

Bridging the gap: the role of nurses in promoting exercise for cancer survivors

Over one million people in Australia are living with or have lived with cancer.¹ Of these, less than 10% engage in recommended amounts of exercise (75 to 150 minutes of moderate-to-vigorous aerobic exercise and two or more sessions of resistance training, per week) during and after their treatment.² Nurses are instrumental in providing comprehensive care and support to cancer survivors and encouraging healthy lifestyle behaviours.³ Their role in patient care positions nurses as key advocates for promoting exercise as an important component of cancer care, assessing and monitoring cancer survivors' needs for exercise referrals, offering individualised and evidence-based exercise guidance, and referring cancer survivors to suitable exercise programs or specialists.³

Exercise, when appropriately prescribed and monitored, is safe for most cancer survivors.⁴ It is well known that exercise lowers risk for developing cancer, as well as the risk of cancer recurrence, progression, or mortality for people already diagnosed.⁵⁻⁷ Exercise can help cancer survivors maintain or improve physical functioning, combat fatigue and side-effects of cancer treatment, improve sleep, reduce symptoms of anxiety and depression, and enhance overall quality of life.⁸⁻¹¹

To facilitate a higher uptake of exercise, major international organisations have endorsed exercise as an integral part of cancer care and developed guidelines to support health practitioners in recommending exercise to cancer survivors.⁴ In its 2018 position statement on exercise in cancer care,¹² the Clinical Oncology Society of Australia recommended that all health practitioners involved in the care of people with cancer should:

1. view and discuss exercise as a standard part of the cancer treatment plan
2. recommend people with cancer adhere to exercise guidelines
3. refer patients to an exercise physiologist or physiotherapist with experience in cancer care.

THE GAP BETWEEN KNOWLEDGE AND PRACTICE

Despite this endorsement, there remains a disconnect between the recommended guidelines and the implementation of exercise counselling (i.e., the provision of information and advice about exercise) and referral in clinical practice. Barriers to exercise reported by cancer survivors in the literature include treatment-related side-effects, lack of time, fatigue, lack of facilities, lack of information from health practitioners, low motivation, health problems, and fear of injury.¹³⁻¹⁵ Health practitioners play a crucial role in facilitating health behaviour change among cancer survivors. However, it is repeatedly reported that many cancer survivors do not receive exercise recommendations from a health practitioner,¹⁶⁻¹⁸ despite evidence that those who do are more likely to engage in exercise during cancer treatment. Barriers to implementing exercise guidelines reported among health practitioners include safety concerns, limited time, insufficient knowledge about exercise guidelines, and perceived challenges in altering individuals' behaviour.¹⁹⁻²² These barriers contribute to a knowledge-to-action gap, hindering the effective implementation of exercise guidelines in practice.

INSIGHTS FROM HEALTH PRACTITIONERS

To address this gap, members of the Multinational Association of Supportive Care in Cancer Survivorship Group conducted an international survey of health practitioners, to investigate their knowledge, practices, beliefs, barriers, and facilitators regarding exercise counselling and referral in cancer care.²³ A total of 375 medical practitioners, nurses, and allied health practitioners participated, representing a diverse range of disciplines, countries, and healthcare settings.²³ The survey provided critical insight into the current landscape of exercise counselling for cancer survivors.²³ Although participants generally agreed that exercise counselling should be integrated into routine care, the reality fell short, with only two-thirds reporting its actual implementation.²³ This disparity highlights the need to bridge the gap between intention and action, ensuring that exercise counselling and referral become standard components of cancer care.

EDITORIALS

Findings from our research are summarised below in four key areas.

