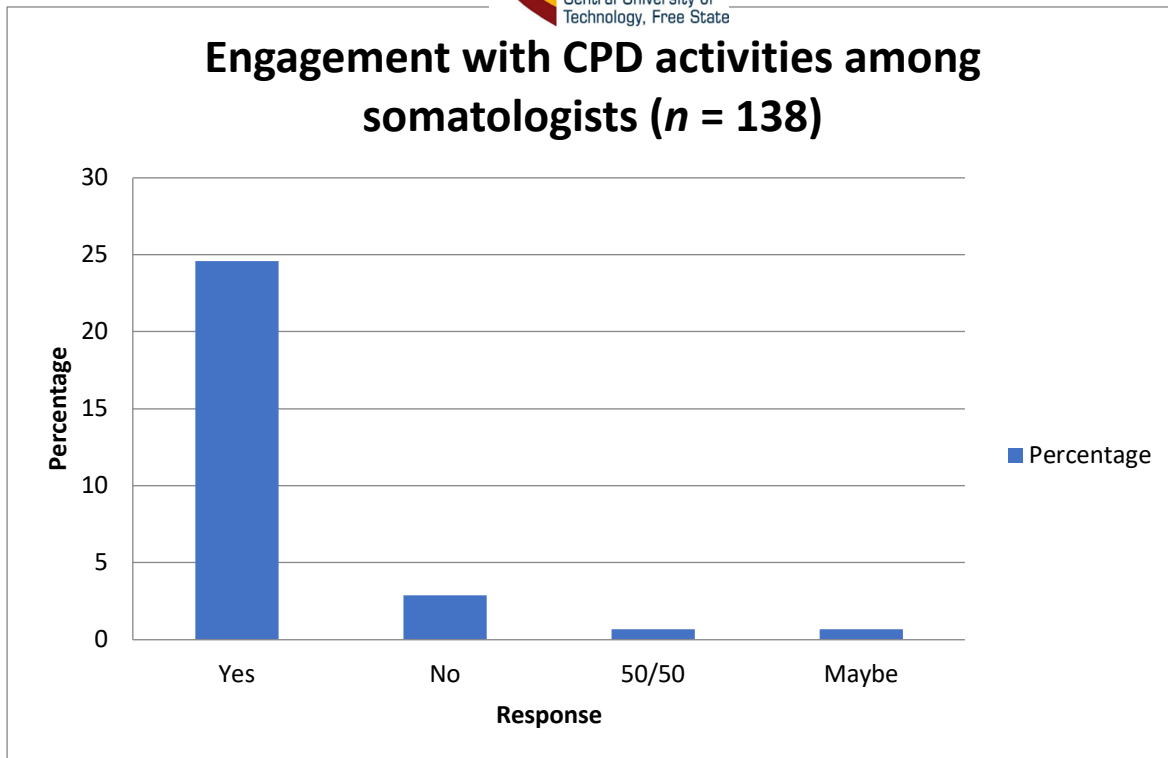
Thematic Summary	Number of Responses ( <i>n</i> = 38)	Percentage
Product training	8	21,1%
Advanced treatment training (e.g. Lamprobe, IPL, ozone, laser, lymphoedema)	5	13,2%
Seminars/conferences	2	5,3%
Short courses/refresher courses	3	7,9%
Online/networking/marketing courses	1	2,6%
No response or N/A	19	50%

Somatologists' engagement with developmental events presented by regulatory entities provides insight into both their professional practices and expectations for ongoing learning. Among the 38 valid results as shown in Figure 4.16, (*n* = 38), 60.5% expressed support for or interest in attending such developmental events. In contrast, 39.5% indicated an unwillingness to support or participate in such initiatives. The results suggest that while most somatologists hold a favourable orientation toward developmental opportunities presented by regulatory entities, a substantial minority remain disengaged. This reflects an expectation gap, where the perceived value, accessibility, or relevance of such initiatives may not align with professional needs. Addressing these barriers is essential to strengthening participation in developmental events and ensuring that regulatory entities effectively support continuous learning practices in the somatology industry.



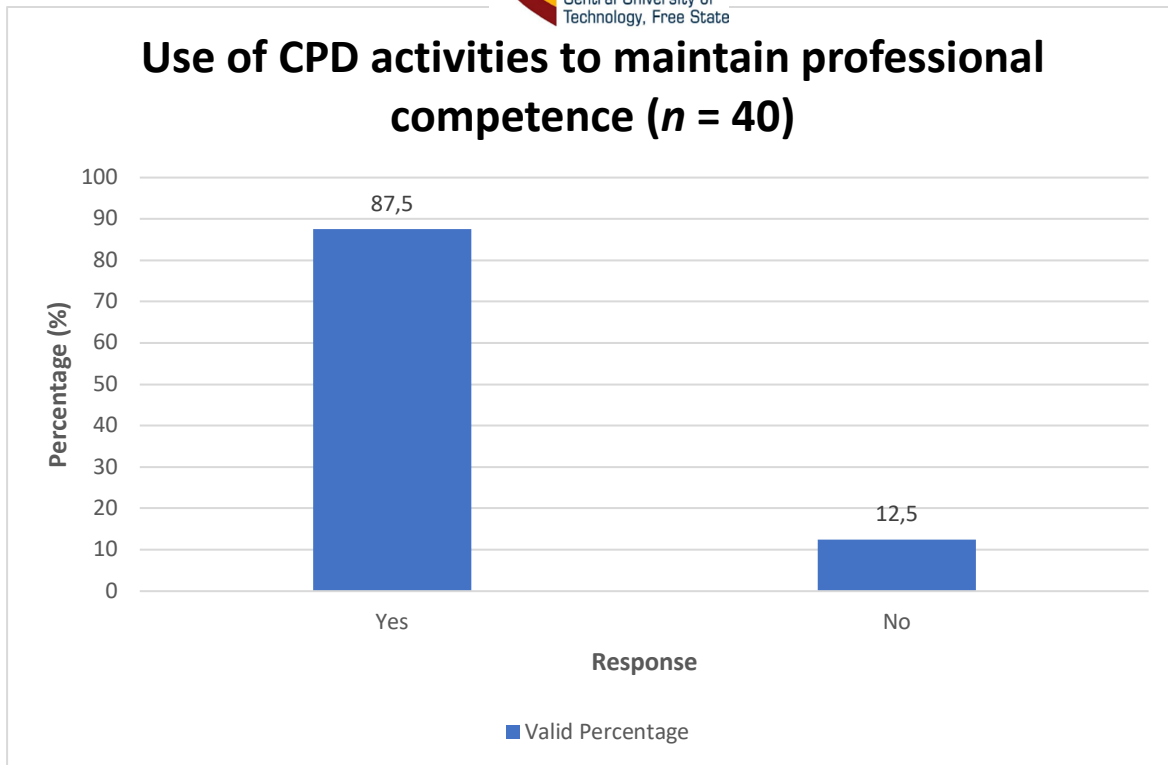
**Figure 4.16 Engagement in developmental events offered by regulatory entities**

Figure 4.17 illustrates continuous professional development engagement among somatologists, with a significant percentage of participants believing that somatologists can benefit from participating in such activities. Collectively, 138 results ( $n = 138$ ) were recorded, with 24.6% agreeing that Continuous Professional Development (CPD) is beneficial, while 2.9% expressed disagreement. Additionally, 0.7% indicated a “50/50” stance and another 0.7% selected “Maybe,” reflecting some uncertainty. The results suggest a generally positive view of Continuous Professional Development (CPD) engagement within the somatology industry, although a small percentage of participants expressed doubt or scepticism. This highlights the importance of reinforcing the relevance and value of Continuous Professional Development (CPD) practices to ensure consistent professional development.



**Figure 4.17 Reported engagement with Continuous Professional Development (CPD) activities among somatologists**

Figure 4.18 presents results on Continuous Professional Development (CPD) as a professional development practice for maintaining competence among somatologists ( $n = 40$ ). The results show that 87.5% of participants regarded Continuous Professional Development (CPD) as essential within the industry, while 12.5% did not consider it essential. The results suggest widespread recognition of Continuous Professional Development (CPD) as a necessary practice for sustaining professional competence, although a small minority expressed a contrasting view, highlighting differences in expectations regarding the role of structured ongoing development in somatology.



**Figure 4.18 Use of Continuous Professional Development (CPD) activities to maintain professional competence (self-reported practice)**

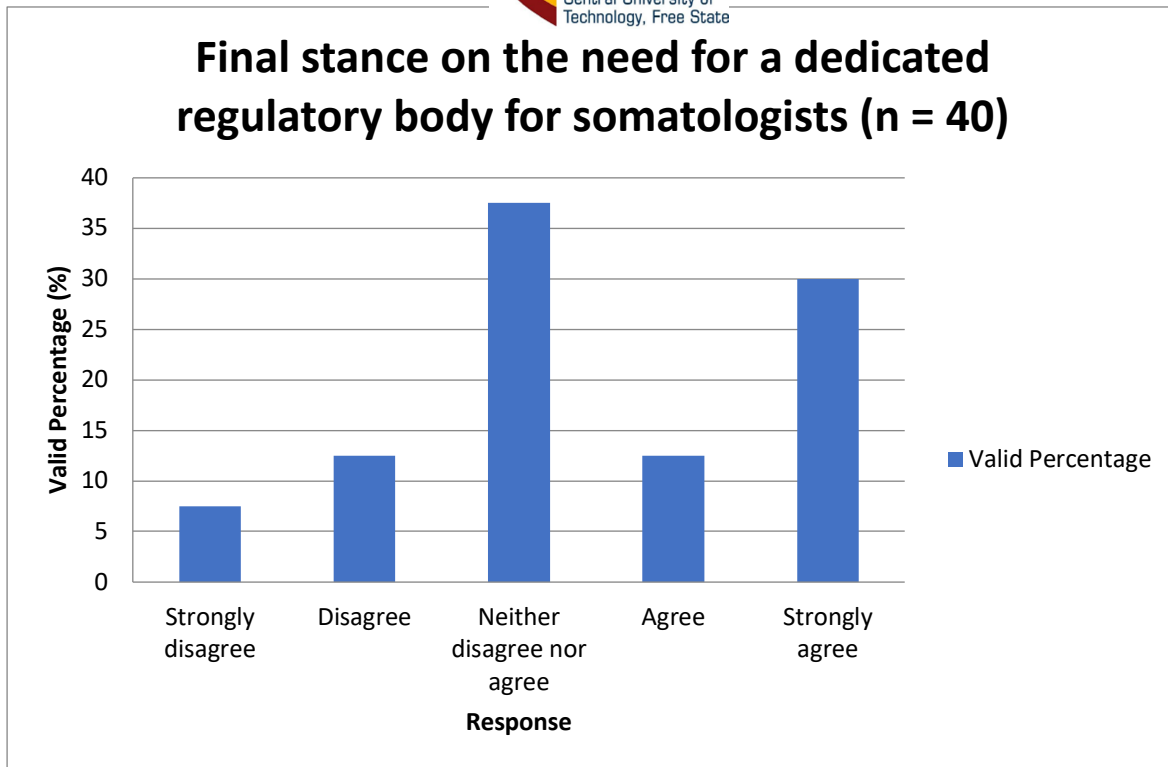
The practices results underscore routine commitments to safety, documentation, informed consent, and Continuous Professional Development (CPD); however, gaps remain in adverse event management and in the practical use of regulatory support. These patterns frame a summary of participants' overarching reflections on governance, professional identity, and the adequacy of existing entities.

#### **4.5 SECTION 5: FINAL COMMENTS**

The final comments gathered from participants provide valuable concluding perspectives on the broader issues surrounding regulation, governance, and professional practice in the somatology industry. Unlike the structured responses in previous sections, this part captures participants' overarching reflections on the need for profession-specific regulation, the role and limitations of existing entities, and the implications for professional identity and credibility. The results offer insight into participants' support for a dedicated regulatory body, their concerns regarding current frameworks, and their views on the challenges posed by

unqualified practitioners, lack of oversight, and fragmented representation. These reflections serve not only to reinforce earlier themes on knowledge, expectations, and practices but also to highlight unresolved issues and emerging priorities that participants regard as essential for advancing the somatology profession in South Africa.

