

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

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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.,