Knowledge gap: Although most participants reported having good knowledge about exercise guidelines, this did not translate into their ability to recall exercise guidelines.²³ One-third of nurses accurately recalled exercise guidelines, which was higher than the proportion of medical practitioners (22%) and non-exercise allied health practitioners (7%).²³ This finding highlights the ongoing need for comprehensive education and training programs to equip health practitioners with the necessary knowledge and skills to provide evidence-based exercise counselling to cancer survivors. The specific gaps in knowledge most reported by nurses were knowing how to refer patients to an unsupervised exercise program and knowing how to counsel patient based on exercise guidelines.²³

Barriers and facilitators to exercise counselling: Nurses identified a variety of barriers to exercise counselling, including patients being told by other health providers or family and friends to rest, lack of knowledge on how to screen cancer survivors for exercise suitability, lack of knowledge about how soon after treatment it is safe to start exercise, and knowing that a patient has refused other support services.²³ To overcome these barriers effectively, a multifaceted approach is required, providing health practitioners with adequate support mechanisms and resources. The top facilitators to exercise counselling identified by nurses were having leadership support to refer cancer survivors to an exercise program without a direct request, having an automatic or electronic referral process, an email with information about exercise in cancer, and the integration of exercise specialists into the clinical team.²³

Practice what you preach: Exercise not only offers well-known health benefits for the general population but has also been found to decrease distress and enhance resilience among health practitioners.²⁴ Our study findings highlighted that health practitioners' knowledge of exercise guidelines and their own adherence to physical activity recommendations were strong predictors of exercise counselling and referral.²³ Thus, exercise serves as a dual remedy – benefiting the health practitioners who provide care and the patients who receive it. This underscores the importance of promoting and supporting health practitioners' own physical activity levels and continuously updating their knowledge through education and training.

Moving beyond recommendations: We found that participants were likely to recommend that cancer survivors keep active, but less likely to provide specific exercise guidelines, advice, or referrals to exercise programs.²³ This echoes previous research findings and underscores the need for targeted strategies that extend beyond making recommendations alone, to providing an outlet, resource, or referral.²⁵ To address the challenge of connecting cancer survivors with services and resources, communication and collaboration between health practitioners are needed.²⁵

IMPLICATIONS AND RECOMMENDATIONS FOR NURSING PRACTICE

Nurses play a crucial role in the care and support of individuals with cancer and have unique opportunities to influence and promote positive health behaviours. Nurses' regular interactions with patients place them in a unique position to provide tailored and evidence-based exercise recommendations and facilitate referrals to appropriate exercise programs or specialists.²⁶

A crucial recommendation for nurses is to actively engage in the recommended levels of weekly exercise themselves. By adopting regular exercise routines, nurses not only enhance their own well-being and reduce risk of chronic disease but also serve as influential role models for their patients.²⁷ Through personal commitment to physical activity, nurses can effectively promote healthy behaviours and increase the likelihood of encouraging their patients to prioritise regular exercise as an integral part of their cancer therapy.

Given the relationship between health practitioners' knowledge and practice, increasing educational opportunities for nurses is vital to improving exercise prescription. Educational institutions and professional organisations should incorporate education about exercise guidelines for cancer survivors into nursing curricula and continuing education programs, including training in how and when to assess cancer survivors for their suitability to exercise, and optimal referral practices.²⁶ Enhancing nurses' knowledge about the safety and benefits of exercise and confidence to provide exercise screening, advice, and referrals, can support the implementation of exercise guidelines in practice.

EDITORIALS

Our findings and the wider literature highlight the need for a team-oriented approach to exercise referrals in oncology. Nurses play a central role in the provision of team-based care and can therefore enable opportunities for collaboration between medical and allied health practitioners to develop interdisciplinary care plans for cancer survivors. Given that physical activity interventions in primary care have been shown to be effective and cost-effective,^{28,29} increasing support for nurses in primary care settings to deliver physical activity promotion interventions is warranted.

Our findings serve as a reminder for not only the nursing community, but all health practitioners to ensure that knowledge about the benefits of exercise for cancer survivors is translated into practice. It is our responsibility to stay informed, continually update our knowledge, and advocate for evidence-based interventions. As the largest health workforce, nurses possess the power to effect substantial change in healthcare practices and guide cancer survivors towards adopting a physically active lifestyle. By recognising the importance of exercise in cancer care and offering evidence-based exercise guidance, nurses can play a vital role in bridging the gap between knowledge and practice.

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EDITORIALS

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