Final comments captured in Figure 4.19 provide insight into how somatologists view the need for a separate regulatory body in South Africa ( $n = 40$ ). A notable 37.5% of participants indicated a neutral stance, neither supporting nor opposing the proposal. Strong support was reported by 30%, with an additional 12.5% showing moderate support. In contrast, 12.5% indicated moderate opposition, while 7.5% registered strong opposition. The results suggest that while many somatologists support the introduction of a dedicated regulatory framework, a significant cohort remain undecided. This uncertainty may reflect limited awareness or unclear expectations about the potential role and benefits of such a regulatory body, highlighting the importance of greater communication and clarity in shaping future governance for the profession.



**Figure 4.19 Participants' final stance on the need for a dedicated separate regulatory entity for somatologists in South Africa**

In the final comments section, participants provided explanations regarding the necessity of a dedicated regulatory body for somatology, with the results summarised in Table 4.27. The most frequently identified concern was the need for profession-specific regulation (30.8%), with participants emphasising that somatology requires its own dedicated body - one that understands the scope and complexity of the profession and can advocate effectively. Client trust and industry recognition were also raised (15.4%), with participants suggesting that a formal regulatory body could enhance credibility and differentiate somatology from informal or short-course training. A further 15.4% of comments pointed to the lack of current regulation or support, while 7.7% highlighted frustration with fragmented or misaligned frameworks that group somatology with unrelated professions, thereby undermining its professional identity. Other concerns, each reported by 7.7% of participants, included the need for scope of practice protection, challenges related to cost and practicality, criticism of current entities such as the South African Association of Health & Skincare Professionals (SAAHSP), the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB), and the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare

Industry (HCSBC), and the negative impact of unqualified therapists on the industry. References to current regulatory bodies were frequently critical, noting their lack of statutory authority and limited ability to enforce ethical standards, provide oversight, or offer meaningful professional support. The results suggest strong support for the establishment of a unified, profession-specific regulatory body capable of providing structured oversight, statutory recognition, and targeted protection for somatologists. At the same time, the range of concerns highlights expectations that such a body should address current shortcomings by safeguarding scope of practice, enhancing credibility, and ensuring meaningful professional support across the industry.

**Table 4.27 Thematic justifications for a dedicated the need for a somatology regulatory entity**

Theme	Verbatim Responses	Number of Responses (n = 29)	Percentage
Need for profession-specific regulation	“Somatology is a field that needs special attention on their own scope. The regulating body can then advocate with other regulatory bodies”	4	30.8%
Need for profession-specific regulation	“We need a governing body of Somatology by Somatologist for Somatologist. Not some parts of Somatology.”	4	30.8%
Need for profession-specific regulation	“Our field cannot be regulated by people who do not understand what we do.”	4	30.8%
Need for profession-specific regulation	“To provide services specifically designed for somatologists and to protect the industry as a whole”	4	30.8%
Lack of current regulation / support	“There are no regulation at the moment. The problem start [sic] with some schools and suppliers, online stores and governing bodies that didn't regulate anything”	2	15.4%

Lack of current regulation / support	“None of the current bodies is anything good for the industry. Many salon owners, and therapists don't know any or most of the bodies mentioned here. Unfortunately a small amount of salon owners and therapists will receive this link to complete.”	2	15.4%
Client trust and industry recognition	“It will set you apart from the overnight beauty salons that pop up everywhere”	2	15.4%
Client trust and industry recognition	“It would let the clients take us [sic] industry serious”	2	15.4%
Scope of practice protection	“To ensure quality and one standard throughout all practices. It will also keep everyone within their own scope of practice, and ensure treatments are done by professionals only.”	1	7.7%
Mixed / misaligned regulatory bodies	“Because there is a lot [sic] that we do that is not properly discussed or not said and we are mixed [sic] with other professionals that [sic] congregate [sic] our things, and it will [sic] also need to be set apart from these people who study short courses”	1	7.7%
Cost and practicality concerns	“As a Somatologist we [sic] are forced into so many different regulatory bodies because the profession branches so wide. This means many additional expenses where if there is a Somatologist regulatory body, it would mean paying one body who accurately caters to our specific needs”	1	7.7%
Unqualified therapists harming industry	“Unqualified therapist [sic] tarnish and flood our industry.”	1	7.7%

Existing bodies unhelpful	“Existing bodies has never [sic] really offered anything to somatologists. No support in any area whatsoever”	1	7.7%
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Table 4.28 details a categorised summary of participants’ disagreement on the proposed establishment of a dedicated regulatory body for the somatology industry in South Africa. The greater part of the results (87.9%) did not provide a substantive opinion, with participants either recording *N/A* or leaving the question unanswered. This may suggest limited engagement with the issue or a lack of familiarity with regulatory structures relevant to the profession. A further 6.1% of the results were categorised as inconclusive or uncertain, reflecting general expressions of unfamiliarity or indecision regarding the matter. Only 6.1% of participants offered clear viewpoints.

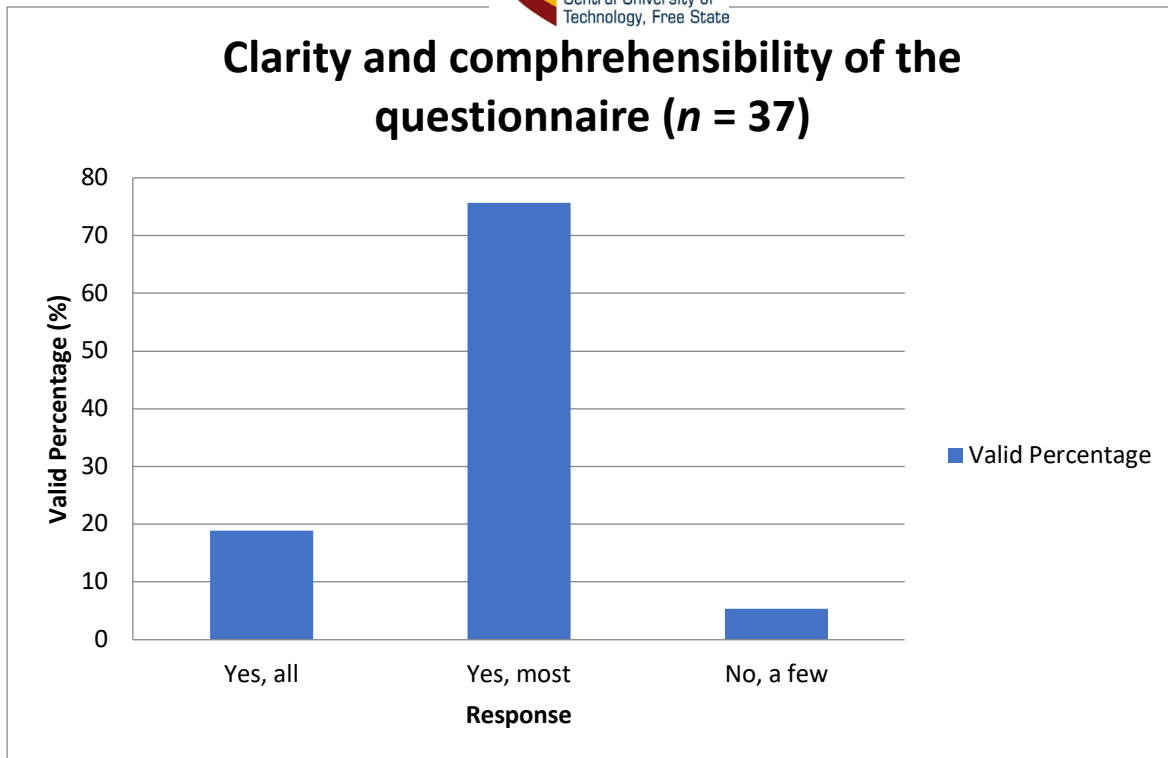
Identified concerns included the potential disruption of current product sales practices and the perception that existing professional frameworks are already aligned with standards observed in the broader health sector. The overall pattern of results suggests a limited level of awareness or prioritisation of regulatory governance among participants within the somatology industry. This lack of engagement provides important context for interpreting the stronger justifications offered in support of a dedicated regulatory body, as outlined in the preceding table.

**Table 4.28 Reasons for disagreement with the establishing of a dedicated regulatory entity for somatologists**

Category	Number of Responses ( <i>n</i> = 33)	Percentage	Verbatim Responses
N/A or no comment	29	87,9%	“N/A”
Provided reason	2	6,1%	“It will negatively impact the way we sells products currently, as it will not be as easy as before., [sic] We should be on standard as a whole with the world. Some

			countries are so advanced [sic] definitely be open to always learn and have a high standard. Especially when it can effect [sic] ones health!"
Unclear or unsure	2	6,1%	"Neither agree or disagree, Don't know anything they offer"

The clarity and comprehensibility of the questionnaire content were assessed by participants, as shown in Figure 4.20 ( $n = 37$ ). The majority (75.7%) reported success in answering most questions with clarity and understanding, while 18.9% indicated no difficulty in responding to all of the questions. In contrast, only 5.4% experienced challenges in understanding a small number of items. The results suggest that the questionnaire was largely accessible and well structured, with only a few participants encountering difficulties in interpretation. This supports the reliability of the instrument as a tool for gathering data on knowledge, expectations, and practices in somatology.



**Figure 4.20** Participants' reflections on questionnaire clarity and comprehensibility

Collectively, the reflections align somatologists' experiences with the measured patterns across knowledge, expectations, and practices.

The current chapter has presented the empirical results derived from the quantitative analysis of participant responses, offering a detailed account of knowledge, expectations, and professional practices within the somatology industry. The analysis revealed several prominent themes, including support for profession-specific regulation, the perceived value of continuing professional development, and concerns regarding ethical practice and oversight. The information presented provides a foundation for understanding current perspectives within the somatology industry regarding regulation, development, and practice. In the subsequent chapter, the results will be critically examined and interpreted in relation to the research objectives, relevant literature, and established policy frameworks. The discussion will aim to contextualise the results, identify broader implications for the industry, and explore relevance to regulatory advancement and future professional development, with particular attention to the alignment between local practices and international standards.



The following chapter builds on the findings presented in Chapter 4, by offering deeper insight into the significance of the findings within the regulatory context and professional structures shaping the somatology industry in South Africa. Specifically, the discussion aims to examine the findings in relation to relevant literature, established professional standards, and the regulatory frameworks influencing current professional conduct, with specific attention directed toward the areas of knowledge, expectations, and practices within the somatology industry. In addition, the interpretation is guided by the main research questions outlined earlier in the study. Furthermore, the discussion is structured according to the five sections of the research questionnaire to ensure coherence between the presentation and interpretation of the findings.

To provide clarity, the questionnaire was structured into five sections to guide the collection of data systematically. Firstly, Section 1 focused on demographic information, providing a profile of the participants. Secondly, Section 2 explored the knowledge of respondents regarding the different regulatory bodies and their functions, while thirdly, Section 3 examined participants' expectations of these bodies. Following this, Section 4 investigated the professional practices of somatologists in relation to the regulatory bodies, and finally, Section 5 provided an opportunity for participants to share any concluding remarks or final comments. Consequently, an initial focus is placed on the demographic characteristics of the participant group, as these elements provide essential context for interpreting their professional perspectives and experiences.

## **5.1 SECTION 1: DEMOGRAPHIC INFORMATION**

In order to understand the professional context of somatologists in the Free State, it was essential to examine the demographic characteristics of participants. Therefore, demographic variables provide the context within which professional engagement, regulatory awareness, and career trajectories can be interpreted. Factors such as age, educational background, professional roles, and employment structures collectively shape the context needed to interpret patterns relating to knowledge, expectations, and practices.

