Feasibility of Mind–Body Movement Programs for Cancer Survivors

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The National Coalition for Cancer Survivorship (2014) and National Cancer Institute (2014) define a cancer survivor as a person who is living with cancer from diagnosis through the end of life. The survivorship experience is complex and includes the impact of a cancer diagnosis and treatment on family, friends, and caregivers. Survivorship care proactively enhances quality of life (QOL), establishes a healthy lifestyle, and seeks to reduce distress (O’Brien et al., 2014). Many survivors have turned to complementary health approaches, such as mind–body movement exercise (MBME), to manage symptoms and cope with side effects of cancer treatment (Buffart et al., 2012). Participation in MBMEs (yoga, tai chi, and Qigong) has nearly doubled in the United States, from 5.8% in 2002 to 10.1% in 2012 (Clarke, Black, Strussman, Barnes, & Nahin, 2015). MBMEs have many health benefits and are widely practiced around the world (Hung, Yeh, & Chen, 2016; Hwang

Purpose/Objectives: To evaluate mind–body movement exercise (MBME) classes (yoga, tai chi, and Qigong) for cancer survivors.

Design: A single-group, repeated-measures design.

Setting: The Ohio State University Wexner Medical Center–Arthur G. James Cancer Hospital in Columbus.

Sample: 33 adult cancer survivors, with any cancer diagnosis, participating in MBME classes.

Methods: The researchers sought to examine feasibility of multiple data collection time points and data collection measures; acceptability; and changes to physical, emotional, and biometric measures over time, as a result of participation in MBME classes.

Main Research Variables: Quality of life, sleep, depressive symptomatology, fatigue, stress, upper body strength, gait and balance, body mass index, heart rate, and blood pressure.

Findings: The current study was feasible because survivors were willing to participate and completed most of the questionnaires. Participants found these classes to be beneficial not only for exercise, but also for social support and social connectedness. Poor sleep quality was consistently reported by participants. MBME classes should be recommended to survivors and are beneficial for oncology practices to offer.

Conclusions: Conducting MBME research with cancer survivors is feasible, and participants find the MBME acceptable and a way of addressing health and managing cancer-related symptoms.

Implications for Nursing: Nurses should help patients and caregivers identify locations and times when MBME class participation is possible, assess MBME class participation during each clinic visit to promote continued involvement and to understand if positive effects are occurring, and continue to provide support for MBME classes throughout the survivorship experience.