

Implementing Physical Activity Recommendations in Clinical Practice: A Survey of Oncology Nurses' Perspectives

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PROBLEM STATEMENT: Better understanding of oncology nurses' perspectives about how interventions should be designed can promote physical activity (PA) in clinical settings.

DESIGN: 75 oncology nurses completed online surveys.

DATA SOURCES: A published survey, guided by the Consolidated Framework for Implementation Research, was used to assess multilevel factors that influence implementation of evidence-based interventions.

ANALYSIS: Descriptive statistics were applied to quantitative data; directed content analyses were applied to qualitative data.

FINDINGS: Participants believed it was important to discuss PA with patients; however, they had limited self-efficacy and resources to provide PA counseling. Barriers to providing counseling included competing clinical demands and a lack of education about PA for cancer survivors and resources.

IMPLICATIONS FOR PRACTICE: Findings inform how interventions can be designed for implementation and sustained practice change in clinical settings. Integration of PA education in routine clinical practice will lead to increased PA and, ultimately, improved quality of life among cancer survivors.

KEYWORDS physical activity; exercise; cancer; oncology nurses; implementation science

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Physical activity (PA) promotion has always been part of oncology nursing. The field of exercise oncology was initiated by nurses who, countering beliefs about patients needing to rest and avoid activity during cancer treatment, were the first to test an exercise intervention and discovered that exercise may decrease chemotherapy-induced nausea (Jones & Alfano, 2013; MacVicar et al., 1989; Winningham et al., 1989; Winningham & MacVicar, 1988). Despite widely agreed on PA guidelines and decades of evidence that PA improves cancer outcomes, few people living beyond a cancer diagnosis engage in PA as recommended (Campbell et al., 2019; Patel et al., 2019; Schmitz et al., 2019). Nurses play a critical role in leading practice changes to better support patients' engagement in PA as recommended.

PA is recognized as an important aspect of cancer care that is safe for patients on active treatment and for those who have completed treatment, regardless of cancer type (Campbell et al., 2019; Rock et al., 2022). For people living past a cancer diagnosis, guidelines are available from the American Cancer Society and the American College of Sports Medicine (ACSM) to ensure the maximum benefit can be gained. These guidelines include recommendations for 150–300 minutes of moderate activity per week, 75–150 minutes of vigorous activity per week, or a combination of moderate and vigorous activity, combined with muscle-strengthening activities two times per week (Campbell et al., 2019; Rock et al., 2022). PA benefits the physical, mental, and emotional health of people living past a cancer diagnosis (Turner et al., 2018). These benefits can include a reduction in mortality, the recurrence of some cancers, and the side effects/symptoms of cancer and cancer treatment (e.g., fatigue, pain, sleep), as well as improved quality