The demographic distribution therefore provides insight into prevailing industry practices, particularly in relation to the ways mid-career somatologists engage with regulatory structures. Accordingly, the concentration within the mid-career age category aligns with existing literature, which highlights the physically demanding nature of somatology and the professions association with lifestyle-oriented career paths often favoured by younger professionals seeking flexible, wellness-focused, and hands-on roles (Rammanhor, 2014; Nkwanyana, 2015; Scholtz *et al.*, 2017). Although limited participation was recorded among older individuals, the observed outcome may reflect broader demographic characteristics within the industry or differing levels of operational involvement.

In a comparable way, the demographic profile appears to correspond with prevailing patterns in educational attainment across the industry. In terms of educational background, the analysis reveals the Diploma in Somatology (2–3 years) may represent the most frequently obtained qualification among participants. The prevalence of this qualification aligns with the historical structure of somatology education in South Africa, where the diploma has traditionally served as the primary entry point into the profession. Moreover, the identified qualification tendency reinforces the qualification's continued relevance in meeting both the theoretical and practical demands of somatology practice (Rammanhor, 2014; Nkwanyana, 2015). By contrast, postgraduate qualifications remain relatively uncommon, a tendency which may be attributed to limited programme availability, minimal promotion of academic advancement, and a widespread perception positioning practical experience as more valuable than formal academic credentials within clinical and spa environments (Van Wyk & Blaauw, 2017; South African Association of Health & Skincare Professionals, 2020; South African Qualifications Authority, 2025). Consequently, the combined impact of restricted academic opportunities and the prioritisation of practical experience may influence participants' engagement in specific occupational roles.

Illustrative professional activities reported by participants included roles such as part-time therapists, freelance agents, product specialists, dermal aesthetics professionals, and motivational speakers. The presence of such roles demonstrates the continued application of somatology-related expertise beyond traditional therapeutic settings. In addition, the

diversification of roles may reflect a growing preference for entrepreneurial, specialised, or education-focused trajectories. The shift may align with broader developments in the global personal care and aesthetics industries, as described by Naidoo and Scheepers (2015) in an academic examination of evolving professional roles and the redistribution of responsibilities within allied health professions.

Taken together, these findings indicate that career paths in the somatology industry have become increasingly diverse. This diversification introduces important considerations for educational institutions, employers, and professional associations. Thus, expanded access to continuing professional development, structured mentorship, and opportunities for specialisation remains essential for enhancing professional retention and supporting transitions into adjacent sectors (South African Association of Health & Skincare Professionals, 2020). In addition, participant experience levels reflect a dynamic and evolving professional sector. Specifically, the findings show ongoing entry of recent graduates, sustained mid-career engagement, and long-term professional continuity. Moreover, many practitioners reflect a transition into related areas such as education, management, and entrepreneurship, reflecting an expansion of professional practice into complementary fields (Rammanhor, 2014). Sustained employment among a considerable cohort of participants reinforces the viability of the profession and alignment with anticipated career outcomes (Nkwanyana, 2015). In contrast, responses indicating disengagement from professional practice may highlight challenges associated with job satisfaction, constrained career progression, or financial considerations (& Brand, 2009).

Similar to the demographic composition relating to age and education, the pattern of work status underscores the prominence of entrepreneurial activity within the somatology industry. With respect to work status, a substantial number of participants identified as salon owners, reflecting a clear inclination toward independent practice and flexible work arrangements. Nevertheless, the presence of employed practitioners shows that structured work environments remain relevant. This outcome may be due to limited access to capital or resources needed for self-employment. Additionally, a smaller percentage of participants reported functioning as independent contractors, which may indicate growing interest in non-

traditional and adaptable work structures influenced by lifestyle preferences and economic considerations. Furthermore, a modest number of participants reported involvement in academic roles, including lecturing, thereby signalling engagement with the educational development of the profession. The inclusion of academic roles among participants therefore highlights educational contributions within the profession, although such opportunities remain relatively limited and are frequently combined with ongoing clinical practice (Nkwanyana, 2015; Botha, 2016).

In summary, the demographic insights collectively contribute to a nuanced perspective on the somatology industry within the Free State. Consideration of the demographic variables highlights underlying factors that shape professional positioning and career pathways. This contextual foundation is essential for understanding the regulatory knowledge, expectations, and practices explored in subsequent sections.

## **5.2 SECTION 2: KNOWLEDGE REGARDING THE DIFFERENT REGULATORY BODIES AND THEIR FUNCTIONS**

Findings from Section 2 of the questionnaire reveal considerable variability in participants' knowledge and understanding of the regulatory framework relevant to the somatology profession. Although general conceptual support for the importance of regulation was evident, responses suggest ongoing professional activity within an oversight environment characterised by fragmentation and lack of definitional clarity. Furthermore, observed inconsistency may be attributed to systemic challenges, including the absence of a dedicated statutory regulatory body, limited exposure to regulatory bodies during training, and potentially inadequate communication by professional associations (Van Niekerk, 2020; Moodley & Naidoo, 2021; South African Association of Health & Skincare Professionals, 2023). A clear pattern also emerged in the findings, namely a strong recognition of South African Association of Health & Skincare Professionals (SAAHSP) as a key professional association within the somatology profession. Compared to other statutory regulatory bodies and professional associations, the South African Association of Health & Skincare Professionals (SAAHSP) was most consistently identified by participants as relevant, accessible, and

practically aligned with the needs of somatologists. This increased visibility may be linked to consistent involvement in advocacy efforts, professional development initiatives, and ongoing collaboration with educational institutions (Van Heerden & Botha, 2016). Nevertheless, despite the association's visibility, uncertainty was still expressed regarding the specific nature of the South African Association of Health & Skincare Professionals (SAAHSP's) function and scope of influence. Consequently, the pattern of partial uncertainty may signify the need for clearer articulation of the association's governance role.

In contrast, widespread misunderstanding emerged around statutory and professionally recognised bodies, including the Allied Health Professions Council of South Africa (AHPCSA), the Health Professions Council of South Africa (HPCSA), the Beauty Health and Skincare Employers Association (BHFS), the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB), and the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC). Specifically, participants demonstrated limited ability to differentiate the jurisdictional responsibilities assigned to each regulatory entity, and assumptions were frequently made regarding the inclusion of somatologists within one or more associated mandates. This knowledge gap pattern was particularly evident in relation to the Allied Health Professions Council of South Africa (AHPCSA) and the Health Professions Council of South Africa (HPCSA), which, although recognised within the broader health system, do not hold formal regulatory oversight over the somatology profession (Health Professions Council of South Africa, 2022; South African Qualifications Authority, 2025). As a result, participants often confused general health authorities and somatology-specific associations. This confusion, in turn, suggests that regulatory distinctions are not being communicated clearly (Moodley, 2016; Mokoena & Govender, 2019). Moreover, familiarity with the roles, responsibilities, and published guidelines of various regulatory bodies were limited.

Although the South African Association of Health & Skincare Professionals (SAAHSP) demonstrated relatively stronger visibility, awareness of formal protocols, ethical frameworks, and Continuous Professional Development (CPD) requirements remained low across the other organisations. Consequently, limited regulatory familiarity within the

somatology profession may hinder consistent professional conduct and constrain opportunities for growth and advancement (Naidoo & Moodley, 2022; Van der Merwe, 2021). Overall, identified gaps may be linked to insufficient emphasis on governance structures within somatology education, as well as minimal outreach and communication by recognised oversight bodies (Strydom, 2021).

In addition, many participants were uncertain about the occupational categories affiliated with specific regulatory bodies. Although the South African Association of Health & Skincare Professionals (SAAHSP) was widely supported as an appropriate point of affiliation, vagueness persisted regarding the necessity of registration with other statutory regulatory bodies including the Allied Health Professions Council of South Africa (AHPCSA) and the Health Professions Council of South Africa (HPCSA). Furthermore, reported confusion appears to reflect a knowledge gap arising from misalignment between somatologists' expectations and the formal mandates of recognised regulatory bodies (Mabasa & Mji, 2019; Swanepoel, 2020). In certain cases, belief in compulsory registration with statutory regulatory bodies may signal limited understanding of defined functions and the legal authority associated with regulatory structures. This underlying perception points to a distinction which remains unclear within the somatology profession, namely the difference between statutory regulation and voluntary professional membership, thereby highlighting an area of knowledge gap concerning legal responsibilities and the purpose of oversight entities.

Moreover, participants also identified several barriers to formal affiliation. Frequently cited knowledge-related barriers included uncertainty regarding the appropriate regulatory body, as well as practical concerns such as financial limitations, and perceptions of limited benefit. Therefore, the findings suggest a tendency among somatologists to perceive minimal value in regulatory engagement in the absence of clearly defined incentives or statutory enforcement requirements (Dambudzo, 2015; Botha & Wiles, 2020). Finally, in various cases, the exclusion of regulatory content from professional training programmes may have contributed to restricted understanding, reinforcing the need for stronger collaboration between educational institutions and regulatory bodies (CHE, 2020; Strydom, 2021).

Findings reflect that conceptual awareness was demonstrated by a number of participants in relation to foundational components associated with professional standards in somatology. Specifically, references to client safety, hygiene protocols, ethical responsibilities, and treatment procedures were frequently cited, indicating familiarity with principles forming the foundation of regulatory understanding. In addition, awareness of continuous professional development also emerged, reflecting recognition of professional accountability and sector-wide expectations for ongoing learning (CIDESCO, 2020; World Health Organization, 2021; South African Association of Health & Skincare Professionals, 2022). However, the consistency and depth of understanding may vary considerably, despite the presence of conceptual awareness. For instance, ambiguity regarding the ethical use of advanced technologies and the regulatory boundaries surrounding such procedures might reflect limited exposure to evolving treatment-related governance. Similarly, a lack of clarity concerning formal guidelines, ethical frameworks, and defined competency standards continues to highlight persistent knowledge gaps. Moreover, mentions of organisations such as CIDESCO and SETA suggest partial familiarity with global and national regulatory and accreditation systems, although understanding was fragmented and often disconnected from specific mandates or accreditation structures (DHET, 2017; CIDESCO, 2020). These observed patterns may reflect inadequate inclusion of regulatory content within formal training and minimal access to reliable governance-related information during professional practice (Louw & Esterhuizen, 2021).

Without deliberate integration of regulatory literacy into professional education, conceptual gaps relating to ethical compliance, continuous professional development participation, and developmental alignment might continue to affect regulatory engagement (Du Toit, 2019; Bateman, 2021). Findings related to participant knowledge propose that regulatory alignment may be valued within the somatology profession, although engagement appears constrained by structural and systemic challenges. In particular, the South African Association of Health & Skincare Professionals (SAAHSP) emerged as the most visible and operationally relevant professional association, while the broader landscape was characterised by misinterpretation and limited professional interaction. Overall, the analysis points to a fragmented knowledge base, underscoring the need for policy harmonisation, strengthened communication

strategies, and formal recognition mechanisms to support sustainable development of somatology within the South African context (World Health Organization, 2021; Erasmus, 2022; South African Qualifications Authority, 2025).

### **5.3 SECTION 3: EXPECTATIONS OF THE SOMATOLOGY PROFESSION REGARDING THE DIFFERENT REGULATORY BODIES**

Following the knowledge findings, Section 3 shifts attention to expectations regarding regulatory bodies in the somatology profession. In this regard, the analysis focuses on anticipated functions such as oversight, professional development, ethical governance, and practitioner protection. Moreover, both structured questionnaire responses and supplementary qualitative input are considered, providing deeper insight into the standards regarded as essential for advancing the profession and addressing perceived gaps in current regulatory arrangements. This is especially significant given the current absence of a dedicated statutory body for somatology in South Africa, which increases the relevance of the findings. As a result, expectations captured through participant responses may contribute to the development of future regulatory strategies and could assist in aligning professional governance with practitioner needs and internationally recognised regulatory standards.

