Physical Activity Promotion, Beliefs, and Barriers Among Australasian Oncology Nurses

Justin W.L. Keogh, PhD, Petra Pühringer, MD, Alicia Olsen, MSci, Sally Sargeant, PhD, CPsychol, Lynnette M. Jones, PhD, and Mike Climstein, PhD, MSc, BSc, AEP

Keogh is an associate professor in the Faculty of Health Sciences and Medicine at Bond University in Queensland, Australia, and an adjunct associate professor in the Human Potential Centre at Auckland University of Technology in New Zealand and the Cluster for Health Improvement in the Faculty of Science, Health, Education, and Engineering at the University of the Sunshine Coast in Queensland; Pühringer is a medical doctor in the Department of Neurology at the General Hospital of the Merciful Brothers in Graz, Austria; Olsen is a PhD candidate and Sargeant is an assistant professor, both in the Faculty of Health Sciences and Medicine at Bond University; Jones is a senior lecturer in the School of Physical Education, Sport, and Exercise Sciences at the University of Otago in Dunedin, New Zealand; and Climstein is an adjunct associate professor in the Faculty of Health Sciences at the University of Sydney and Vale Medical Clinic in Australia.

No financial relationships to disclose.

Keogh, Olsen, Sargeant, Jones, and Climstein contributed to the conceptualization and design. Olsen, Sargeant, and Climstein completed the data collection. Keogh, Pühringer, and Climstein provided statistical support. Keogh, Pühringer, Sargeant, and Climstein provided the analysis. All of the authors contributed to the manuscript preparation.

Keogh can be reached at jkeogh@bond.edu.au, with copy to editor at ONFEditor@ons.org.

Submitted April 2016. Accepted for publication June 6, 2016.

Keywords: exercise; health promotion; oncology; nurse; survivorship

ONF, 44(2), 235–245.

doi: 10.1188/17.ONF.235-245

Purpose/Objectives: To describe the physical activity (PA) promotion practices, beliefs, and barriers of Australasian oncology nurses and gain preliminary insight into how PA promotion practices may be affected by the demographics of the nurses.

Design: Cross-sectional survey.

Setting: Australia and New Zealand.

Sample: 119 registered oncology nurses.

Methods: Self-reported online survey completed once per participant.

Main Research Variables: Questions assessed the PA promotion beliefs (e.g., primary healthcare professionals responsible for PA promotion, treatment stage), PA benefits (e.g., primary benefits, evidence base), and PA promotion barriers of oncology nurses.

Findings: Oncology nurses believed they were the major providers of PA advice to their patients. They promoted PA prior to, during, and post-treatment. The three most commonly cited benefits of PA for their patients were improved quality of life, mental health, and activities of daily living. Lack of time, lack of adequate support structures, and risk to patient were the most common barriers to PA promotion. Relatively few significant differences in the oncology nurses’ PA promotion practices, beliefs, and barriers were observed based on hospital location or years of experience.

Conclusions: Despite numerous barriers, Australasian oncology nurses wish to promote PA to their patients with cancer across multiple treatment stages because they believe PA is beneficial for their patients.

Implications for Nursing: Hospitals may need to better support oncology nurses in promoting PA to their patients and provide better referral pathways to exercise physiologists and physiotherapists.

Although survival rates continue to improve for many cancers (Australian Institute of Health and Welfare, 2016), cancer treatments (e.g., surgery, hormonal therapy, radiation therapy, chemotherapy) can contribute to acute, late-term, and long-term side effects. These treatments may negatively alter patients’ body composition and physical function, leading to increased risk of other orthopedic and cardiovascular conditions (Bundred, 2012; Kintzel, Chase, Schultz, & O’Rourke, 2008; Oefelein, Ricchiuti, Conrad, & Resnick, 2002; Young et al., 2014). These treatment-related effects may also negatively affect many aspects of quality of life (QOL), including sleep and urinary and sexual function, adversely affecting many aspects of their lives and health status (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2011; Flynn et al., 2011; Keogh, Patel, MacLeod, & Masters, 2013; Ottenbacher et al., 2013).

Many of the adverse effects of cancer-related treatments have been shown to be reduced by regular physical activity (PA) (Keogh & MacLeod, 2012; Mishra et al.,...