Understanding motivators and barriers for physical activities among people living with cancer

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Background
People with cancer are living longer following diagnosis than they did 40 years ago. Today, a cancer diagnosis increasingly means living with the illness. Being active can help to overcome fatigue, anxiety and depression, as well as improve physical function and quality of life. In some cases, being physically active has been shown to reduce cancer’s progression, mortality and recurrence. To enable people with cancer to feel the benefits of physical activity we must fully understand the barriers they face and what may motivate them to become more active. This research aimed to answer these questions.

Method
The research consisted of three stages:

Phase one
Review of 55 articles

Phase two
20 in-depth interviews, 10 including family and friends
26 mobile ethnographies: in-the-moment motivations
21 online discussions: self-reflection and discussion

Phase three
Survey to 101 people living with cancer

Findings
Defining ‘physical activity’
The qualitative research phase found many respondents associated ‘physical activity’ with more formal exercise and sport such as running and going to the gym. Once prompted to think about physical activity in the context of cancer, respondents’ definition shifted to include non-formalised and lower intensity activities part of their everyday lives. These included climbing stairs, carrying out household chores, gardening, walking pets and playing with their children or grandchildren. Often these activities were not thought of as ‘physical activity’.

Individual drivers
Individual level drivers were highly influential on behaviour. They were not thought of as ‘physical activity’. The physical environment and proximity of certain facilities can be useful examples and information.

The individual drivers of physical activity behaviour in people living with and beyond cancer.

Social network
Having a strong social network, and support from family and friends, were strong drivers of physical activity. Close family and friends tended to be encouraging of activity, as they saw it as beneficial and part of their loved one’s ‘getting back to normal’. Having someone to do an activity with was also a strong driver.

Our survey showed 61% of people living with and beyond cancer said that having a friend or family member to be active with would be beneficial.

The social network of a person living with and beyond cancer can influence their physical activity behaviour.

Physical symptoms
The physical symptoms and side effects of cancer and its treatments, notably pain and fatigue, were identified as barriers to physical activity. Also prominent were incontinence (for bowel and prostate cancers), scars from surgery affecting certain muscle groups, and breathlessness (for lung cancer).

The physical symptoms of cancer and its treatments on the physical activity behaviour in people living with and beyond cancer.

References
1. Source: Macmillan/YouGov online survey of 1,011 adults aged 18 and over with a previous cancer diagnosis. Fieldwork conducted between 10 and 17 December 2015. The figures have been weighted and are representative of the living with cancer population.

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Conclusions
There are various drivers of physical activity behaviour in people living with and beyond cancer. An individual may be motivated, confident and focused on positive achievements and regaining control, with the social network in place. In this case they are likely to find ways to become active and overcome any physical symptoms or limitations in their physical environment. Another person may be unmotivated, unconfident and experiencing anxiety or depression, and not have a social network. Even with few physical symptoms and plenty of opportunities across their physical environment, they are unlikely to become active.

People living with and beyond cancer need to know that it is safe to become and stay active, at a level that is right for them. They should listen to their body, starting slowly, building gradually and planning around treatment cycles and physical limitations. These messages need to come from trusted healthcare professionals. The timing of the message is deemed less important than the person who delivers it. Messages should be delivered sensitively with useful examples and information.