Furthermore, responses extended beyond recognition of entities such as the South African Association of Health & Skincare Professionals (SAAHSP), the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC), the Beauty Health and Skincare Employers Association (BHESA), and the Allied Health Professions Council of South Africa (AHPSCA), offering insight into the forms of governance practitioners that may be considered as beneficial (Van Niekerk, 2020; Moodley & Naidoo, 2021). Participants, in particular, identified structured accountability, ethical supervision, and support for continuous professional development as areas requiring focused attention (World Health Organization, 2021; Louw & Esterhuizen, 2021). Therefore, in the continued absence of a statutory framework, such views might contribute meaningfully to ongoing dialogue concerning professional recognition and long-term sector advancement (Du Toit, 2019; South African Qualifications Authority, 2025).

A clear and recurring view expressed by participants concerns the establishment and consistent enforcement of professional standards and ethical guidelines. In this context, emphasis on ethical governance reflects a strong preference for regulatory oversight designed to foster accountability, maintain public confidence, and strengthen professional integrity (Bateman, 2020; World Health Organization, 2025). Moreover, additional input from participants highlights the significance of professional development, including structured training, targeted workshops, and career-focused initiatives. In addition, accent on support structures reflects an expectation for regulatory frameworks to extend beyond compliance, incorporating sustained investment in practitioner development, professional growth, and the advancement of expertise. In turn, the regulatory function may be interpreted not only as a framework responsible for upholding professional standards but also as a support system for promoting continuous learning, enabling career progression, and advancing expertise within the somatology profession (Louw & Esterhuizen, 2021; South African Qualifications Authority, 2025).

Somatologists further expressed a need for formalised professional representation. Specifically, the expectation for regulatory bodies to advocate for somatologists at both industry and policy level may reflect underlying concerns regarding visibility, recognition, and protection within the broader health and wellness sector (Du Toit, 2019; Moodley & Naidoo, 2021). Additionally, regulatory arrangements designed to facilitate collaboration and professional networking were regarded as valuable for fostering a sense of community, enabling knowledge exchange, and reinforcing cohesion within the profession (Louw & Esterhuizen, 2021).

Although expectations were clearly articulated, many somatologists described a disconnect between their envisioned regulatory ideals and their actual experiences within existing professional associations and regulatory bodies. Even though prominent expectations were expressed, a considerable number of participants reported limited interaction with recognised regulatory bodies. In practice, professional membership was not consistently maintained, and among individuals with existing affiliations, dissatisfaction and minimal

perceived benefit were commonly expressed. Moreover, responses from participants highlighted structural challenges, including weak communication strategies, unclear mandates, and concerns regarding conflicting responsibilities, particularly in contexts where training endorsement and professional oversight are administered by the same organisation (Van Niekerk, 2020; Bateman, 2022). In addition, further ambiguity emerged regarding the allocation of regulatory oversight within the profession, suggesting fragmented governance and a lack of coherent public messaging concerning legitimacy and oversight (World Health Organization, 2021; South African Qualifications Authority, 2025). Ultimately, the identified challenges underscore the gap between expectations and current institutional capacities, fuelling a sense of regulatory fragmentation.

The South African Association of Health & Skincare Professionals (SAAHSP) was most frequently referenced by participants as a relevant and accessible association for professional engagement. However, concerns were raised in relation to the association's non-statutory status and the limited authority associated with a framework operating without legislative recognition (Du Toit, 2019; South African Qualifications Authority, 2025). In comparison, entities such as the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB) and the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC) were perceived as less effective or insufficiently visible within the somatology sector. Statutory bodies including the Allied Health Professions Council of South Africa (AHPCSA) and the Health Professions Council of South Africa (HPCSA) were acknowledged for recognised roles in broader health professions regulation. Nevertheless, neither the Allied Health Professions Council of South Africa (AHPCSA) nor the Health Professions Council of South Africa (HPCSA) currently includes somatology within a formal regulatory mandate.

As a result, the somatology profession expressed doubt regarding relevance to professional practice and questioned the possibility of future statutory inclusion (Moodley & Naidoo, 2021; World Health Organization, 2021). Furthermore, participants reported reasons for not recommending membership included inadequate services, perception of institutional bias, limited professional representation, and previously encountered negative experiences. In

addition, common concerns included fragmented oversight, elevated membership fees, ineffective communication strategies, and dissatisfaction related to perceived limitations in accessibility and member support (Du Toit, 2019; Van Niekerk, 2020; Moodley & Naidoo, 2021). Finally, a considerable number of participants expressed a willingness to offer suggestions for improving service delivery, reflecting support for participatory regulation and collaborative approaches to sector development (Louw & Esterhuizen, 2021; World Health Organization, 2021).

Expectations reported by participants extended beyond clinical regulation to include entrepreneurial support within the somatology industry. In particular, findings reflected advocacy for structured initiatives focused on improving business management, client relations, and access to employment opportunities (Moodley & Naidoo, 2021; Louw & Esterhuizen, 2021). Furthermore, participants emphasised the importance of clearer professional boundaries, including formal guidance on defined scopes of practice and stronger public awareness regarding the role of qualified somatologists (World Health Organization, 2021; South African Qualifications Authority, 2025). At the same time, limited visibility and recognition of specialised fields, such as permanent make-up, raised further concerns about whether current governance structures may be sufficiently inclusive or responsive to the evolving nature of professional practice (Du Toit, 2019; Van Niekerk, 2020). These concerns regarding inclusivity and responsiveness reflect an expectation for regulatory frameworks to evolve in parallel with the profession, accommodating diversification and growth in specialised fields.

In addition, digital engagement with regulatory bodies seemed to be minimal, with online platforms maintained by regulatory bodies receiving particularly critical feedback. Specifically, participants frequently described the websites as lacking adequate information, offering limited practical value, or presenting navigational challenges which may hinder access to relevant regulatory content (Moodley & Naidoo, 2021; Van Niekerk, 2020). As a result, inadequate functionality and ineffective design were interpreted as missed opportunities. These limitations restricted professional outreach, hindered the dissemination of important updates, and weakened support for continuing education. Improved digital

communication is therefore regarded as essential to meeting the evolving expectations of somatologists, particularly in relation to transparency, accessibility, and responsiveness. Ultimately, enhancing the usability, content relevance, and credibility of online platforms maintained by regulatory bodies may contribute meaningfully to improved alignment with professional needs. Such improvements could also promote more informed engagement within the somatology profession (World Health Organization, 2021; South African Qualifications Authority, 2025).

Analysis of the expectations expressed by participants reveals alignment with international regulatory benchmarks in allied health and wellness professions, where regulatory bodies are increasingly expected to fulfil a dual role of oversight and professional development. For example, in countries such as Australia and the United Kingdom, regulatory frameworks incorporate structured career pathways, defined scopes of practice, and mandatory continuing professional development, all aimed at reinforcing public safety and enhancing professional credibility (Cowie *et al.*, 2020; Australian Health Practitioner Regulation Agency, 2022). These comparative insights reinforce the validity of participants' expectations and highlight the importance of aligning local strategies with global best practices. Similar expectations emerged within the South African somatology context, with many participants stressing the importance of ethical enforcement, access to educational opportunities, and visible advocacy. In this regard, integrating such expectations into policy and curriculum development may offer a constructive approach to strengthening governance. Specifically, institutions offering somatology qualifications could consider embedding regulatory literacy, scope interpretation, and ethical reasoning into learning outcomes, thereby equipping graduates with the knowledge and confidence to engage with professional oversight structures.

Ultimately, in the absence of a statutory council, curriculum-level interventions might play a central role in reinforcing professional identity and supporting the evolution of a more cohesive regulatory environment. These insights suggest that the expectations of South African somatologists are consistent with international regulatory orientations, reinforcing the profession's desire for globally recognised standards. Importantly, responsibility for

fulfilling professional expectations, as articulated by participants, cannot be placed solely on regulatory bodies. Instead, participants demonstrated a need for coordinated efforts involving educational institutions, accredited training providers, recognised industry associations, and formally constituted labour representatives. In this context, collaborative involvement among such stakeholder groups may assist in addressing regulatory fragmentation and in shaping governance approaches considered both inclusive and responsive to current practice realities (Louw & Esterhuizen, 2021; Moodley & Naidoo, 2021). Furthermore, greater alignment among stakeholder groups could contribute to the establishment of a regulatory foundation informed by the diverse needs of the profession, capable of enhancing institutional credibility and encouraging sustained practitioner engagement (World Health Organization, 2021; South African Qualifications Authority, 2025). Overall, the expectations identified in the analysis suggest a distributed model of responsibility, where the progression of regulatory development may rely on transparent dialogue and integrated sector-wide support.

#### **5.4 SECTION 4: PRACTICES OF SOMATOLOGISTS REGARDING THE DIFFERENT REGULATORY BODIES**

The preceding section analysed expectations regarding regulatory bodies in the somatology profession. In continuation, Section 4 shifts focus to professional practices, examining practitioner interaction with regulatory frameworks. More specifically, central aspects of analysis include registration patterns, professional affiliation, participation in continuing professional development, adherence to ethical and safety protocols, and procedures for adverse event reporting (Health Professions Council of South Africa, 2022; South African Association of Health & Skincare Professionals, 2023). Taken together, consideration of these aspects provides insight into alignment between anticipated regulatory outcomes and observed practitioner conduct. Accordingly, the discussion begins with ethical practice, recognised as a foundation of professional accountability.

A prominent initial finding is a strong commitment to ethical conduct, shaped by internal accountability and reference to established professional codes of ethics. Specifically, many

somatologists reported ongoing efforts to review and refine personal ethical frameworks, indicating an internalised sense of responsibility. Overall, the behaviour described demonstrates a constructive orientation toward self-regulation and professional integrity (Health Professions Council of South Africa, 2022; South African Association of Health & Skincare Professionals, 2023). In contrast, engagement with regulatory bodies or professional mentors was less commonly reported, suggesting that despite internal accountability, formal support systems remain insufficiently accessible or visible. Limited interaction with external sources of ethical guidance emphasises the need to strengthen mentorship pathways and enhance the visibility of institutional structures responsible for supporting informed ethical decision making (Keller *et al.*, 2020).

In addition to ethical responsibilities and concerns related to practitioner safety, the analysis also considered professional communication practices. The ethical dilemmas articulated by participants further underscore the vulnerabilities embedded within somatology practice. Several somatologists reported experiencing pressure to perform contraindicated treatments, which may signify a tension between client demands and professional judgement. These scenarios involving ethically inappropriate treatment requests underscore the critical need to empower somatologists to make clinically sound decisions without apprehension of negative repercussions. More concerning, however, were accounts of sexual harassment and personal safety threats, particularly affecting students and early-career practitioners. First-hand experiences involving harassment and compromised safety conditions point to broader structural shortcomings in regulatory oversight and reflect the limited availability of effective protective safeguards within the industry (Fisher & Fried, 2020; South African Association of Health & Skincare Professionals, 2022). Furthermore, in addition to the risks faced at individual level, difficulties in obtaining professional indemnity cover for advanced aesthetic treatments highlight a disconnect between the evolving scope of somatology practice and the systemic infrastructure currently provided by existing regulatory bodies (Health Professions Council of South Africa, 2021).

In addition to wider regulatory constraints, consideration was given to safety and hygiene practices within the treatment environment. Client communication emerged as a consistent

area of focus, with somatologists prioritising transparency, informed consent, and empathetic engagement. The findings reflect that ethical communication is not confined to pre-treatment disclosures but extends throughout the client experience, encompassing clear explanations, education, and active listening. Ethical communication practices reflect principles of client-centred care and reinforce the therapeutic alliance (Beauchamp & Childress, 2019). Variability in how somatologists approach communication routines may reflect differences shaped by client demographics, service modalities, or professional backgrounds. In addition to communication, treatment safety protocols represented another important aspect of observed professional behaviour. The accent placed on treatment environment safety and hygiene reflects a broad awareness of regulatory expectations and ethical obligations. Adherence to infection control protocols, routine maintenance of equipment, and systematic documentation of client progress are widely observed, indicating alignment with best practice standards in health and wellness professions (World Health Organization WHO, 2016; Centre for Disease Control and Prevention, 2020). In the absence of statutory enforcement, the continued implementation of such practices depends primarily on individual initiative or voluntary adherence to professional association guidelines (South African Association of Health & Skincare Professionals, 2023).

The need for universal standardisation and regulatory enforcement remains evident, particularly in safeguarding consistency across the profession and ensuring effective management of unforeseen clinical incidents. Beyond routine safety measures, the capacity to manage unforeseen incidents represents another essential dimension of professional accountability. In relation to adverse event management, the findings highlight both promising behaviours and areas requiring development. While some practitioners described detailed follow-up procedures, transparent communication, and adjustments to treatment plans, a significant number provided no response or indicated inexperience with such events.

The pattern observed may reflect a lack of exposure or, more concerning, a failure to recognise and report less severe incidents. The absence of a clear reporting framework may further discourage disclosure, indicating a pressing need for formalised adverse event protocols and training in incident identification and resolution (Emanuel *et al.*, 2008;

Zwarenstein *et al.*, 2009). In addition to clinical incident management, the study explored lifelong learning as a further area of professional engagement, with participation in continuing professional development emerging as a widely supported practice among participants. Specifically, many participants expressed a commitment to ongoing learning and skills enhancement, with continuous professional development activities such as workshops, seminars, and online modules frequently mentioned as means of maintaining competence and adapting to evolving industry standards. By contrast, several responses showed limited participation due to financial constraints, time pressures, or uncertainty regarding the relevance of available opportunities.

As a result, variability in participation may suggest a need for more accessible, clearly structured, and context-specific continuous professional development programmes designed to align with both regulatory expectations and practitioner realities (World Health Organization, 2021; South African Association of Health & Skincare Professionals, 2023). Strengthening continuous professional development engagement could play a critical role in fostering ethical compliance, enhancing treatment outcomes, and reinforcing the overall credibility of the somatology profession. In addition to formal continuous professional development, professional learning also occurred through informal pathways and topic-specific development efforts, reflecting a strong orientation toward lifelong learning. For example, somatologists reported engagement in workshops, product training, and specialised treatment education as part of ongoing competence development. The observed pattern reflects a proactive effort to enhance competence and adapt to industry developments (Continuous Professional Development Standards Office, 2023), although informal learning through peer mentoring and networking also plays a crucial role, fostering professional exchange and reflective learning (Eraut, 2004).

Despite demonstrated strengths in treatment-related development, limited engagement with non-treatment-based learning such as business development, digital marketing, and client management may reflect gaps in holistic professional preparedness. Furthermore, engagement with initiatives hosted by regulatory bodies was explored as a final dimension of developmental practices. Although many somatologists express willingness to participate in

developmental events offered by regulatory bodies, some reservations emerged. Reported concerns relate to issues of accessibility, relevance, or prior negative experiences. Therefore, to enhance participation, regulatory bodies may need to tailor initiatives more closely to somatologists' needs and ensure contextual alignment (McMahon *et al.*, 2020; World Health Organization, 2023). Finally, although most participants acknowledge the value and necessity of continuous professional development, a small group expressed hesitation, which may reflect inadequate communication about the benefits of continuous professional development or challenges in accessing quality content (De Villiers *et al.*, 2024).

The findings reveal a profession characterised by strong individual commitment to ethical and professional practice, while facing constraints related to limited systemic support and the absence of formal regulation. The contrast between practitioner dedication and structural limitations underscores the need for more inclusive, accessible, and profession-specific learning opportunities to strengthen developmental engagement. Although many somatologists demonstrate exemplary standards in client care, safety, and professional development, inconsistencies persist, particularly in contexts where practice is driven by personal initiative rather than governed by enforceable regulatory structures. This contrast reinforces the need for a statutory regulatory body to ensure standardisation, strengthen accountability, and provide the structural support required for professional excellence, while remaining grounded in the realities of the somatology profession and responsive to the specific needs of somatologists.

## **5.5 SECTION 5: FINAL COMMENTS**

The concluding section of the questionnaire allowed participants to reflect on the need for a dedicated regulatory body for the somatology industry in South Africa and provided an opportunity for open-ended commentary regarding support or opposition to such a development. Responses from somatologists offered deeper insight into the regulatory attitudes held by professionals in the industry and highlighted critical areas of concern, aspiration, and uncertainty. An analysis of the findings revealed a range of perspectives regarding the establishment of a separate regulatory body for somatologists. Although a

sizeable group of somatologists expressed uncertainty, such a position may suggest underlying uncertainty or insufficient information regarding the implications of structural change. Contributing factors to this uncertainty may include limited engagement with current regulatory processes, unfamiliarity with regulatory terminology, or a lack of clarity surrounding the roles and responsibilities of potential governing entities (Gunn, 2020; Department of Health, 2021). The findings provide a foundation for understanding the regulatory priorities, uncertainties, and expectations influencing professional attitudes toward formal oversight within the somatology industry.

Among the perspectives expressed by somatologists, support for the establishment of a dedicated regulatory body emerged as a recurring viewpoint. Support was frequently framed around the desire for professional recognition, the need for clearer governance, and concerns regarding inadequate representation under existing frameworks. Feedback from somatologists reflected a perceived misalignment between current regulatory structures and the specific needs of somatologists. Somatologists who favoured the creation of a dedicated council commonly advocated for an institution capable of promoting public trust, safeguarding ethical standards, and reinforcing a distinct professional identity aligned with the unique scope of practice within the somatology industry (De Villiers *et al.*, 2019; South African Association of Health & Skincare Professionals, 2023). Support for regulatory reform was further reinforced by concerns regarding governance fragmentation and the lack of professional clarity.

At the same time, some somatologists expressed neutral or uncertain positions regarding the establishment of a dedicated regulatory body. While not explicitly opposing regulatory reform, several somatologists expressed limited engagement with current governance structures or advocated unfamiliarity with the implications of structural change. In some cases, misunderstanding stem from a lack of exposure to formal regulation, limited access to reliable information, or an unclear understanding of existing oversight frameworks. Additionally, somatologists' perspectives of uncertainty may be less indicative of disinterest and more reflective of information gaps, regulatory ambiguity, or limited awareness regarding the potential impact of reform on professional practice (South African Health Review, 2020).

Additionally, participants experienced a need for enhanced protection of scope of practice, particularly in preventing unqualified individuals from offering advanced services or performing specialised techniques. The presence of unregulated somatologists was cited as a threat to client safety and to the reputation of the profession. As a result, several somatologists advocated for a regulatory structure capable of enforcing quality assurance, promoting continuous professional development, and establishing clearer entry standards to support a more cohesive and trustworthy professional identity (Pretorius, 2018). In addition, critique was directed at current regulatory arrangements, particularly in relation to institutional responsiveness, advocacy, and operational coherence.

Somatologists also raised concerns regarding existing regulatory bodies, emphasising perceived gaps in responsiveness, lack of advocacy, and minimal visibility. A strong sentiment emerged suggesting current governance structures fail to adequately address the needs of somatologists and lack the strategic direction necessary to guide the industry forward. In addition to governance-related issues, several participants highlighted administrative and financial challenges arising from regulatory fragmentation, signifying a unified, profession-specific approach may offer improved coordination and greater cost-efficiency (Botha & Van der Merwe, 2019; Boulle & Louw, 2021).

In contrast, a smaller subset of somatologists opposed the idea of establishing a separate regulatory body. Views in opposition were shaped by satisfaction with current arrangements or by concerns regarding the financial and operational implications associated with introducing additional regulatory requirements. Isolated responses questioned the necessity of an independent framework, suggesting the overlap between somatology and other health-related professions may justify continued integration within existing governance structures. A preference for regulatory harmonisation aligned with international standards also emerged, particularly among somatologists who prioritised broader professional mobility and consistent approaches to quality assurance (World Health Organization, 2016; Health Professions Council of South Africa, 2022). At the same time, the simultaneous prevalence of neutral or non-committal responses highlights the need for more widespread regulatory

literacy within the industry. Incomplete responses and unfamiliarity with governance frameworks indicate that many professionals lack sufficient understanding or confidence to engage with regulatory issues. The observed pattern reinforces the importance of targeted educational initiatives, increased dialogue within professional associations, and clearer communication regarding the implications and potential impact of regulatory reform (Boulle & Louw, 2021).

With regard to questionnaire usability, most participants reported a high level of understanding, indicating the instrument was well-constructed and accessible to the target population. The language, structure, and scope of the questions appeared to align appropriately with the professional knowledge base of the participants. Although most somatologists understood the questionnaire, a small number reported difficulty, suggesting that certain terminology may need clarification in future versions. These reflections support the conclusion that the instrument was effective in eliciting findings relevant to the research objectives and demonstrated strong clarity and content appropriateness (Taherdoost, 2016; Oateng *et al.*, 2018; Brace, 2018). The cumulative feedback from the final section of the questionnaire provides a valuable synthesis of professional perspectives, highlighting both openness to regulatory reform and the challenges potentially hindering regulatory advancement. While somatologists supported stronger professional identity and ethical accountability, their perspectives also revealed widespread uncertainty and limited awareness of regulatory structures. These reflections provide a foundation for developing more responsive and inclusive regulatory strategies, which will be explored in the subsequent chapter.

## 5.6 SUMMARY

The analysis revealed limited awareness of existing governance structures, alongside a strong desire for context-specific regulation and enhanced professional support. Although support for regulatory development was evident across the profession, gaps in communication and alignment with professional needs were evident. Expectations emphasised the importance of a regulatory body capable of promoting ethical accountability, advancing professional

development, and strengthening the credibility of the somatology profession. In contrast, professional practices reflected significant inconsistencies, signifying a misalignment between the profession's evolving needs and the operational capacity of current regulatory arrangements. Competitively, the findings underscore the need to review and strengthen regulatory strategies to ensure somatologists are appropriately guided, supported, and represented. Chapter 6 presents the study's conclusions and recommendations, outlines the limitations of the research, and offers suggestions for future research to support the advancement of regulatory development within the somatology profession in South Africa.

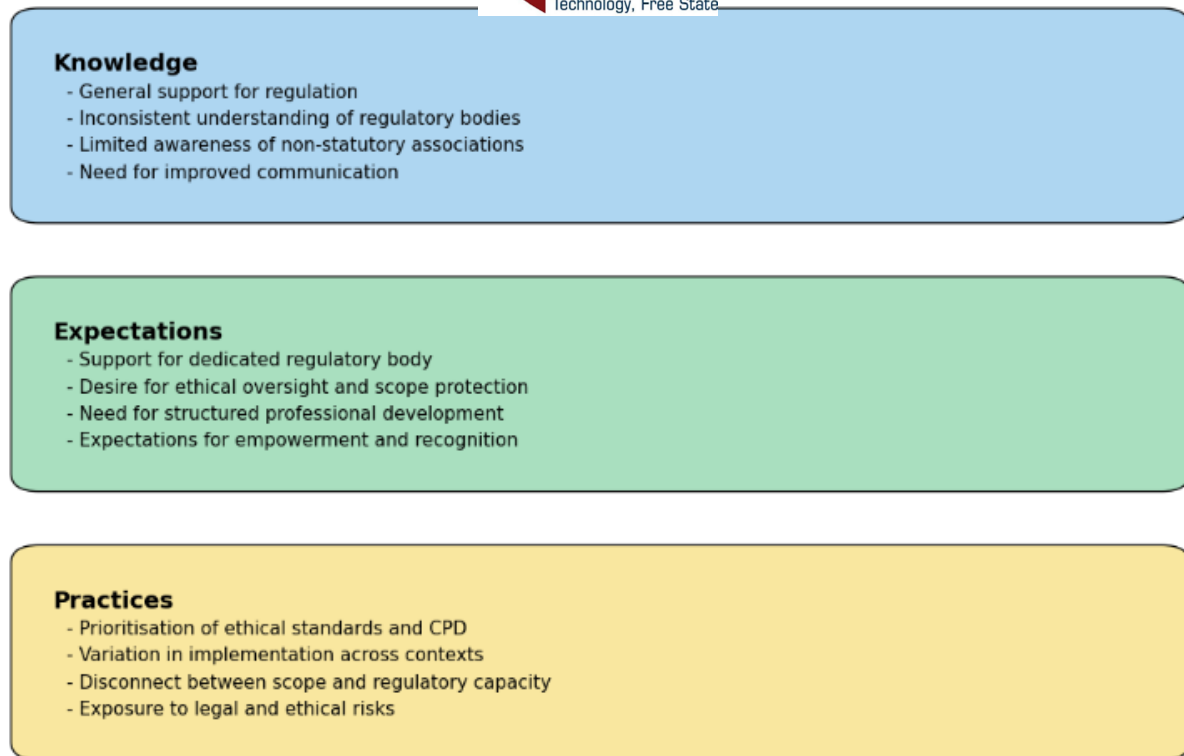
## Conclusions and recommendations

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Chapter 6 presents an integrated discussion of the study's findings, drawing together insights on the knowledge, expectations, and practices of somatologists in the Free State regarding professional regulation. The discussion interprets the results in relation to existing literature and international benchmarks, highlighting areas of alignment as well as gaps within current governance structures. Building on the interpretations, the chapter formulates evidence-based recommendations designed to strengthen regulatory frameworks, enhance professional development, and improve public accountability within the somatology sector. In addition, the chapter acknowledges limitations influencing the scope and generalisability of the findings, providing important context for interpretation. Finally, suggestions for future research are outlined to guide further exploration and policy development, ensuring the profession evolves in a credible and sustainable manner within South Africa's health and wellness system.

## **6.1 CONCLUDING INSIGHTS**

The aim of the current study was to investigate the knowledge, expectations, and practices of somatologists in the Free State regarding professional regulation. The study focused on existing governance structures, namely the South African Association of Health & Skincare Professionals (SAAHSP), the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC), the Beauty Health and Skincare Employers Association (BHFS), and the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB), as well as the potential inclusion of the profession under a statutory body such as the Allied Health Professions Council of South Africa (AHPSCSA). Through a combination of quantitative findings and qualitative insights, the study identified regulatory gaps, interpret practitioner expectations, and assess patterns of professional engagement and compliance. The findings reflect widespread support among somatologists for formalised oversight and recognition of the profession, as summarised in Figure 6.1.



**Figure 6.1. Overview of knowledge, expectations, and practices of somatologists**

### **6.1.1 The knowledge that professionals possess regarding current regulatory bodies**

Participants generally acknowledged the value of regulation in promoting accountability, ensuring ethical conduct, and safeguarding public safety. In contrast, the level of knowledge regarding the roles, responsibilities, and mandates of existing regulatory bodies was found to be inconsistent. Many participants demonstrated uncertainty or limited understanding of the functions and authority of non-statutory associations such as the South African Association of Health & Skincare Professionals (SAAHSP) and the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC). The current research study identified gaps that indicate inadequate communication of critical regulatory information to practitioners, which in turn limits opportunities for informed engagement (South African Association of Health & Skincare Professionals, 2023; South African Qualifications Authority, 2025).

### **6.1.2 The alignment of governance structures with the somatology profession's expectations**

Despite the knowledge limitations, participants expressed strong support for the creation of a dedicated regulatory body for somatology. The expectations of the somatology profession, outlined in the findings of the study, extended beyond administrative functions. The profession expects a governing structure to include ethical oversight, protection of scope of practice, structured professional development, and enhanced credibility for the profession. Moreover, the perspectives of the participants reveal a desire for a regulatory framework that promotes not only compliance but also empowerment and recognition within the broader healthcare and wellness landscape (World Health Organization, 2025; Department of Health, 2025).

### **6.1.3 The alignment of somatologist practices with existing governance frameworks**

In terms of practice, participants generally prioritised ethical standards, client-centred communication, and continuing professional development. Participants acknowledged the importance of ethical standards, client-centred communication, and participation in continuing professional development as essential principles of practice. However, the application of ethical standards, client-centred communication, and continuing professional development varied considerably across professional contexts. Variation in implementation was particularly evident in environments characterised by limited regulatory oversight, unclear governance guidelines, or restricted access to structured professional support. The absence of unified regulatory oversight and standardised ethical guidelines may contribute to the observed variability, particularly in environments where practitioners face limited support or ambiguous directives.

In addition to inconsistencies in implementation, further findings pointed to a disconnect between the expanding scope of somatology, especially in areas such as advanced aesthetic and wellness treatments, and the capacity of current regulatory structures to accommodate such growth. Reports of inadequate access to professional indemnity insurance, fragmented

ethical safeguards, and practitioner vulnerability to client-related pressures illustrate the profession's exposure to both legal and ethical risks (Health Professions Council of South Africa, 2021; Fisher & Fried, 2020). Additionally, disparities in access to regulatory resources, continuous professional development opportunities, and professional support raised concerns about unequal engagement across the profession, potentially undermining cohesion within the regulatory environment.

In conclusion, somatologists in the Free State appear committed to ethical, professional, and developmental standards. Although somatologists demonstrate strong adherence to ethical and developmental principles, efforts within the profession remain constrained by regulatory fragmentation, insufficient dissemination of governance information, and structural weaknesses in oversight.

## **6.2 RECOMMENDATIONS**

There is a critical need to review and reform the current somatology regulatory environment to align with the practical, ethical, and educational demands of the profession. Establishing a statutory regulatory body, improving stakeholder collaboration, and enhancing practitioner access to clear and enforceable guidelines could contribute to a more unified and credible professional identity. The proposed reforms would not only strengthen regulatory compliance and public trust but also support the sustainable growth and formal recognition of somatology within South Africa's health and wellness sectors, in alignment with international best practices. Building on the findings outlined above, the following recommendations aim to strengthen regulatory structures, improve practitioner support, and align governance frameworks with the evolving needs of the somatology industry in South Africa. Specifically, the recommendations address inconsistencies in knowledge dissemination, bridge the gap between practitioner expectations and regulatory capacity, and enhance alignment between evolving industry practices and governance structures to support professional development and recognition.

### **6.2.1 Establishment of a statutory regulatory framework**

A formal statutory framework is recommended to govern the somatology industry in South Africa. The process may involve the establishment of a dedicated regulatory body or the inclusion of somatologists under an existing statutory authority such as the Allied Health Professions Council of South Africa (AHPCSA). The structure should be responsible for setting national practice standards, maintaining a practitioner register, enforcing ethical codes, and ensuring public accountability. Statutory recognition would enhance the profession's legal status and credibility while protecting both somatologists and clients (Department of Health, 2025; South African Association of Health & Skincare Professionals, 2023).

### **6.2.2 National regulatory awareness and education**

A coordinated national campaign should be launched to improve regulatory literacy among current and future somatologists. Formal somatology training curricula and professional development programmes should incorporate content on the roles and functions of existing regulatory and representative bodies (e.g., the South African Association of Health & Skincare Professionals (SAAHSP), the National Bargaining Council for Hairdressing, Cosmetology, Beauty and Skincare Industry (HCSBC), the Beauty Health and Skincare Employers Association (BHFSa), the Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB), and Allied Health Professions Council of South Africa); statutory versus non-statutory distinctions; professional registration procedures; and ethical obligations (South African Qualifications Authority, 2025). Outreach efforts should aim to engage all somatologists through workshops, webinars, and accessible digital platforms.

### **6.2.3 Development of unified professional standards**

Nationally standardised professional guidelines should be developed to ensure consistency in practice and ethics. The recommended standards should encompass treatment protocols, client communication, informed consent, adverse event reporting, and referral practices. A unified code would support safe, ethical, and competent service delivery, particularly in areas related to advanced aesthetic and wellness practice, while reinforcing the profession's

legitimacy within the healthcare sector (World Health Organization, 2025; Health Professions Council of South Africa, 2021).

#### **6.2.4 Expansion and accreditation of continuous professional development opportunities**

Continuous professional development initiatives must be expanded to reflect the practical realities and emerging developments within the somatology industry. Regulatory bodies should formally accredit continuous professional development providers and ensure offerings remain accessible, affordable, and informed by practitioner needs. Emphasis should be placed on legal responsibilities, client safety, ethical communication, and evidence-based practice (South African Association of Health & Skincare Professionals, 2023). Furthermore, the total number of Continuous Professional Development (CPD) points required should be determined by the proposed regulatory body, with compliance serving as a prerequisite for re-registration.

#### **6.2.5 Implementation of ethical and safety safeguards**

Addressing the ethical dilemmas and safety concerns identified in the study, such as harassment, boundary violations, and pressure to perform contraindicated treatments, requires the introduction of formal complaint and reporting systems. Somatologists must be provided with tools and guidance to navigate complex ethical scenarios, report misconduct, and protect themselves and clients from harm. Regulatory structures should prioritise ethical empowerment alongside public protection (Fisher & Fried, 2020).

#### **6.2.6 Establishment of an independent disciplinary framework**

A transparent and independent complaint-handling and disciplinary process is essential to ensure accountability and ethical enforcement. The proposed system should protect the rights of both practitioners and clients and offer clear procedures for managing cases of misconduct, negligence, or regulatory non-compliance.

### **6.2.7 Promotion of interprofessional collaboration and advocacy**

Regulatory development should be supported through active collaboration with other health and wellness professions, statutory councils, and policymakers. Interprofessional engagement may facilitate inclusion in broader health policy frameworks, enhance referral networks, and promote the recognition of somatology as a complementary health discipline. Continued collaboration across professional and policy stakeholders could also improve labour representation and support the development of profession-specific legislation (Department of Health, 2025).

### **6.2.8 Benchmarking against international models**

A formal benchmarking or feasibility study should be undertaken to evaluate how successful international regulatory frameworks, such as those used in Australia and the United Kingdom, can inform the development of a South African model. Considerations should include financial viability, legal infrastructure, administrative requirements, and adaptability to the local context. Collectively, these proposed actions provide a strategic foundation for advancing the professional regulation of somatology and ensuring its credible integration into South Africa's health and wellness industry.

## **6.3 LIMITATIONS**

Although the study provides valuable insights into the knowledge, expectations, and practices of somatologists regarding professional regulation, several limitations must be acknowledged. The acknowledged limitations have been considered during the interpretation of the findings and may affect the extent to which the results can be generalised.

### **6.3.1 Geographical and contextual scope**

The study was confined to the Free State province and may not fully reflect the regulatory experiences or engagement of somatologists across other regions of South Africa. Regional differences in access to resources, education, and professional networks may limit the

national applicability of the findings. Broader geographical inclusion would strengthen the external validity of future research.

### **6.3.2 Self-reported data**

Data collection relied exclusively on self-reported responses through a structured questionnaire. While the method allowed for efficient data gathering, it is susceptible to potential response biases, including social desirability and selective recall. Participants may have over-reported compliance with ethical and professional standards or under-reported challenges and dilemmas. The limitations could be addressed by incorporating triangulated data sources in future research.

### **6.3.3 Limited qualitative depth**

Although open-ended questions were included, the study did not adopt a fully qualitative or mixed-methods design. Consequently, rich contextual narratives and deeper explanations of practitioner attitudes, ethical dilemmas, or regulatory frustrations may not have been fully captured. A more extensive qualitative exploration would enhance the interpretive depth of future studies.

### **6.3.4 Evolving regulatory environment**

The regulatory framework within the South African somatology and aesthetic sectors might be undergoing transformation. Policy developments, continuous professional development reforms, or changes in recognition frameworks which may have occurred after data collection could influence the ongoing relevance of the findings. Periodic follow-up studies will be necessary to ensure recommendations remain contextually appropriate.

### **6.3.5 Sampling and response limitations**

In addition, the response rate progressed at a slower pace compared to initial expectations, which led to an extension of the data collection timeline. In an effort to enhance participation and accommodate varying levels of access, both printed and digital versions of the questionnaire were made available. While the inclusion of hard copies improved overall reach, several participants submitted incomplete responses, leaving certain sections unanswered. Incomplete data limited the consistency and depth of analysis across specific variables. Future investigations would benefit from the integration of response-tracking mechanisms, clearer guidance during survey administration, and more targeted follow-up strategies to support full participation and improve data completeness.

## **6.4 SUGGESTIONS FOR FUTURE RESEARCH**

The findings and limitations of the current study highlight several opportunities and needs for further research. These research areas can inform policy planning, support professional development, and enhance regulatory reform in the somatology sector. Continued investigation is essential for strengthening the somatology profession.

### **6.4.1 National-level studies**

Broader research across multiple provinces is recommended to assess whether the findings observed in the Free State reflect national patterns. Conducting a comparative regional analysis may help tailor future regulatory strategies to region-specific needs. This approach could also improve national cohesion in professional governance. In addition, extending the scope of research would highlight potential disparities in professional knowledge, expectations, and practices that are influenced by socio-economic, cultural, or educational differences across provinces. Insights generated through wider participation could provide a stronger evidence base for policy development, ensuring that proposed regulatory frameworks remain contextually relevant and responsive to the diverse realities of the profession in South Africa.

#### **6.4.2 In-depth qualitative exploration**

Future research should include qualitative methods such as semi-structured interviews or focus groups. These approaches can explore the lived experiences of practitioners. Moreover, such approaches would provide richer insights into how somatologists navigate ethical dilemmas, interpret regulatory responsibilities, and pursue professional development within diverse practice settings.

#### **6.4.3 Economic impact assessments**

Further investigation is needed to examine how regulatory structures may influence the financial and operational realities of somatologists. Essential aspects include employment models, entrepreneurial sustainability, treatment pricing, and the viability of independent practices. Gaining insight into such dynamics could help ensure that regulation supports, not hinders, the profession's economic growth.

#### **6.4.4 Regulatory feasibility studies**

Research is needed to examine the legal, administrative, and financial implications of incorporating somatology into an existing statutory framework, such as the Allied Health Professions Council of South Africa (AHPCSA), or forming a dedicated statutory council. Future research studies should explore potential implementation challenges and governance models. Cross-sector alignment is also a key consideration for informed policy development.

### **6.5 FINAL REFLECTION**

The current study contributes to the emerging discourse on the professional regulation of somatologists in South Africa by providing a focused examination of regulatory awareness, practitioner expectations, and professional practices within the Free State province. The findings portray a profession in transition characterised by a strong commitment to ethical care, ongoing development, and client-centred service, while simultaneously constrained by fragmented governance structures and the absence of statutory recognition. Therefore, the

findings highlight an evident need for reform, particularly in the areas of regulatory clarity, ethical oversight, and access to continuous professional development. In addition, the study also reveals the inherent complexity of establishing a unified regulatory framework designed to accommodate the profession's diverse practice contexts, evolving scope, and regional disparities. Through the identification of critical gaps and context-specific recommendations, the study offers a foundation for future policy development and sectoral advancement. Addressing the outlined limitations through expanded, multidisciplinary, and longitudinal research will be essential in strengthening regulatory design and supporting the formal recognition of somatology as a credible and protected profession within South Africa's broader health and wellness system.

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## APPENDIX A: RECRUITMENT LETTER

### Recruitment letter

**Study title:** Knowledge, Expectations and Practices of Somatologists in the Free State regarding the governing bodies of the Somatology profession in South Africa.

**Greeting:** Survey participant

**Introduction:** The research I wish to conduct for my master's degree involves researching the knowledge, expectations and practices of somatologists in the Free State regarding the governing bodies of the somatology profession in South Africa.

All participation will be anonymous. The link will be sent via WhatsApp or email by the researcher or alternatively by either I Beauty or Nov U beauty suppliers. Please follow the link below for consent form, full information letter and questionnaire. (The link will be provided here as soon as the questionnaire is uploaded on the survey website.)

Your participation is highly appreciated.

**Adri Claassen**

**Somatology Master's Student**

## **APPENDIX B: INFORMATION LETTER AND INFORMED CONSENT**

### **Information letter and consent form for survey research**

**Study title: Knowledge, Expectations and Practices of Somatologists in the Free State regarding the regulatory bodies of the Somatology profession in South Africa.**

**Greeting:** Survey participant

**Introduction:** The research I wish to conduct for my master's degree involves researching the knowledge, expectations and practices of somatologists in the Free State regarding the regulatory bodies of the somatology profession in South Africa.

**The aim of this study is to:**

- Investigate somatologists' knowledge of different regulatory bodies of the profession.
- Assess somatologists' expectations of the profession-related regulatory bodies.
- Determine somatologists' practices in relation to the regulatory bodies, e.g. membership.

**The questionnaire has been designed to collect information on:**

- Section 1: Demographic information.
- Section 2: Knowledge regarding the different regulatory bodies and their functions.

- Section 3: Expectations of participants regarding the different regulatory bodies.
- Section 4: Practices of somatologists regarding the different regulatory bodies.
- Section 5: Final comments.

**Invitation to participation:**

- All participation is voluntary and anonymous.
- Participants may withdraw from the study at any time without any penalties.
- No remuneration will be provided for participation.
- No risks and foreseeable discomfort for the participant.
- By clicking 'I agree' to this consent form, participants agree to take part in this study.
- Link and password to the online questionnaire will be provided.
- Answering of the questionnaire might take a few minutes.
- Data from this research will be kept online and password protected, only accessible to the researcher and reported only as a collective combined total.
- No one other than the researcher will know your individual answers to this questionnaire.

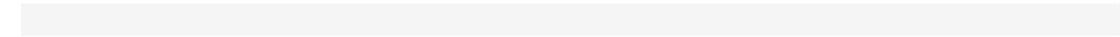
Thank you for your assistance in this important endeavour.

Sincerely yours

Adri Claassen



## APPENDIX C: QUESTIONNAIRE



---

Questionnaire to determine the knowledge,  
expectations and p



Dear participant:

You are invited to participate in this questionnaire to determine the knowledge, expectations and practices of somatologists regarding the regulatory bodies in South Africa.

Your participation is highly valuable and will contribute significantly to our industry. The questionnaire will take just a few minutes to complete. All participation is voluntary.

Please take a moment to review the attached information letter.

Click here : [https://www.questionpro.com/qp\\_userimages/sub-8/5932363/Recruitment-letter-information-and-consent\\_1.pdf](https://www.questionpro.com/qp_userimages/sub-8/5932363/Recruitment-letter-information-and-consent_1.pdf)

If you agree to participate, kindly provide your consent by clicking "I Agree" to begin the survey.

Thank you for your time and support.

I Agree

---

List of abbreviations used in the questionnaire:

AHPCSA - Allied Health Professions Council of South Africa

BHFSA - Beauty Health and Skincare Employers Association

EOHCB - Employers Organisation for Hairdressing, Cosmetology and Beauty

HCSBC – Hairdressing, Cosmetology, Beauty and Skincare Bargaining Council

HPCSA - Health Professions Council of South Africa

SAAHSP - South African Association of Health and Skin Care Professionals

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## Section 1 - Demographic information

---

\* 1.1. Age:

---

Questionnaire to determine the knowledge,  
expectations and p

 QuestionPro

- 18-24
- 25-34
- 35-44
- 45-54
- 54 and above

**\* 1.2. Qualification:**

- Doctor of Health Sciences in Somatology
- Doctors degree in Somatology
- Master of Health Sciences in Somatology
- Bachelor of Health Sciences in Somatology
- One year post Graduate Diploma in Somatology
- One year Advanced Diploma in Somatology
- Diploma in Somatology 2-3 years
- Certificate 2-3 years
- Certificate in Beauty technology 1 year
- Other

**\* 1.3. Years of industry experience:**

- Less than 1
- 1-5
- 6 -10
- 11 - 15

16 - 20

21 +

---

\* 1.4. Are you currently working in the somatology industry :

Yes

No

Other

---

\* 1.5 Work status in the somatology industry:

Employer/Salon owner

Manager

Employee

Independent Contractor

Unemployed

Other

---

\* 1.6. Province working in:

Gauteng

Free State

Eastern Cape

Northern cape

KZN

Mpumalanga

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- North West
- Limpopo
- Outside of South Africa

## Section 2 - Knowledge regarding the different regulatory bodies and their functions:

\*2.1 Have you heard about the regulatory bodies of the somatology profession?

- Yes
- No

2.2 Which of the following regulatory bodies are the primary body/bodies for somatologists in South Africa? (Mark all applicable options)

	Primary	Not Primary	Uncertain	Not somatology related
Allied Health Professions Council of South Africa (AHPCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beauty Health and Skincare Employers Association (BHESA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hairdressing, Cosmetology, Beauty and Skincare Bargaining Council (HCSBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Professions Council of South Africa (HPCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South African Association of Health and Skin Care Professionals (SAAHSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3. How familiar are you with each of the listed regulatory bodies? (Mark all applicable options)

Questionnaire to determine the knowledge, expectations and p

 QuestionPro

	Not at all familiar	Slightly familiar	Moderately familiar	Very familiar	Extremely familiar
Allied Health Professions Council of South Africa (AHPCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beauty Health and Skincare Employers Association (BHFS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hairdressing, Cosmetology, Beauty and Skincare Bargaining Council (HCSBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Professions Council of South Africa (HPCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South African Association of Health and Skin Care Professionals (SAAHSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.4 How important do you think it is for somatologists to be affiliated/accredited with a regulatory body?

- Very important     
  Somewhat important     
  Neutral     
  Slightly important  
 Not important

2.5 Indicate which of the following regulatory bodies oversee the practice of somatology in South Africa? (Mark all applicable options)

	Yes	No	Uncertain
Allied Health Professions Council of South Africa (AHPCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beauty Health and Skincare Employers Association (BHFS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hairdressing, Cosmetology, Beauty and Skincare Bargaining Council (HCSBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Professions Council of South Africa (HPCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South African Association of Health and Skin Care Professionals (SAAHSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.6 Which of the following best describes the primary representation of the regulatory bodies within the somatology practice in South Africa? (Mark all applicable options)

	Statutory Health Body	Represent Training institutes	Non- Profit organisation	Self - governing body	Workplace representative	Not somatology related	Unsure
Allied Health Professions Council of South Africa (AHPCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beauty Health and Skincare Employers Association (BHFS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hairdressing, Cosmetology, Beauty and Skincare Bargaining Council (HCSBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Professions Council of South Africa (HPCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South African Association of Health and Skin Care Professionals (SAAHSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.7 Are you currently a member of any of the listed regulatory bodies for somatology? Please indicate all that is relevant.

	Yes	No but considering it	No, not considering it
Allied Health Professions Council of South Africa (AHPCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beauty Health and Skincare Employers Association (BHFS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hairdressing, Cosmetology, Beauty and Skincare Bargaining Council (HCSBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Professions Council of South Africa (HPCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South African Association of Health and Skin Care Professionals (SAAHSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.8 If you do not belong to any of the regulatory bodies for somatologists, what is withholding you?  
(More than one can be selected):

- Finances
- Do not see the need
- Do not know the benefits
- Uncertain to which one to belong
- Did not know about associations or governing bodies

2.9 Can you indicate any specific regulations or guidelines set forth by these regulatory bodies for  
somatologists in South Africa? (Mark all applicable options)

	To a great extent	Somewhat	Very little	Not at all
Allied Health Professions Council of South Africa (AHPCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beauty Health and Skincare Employers Association (BHFS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hairdressing, Cosmetology, Beauty and Skincare Bargaining Council (HCSBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Professions Council of South Africa (HPCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South African Association of Health and Skin Care Professionals (SAAHSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.10 According to your knowledge, who should register with/belong to each of the listed regulatory bodies?

(Mark all applicable options)

	Somatology employer	Employee	Independent contractor	All somatologists	Unemployed	Nobody
Allied Health Professions Council of South Africa (AHPCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beauty Health and Skincare Employers Association (BHESA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hairdressing, Cosmetology, Beauty and Skincare Bargaining Council (HCSBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Professions Council of South Africa (HPCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South African Association of Health and Skin Care Professionals (SAAHSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.11 Are you aware of any professional standards or guidelines specifically tailored for the somatology practices in South Africa?

- Yes
- No
- NA

2.12 Can you provide examples of these standards or guidelines and explain their importance in your practice?

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\* 2.13 Do you know if there are any continuing education/development requirements set forth by regulatory bodies for somatologists in South Africa?

Yes

No

2.14 How important do you think certification/development from regulatory bodies are for somatologists in South Africa?

Very important

Somewhat important

Neutral

Slightly important

Not important

### Section 3 - Expectations of participants regarding the different regulatory bodies.

3.1 What do you expect from regulatory bodies in the field of somatology? Select all applicable.

Professional development opportunities (training, workshops, seminars)

Networking opportunities with other somatologists and industry professionals

Advocacy for the profession and representation of somatologists' interests

Setting standards and guidelines for ethical practice

Other

---

3.2 Do you feel that you are getting value from your membership?

- Very poor value       Poor value       Acceptable value       Good value
- Very good value       Not a member

3.3 Would you recommend membership to other somatologists?

- Yes
- No
- Maybe

---

3.4 If yes, please indicate all applicable options.

- Allied Health Professions Council of South Africa (AHPCSA)
- Beauty Health and Skincare Employers Association (BHFSa)
- Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB)
- Hairdressing, Cosmetology, Beauty and Skincare Bargaining Council (HCSBC)
- Health Professions Council of South Africa (HPCSA)
- South African Association of Health and Skin Care Professionals (SAAHSP)

---

3.5 If no, why not: If no comments please indicate N/A.

3.6 Do you think a membership of the listed regulatory bodies will help you to achieve your

personal/business goals?

- Very unlikely
- Unlikely
- Neutral
- Likely
- Very likely

---

3.7 Do you want to make suggestions to a regulatory body/bodies to better serve your needs?

- Yes
- No

Specify:

N/A

---

3.8 Indicate any dislike about any regulatory body/bodies, state the name of the body with a description of your dislike thereof ? If no comments please indicate N/A.

---

3.9 If you are a member, how would you like to rate the support you receive from the regulatory bodies.

	Very dissatisfied	Not satisfied	Neutral	Satisfied	Very satisfied	N/A
Allied Health Professions Council of South Africa (AHPCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Beauty Health and Skincare Employers Association (BHFS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Employers Organisation for Hairdressing, Cosmetology and Beauty (EOHCB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Hairdressing, Cosmetology, Beauty and Skincare Bargaining Council (HCSBC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Health Professions Council of South Africa (HPCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
South African Association of Health and Skin Care Professionals (SAHSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

3.10 Are there any type of services/events presented by regulatory bodies that you would like to see in your area? If no comments please indicate N/A.

3.11 What resources do you wish the regulatory bodies can provide to help in your industry? If no comments please indicate N/A.

3.12 What challenges do you face with staying informed about developments in the field of somatology?

If no comments please indicate N/A.

---

3.13 Do you make use of the regulatory bodies websites to obtain information/guidance regarding your practice?

- Never     Rarely     Sometimes     Very often     Always

3.14 How useful do you find their website for information

- Not at all helpful  
 Slightly helpful  
 Moderately helpful  
 Very helpful  
 Extremely helpful

---

## Section 4 - Practices of somatologists regarding the different regulatory bodies.

4.1 How do you ensure that your practice as a somatologist aligns with ethical standards and guidelines? (More than one can be selected)

- By adhering to the code of ethics set forth by professional associations  
 Seeking guidance from regulatory bodies and professional mentors  
 Regularly reviewing and updating your own ethical framework  
 Other

4.2 Can you provide an example of an ethical dilemma that you have encountered in your practice and how you resolved it? If no comments please indicate N/A.

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4.3 Describe your approach to communicating with clients about the services you provide and any associated risks or benefits. (Mark all that is applicable)

- Providing clear and comprehensive explanations
- Obtaining informed consent before performing treatments
- Addressing client questions and concerns with patience and empathy
- Other

4.4 How do you ensure that clients feel comfortable and informed throughout their treatment process? Please explain, if no comments please indicate N/A.

- Explain:

Specify:

---

---

---

- N/A

4.5 What measures do you have in place to maintain the safety and quality of your practice environment?

(Mark all that is applicable)

- Regular maintenance and calibration of equipment
- Adherence to hygiene and infection control protocols

- Monitoring and documenting client progress and outcomes
- Other

---

4.6 How do you handle adverse events or complications that may arise during or after treatments?  
If no comments please indicate N/A.

---

4.7 How do you actively engage in professional development to enhance your skills and knowledge as a somatologist? (Mark all that is applicable)

- Attending workshops, seminars, and conferences
- Pursuing additional certifications or specialized training
- Participating in peer mentoring or professional networking opportunities
- Other

---

4.8 Can you describe a recent professional development activity you participated in and how it has benefited your practice? If no comments please indicate N/A.

---

4.9 Would you like /and or support developmental events presented by regulatory bodies?

- Yes
- No

Specify:

---

4.10 Do you feel that somatologist can benefit from participating in Continuing Professional Development (CPD) activities?

- Yes
- No

---

4.11 Do you feel that CPD activities are essential for maintaining professional competence in our industry?

- Yes
- No

---

### Section 5 - Final comments.

---

5.1 Do you feel that there is a need for a separate regulating body for somatologists in South Africa?

- Strongly disagree
- Disagree
- Neither disagree or degree
- Agree
- Strongly agree
-

5.2 Why agree? If no comments please indicate N/A.

---

---

5.3 Why disagree? If no comments please indicate N/A.

---

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\* 5.4 Were you able to answer the questions with complete clearance and understanding?

- Yes, all
  - Yes, most
  - No, a few
  - No, none
-



## Health Sciences Research Ethics Committee

14-Jun-2024

Dear Ms Adri Claassen

Ethics Clearance: **Knowledge, Expectations and Practices of Somatologists in the Free State regarding the associations and governing bodies of the Somatology profession in South Africa.**

Principal Investigator: Ms Adri Claassen

Department: **Somatology - CUT**[Submission Page](#)**APPLICATION APPROVED**

Please ensure that you read the whole document

With reference to your application for ethical clearance with the Faculty of Health Sciences, I am pleased to inform you on behalf of the Health Sciences Research Ethics Committee that you have been granted ethical clearance for your project.

Your ethical clearance number, to be used in all correspondence is: **UFS-HSD2024/0676/1806**

The ethical clearance number is valid for research conducted for one year from issuance. Should you require more time to complete this research, please apply for an extension.

We request that any changes that may take place during the course of your research project be submitted to the HSREC for approval to ensure we are kept up to date with your progress and any ethical implications that may arise. This includes any serious adverse events and/or termination of the study.

A progress report should be submitted within one year of approval, and annually for long term studies. A final report should be submitted at the completion of the study.

**Research conducted in any Department of Health facility:** Researchers are required to sign and return the HSREC approval letters to the provincial Department of Health where they applied. It is also a requirement for researchers to submit electronic copies of their final research findings, and/or make a presentation of their findings and recommendations at departmental research days when and where indicated.

The HSREC functions in compliance with, but not limited to, the following documents and guidelines: The SA National Health Act. No. 61 of 2003; Ethics in Health Research: Principles, Structures and Processes (2015); SA GCP(2020); Declaration of Helsinki; The Belmont Report; The US Office of Human Research Protections 45 CFR 461 (for non-exempt research with human participants conducted or supported by the US Department of Health and Human Services- (HHS), 21 CFR 50, 21 CFR 56; CIOMS; ICH-GCP-E6 Sections 1-4; International Council for Harmonisation (ICH) Harmonised Guideline, Integrated Addendum to ICH E6(R1), Guideline for Good Clinical Practice (GCP) E6(R2), 2016, SAHPRA Guidelines as well as Laws and Regulations with regard to the Control of Medicines, Constitution of the HSREC of the Faculty of Health Sciences.

The Principal Investigator (PI) bears final responsibility for the RIMS application. In the event of any misconduct or improper activities perpetrated by a third party, the PI will be held vicariously liable. The HSREC will bear no responsibility or liability for any actions of a PI and/or third party or breach of confidentiality caused by the PI and/or third party.

For any questions or concerns, please feel free to contact HSREC Administration: 051-4012650/9860 or email [EthicsFHS@ufs.ac.za](mailto:EthicsFHS@ufs.ac.za).

Thank you for submitting this proposal for ethical clearance and we wish you every success with your research.

Yours Sincerely



Prof. Walter Janse van Rensburg  
Vice-chairperson: Health Sciences Research Ethics Committee

Health Sciences Research Ethics Committee  
T: +27 (0)51 401 2650/9860 | E: [ethicsfhs@ufs.ac.za](mailto:ethicsfhs@ufs.ac.za)  
IRB 00011992; REC 230408-011; IORG 0010096; FWA 00027947

## APPENDIX E: EMPLOYEE/SALON APPROVALS

Dear Colleagues/supplies

I hope this letter finds you well. My name is Adri Claassen, and I am a Somatologist, conducting a study on the knowledge, expectations and practices of Somatologists in the Free State regarding the associations and governing bodies of the Somatology profession in South Africa.

The aim of this research study is to determine the somatology industry's knowledge, expectations, and practices regarding associations and governing bodies in South Africa. Identifying potential gaps in the knowledge, expectations, and practises of the somatology professions in relation to the constitutions of South African associations and governing bodies. And to make recommendations to the industry and/or associations/governing bodies to address any gaps that may exist so as to ensure optimum regulation and functioning of the somatology industry.

I am reaching out to invite you as beauty supplier/salon/medical aesthetic practice to participate in this study by acting as a distributor. This role involves inviting your clients to complete an online questionnaire that explores their views regarding the associations and governing bodies of the Somatology profession in South Africa.

Your help would be invaluable in ensuring that the study represents a diverse range of clients.

Acting as a distributor involves the following:

Recruitment and Facilitation: By sharing the information, consent and questionnaire link to your database.

If you agree to assist, I would be happy to provide additional information and discuss the next steps. Please let me know if you would like to proceed, and we can arrange a time to talk further about the details of our collaboration.

Thank you in advance for considering this request. I look forward to hearing from you.

Kind Regards

Adri Claassen



Subject: Agreement to Act as Distributor for Research Study

I hereby confirm my agreement to act as a distributor for the research study conducted by Adri Claassen a student at Central University of the Free State.

This agreement involves my commitment to assist in the distribution of the information, consent and questionnaire link to possible participants for the study while ensuring strict confidentiality and adhering to all ethical practices. As where communicated to me by the Researcher.

As a distributor, I understand and agree that my responsibilities include:

Confidentiality: Ensuring that all information related to participants remains confidential.

Ethical Practices: Upholding the highest standards of ethics, as discussed with the researcher, including obtaining informed consent and respecting the rights of participants throughout the study.

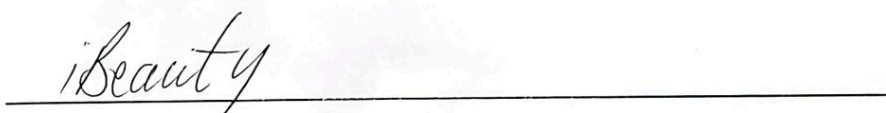
I acknowledge and agree to these responsibilities and commit to supporting the research study as outlined.

If further information is needed, please do not hesitate to contact me.

Sincerely,



Sign



Salon or practice name and contact information

Dear Colleagues/supplies

I hope this letter finds you well. My name is Adri Claassen, and I am a Somatologist, conducting a study on the knowledge, expectations and practices of Somatologists in the Free State regarding the associations and governing bodies of the Somatology profession in South Africa.

The aim of this research study is to determine the somatology industry's knowledge, expectations, and practices regarding associations and governing bodies in South Africa. Identifying potential gaps in the knowledge, expectations, and practises of the somatology professions in relation to the constitutions of South African associations and governing bodies. And to make recommendations to the industry and/or associations/governing bodies to address any gaps that may exist so as to ensure optimum regulation and functioning of the somatology industry.

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I acknowledge and agree to these responsibilities and commit to supporting the research study as outlined.

If further information is needed, please do not hesitate to contact me.

Sincerely,

  
\_\_\_\_\_  
Sign

Nov-U Pro. Salon Supplies, Cell: 082 563 8969, Email: orders@nov-u.co.za

Salon or practice name and contact information