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Increasing the frequency of physical activity very brief advice for cancer patients. Development of an intervention using the behaviour change wheel



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ABSTRACT

Background: Being physically active has multiple benefits for cancer patients. Despite this only 23% are active to the national recommendations and 31% are completely inactive.

A cancer diagnosis offers a teachable moment in which patients might be more receptive to lifestyle changes. Nurses are well placed to offer physical activity advice, however, only 9% of UK nurses involved in cancer care talk to all cancer patients about physical activity.

A change in the behaviour of nurses is needed to routinely deliver physical activity advice to cancer patients. As recommended by the Medical Research Council, behavioural change interventions should be evidenced-based and use a relevant and coherent theoretical framework to stand the best chance of success.

Objective: This paper presents a case study on the development of an intervention to improve the frequency of delivery of very brief advice (VBA) on physical activity by nurses to cancer patients, using the Behaviour Change Wheel (BCW).

Method: The eight composite steps outlined by the BCW guided the intervention development process. An iterative approach was taken involving key stakeholders ($n = 45$), with four iterations completed in total. This was not defined *a priori* but emerged during the development process.

Results: A 60 min training intervention, delivered in either a face-to-face or online setting, with follow-up at eight weeks, was designed to improve the capability, opportunity and motivation of nurses to deliver VBA on physical activity to people living with cancer. This intervention incorporates seven behaviour change techniques of goal setting coupled with commitment; instructions on how to perform the behaviour; salience of the consequences of delivering VBA; a demonstration on how to give VBA, all delivered via a credible source with objects added to the environment to support behavioural change.

Conclusion: The BCW is a time consuming process, however, it provides a useful and comprehensive framework for intervention development and greater control over intervention replication and evaluation.

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Introduction

Leading a physically active lifestyle reduces people's risk of developing some cancers.¹ An estimated 3400 people each year in the UK could avoid being diagnosed with cancer by being physically active to recommended levels.²

It is less well known that being physically active has multiple benefits for cancer patients including slowed disease progression, improved survival and reduced recurrence.^{3,4} Physical activity helps cancer patients maintain physical condition,⁵ improve their quality of life⁶ and reduce the consequences of cancer treatments, such as fatigue and psychological distress.⁴ Being physically active reduces the risk, and helps management of comorbidities⁷ of which 47% of cancer patients have at least one.⁷

Performing physical activity is safe both during and after most cancer treatments.⁸ The American College of Sports Medicine (2010)⁸ advise cancer patients to avoid inactivity and return to normal daily activities, as soon as possible after surgery and during cancer treatments.

The standard age appropriate guidelines apply,^{5,8,9} however, only 23% of cancer patients in England are active to recommended levels and 31% are completely inactive.⁶ A dose response relationship has been reported¹⁰ meaning that even small improvements in physical activity can have a positive impact.

A US survey¹¹ suggests that lifestyle advice is of interest to 80% of cancer patients. In the UK, it has been reported that cancer patients and their closest supporters think lifestyle advice would be beneficial and would prefer such advice from a trusted health care professional.^{12,13} It is important that health care staff do not give conflicting messages, as this could hinder successful behavioural change.¹⁴

The teachable moment

A cancer diagnosis may offer a 'teachable moment' in which patients are more receptive to changing lifestyle behaviours.^{15–18} These 'teachable moments' however, will not bring about a change in behaviour on their own; they need to be deliberately created as part of the patient consultation.¹⁹

The 'teachable moment' follows a health event that produces significant health concern.^{16,20} To motivate a change in behaviour, this event must increase perceived vulnerability to a health treat that changing behaviour can address; be associated with positive or negative emotions that increase the meaningfulness of the event and test ones self-concept and social role.¹⁶ A cancer diagnosis and a change in physical activity behaviour could satisfy these criteria.

The National Institute of Health and Care Excellence (NICE) recommends that health, well-being and social care staff should be encouraged to deliver very brief advice (VBA), advice given in less than two minutes, to motivate people to make a lifestyle change.²¹ A simple recommendation to be more physically active from a health care professional to a cancer patient, with onward referral to an appropriately qualified physical activity professional or group, or signposting to user-friendly self-help brochures, has been suggested to support

changes in behaviour.⁵ NICE call for more research in this area.²²

Clinical nurse specialists and practice nurses are well placed to offer physical activity advice to cancer patients during their many interactions throughout treatment and observation.²³ Eighty nine percent of patients have a named clinical nurse specialist in charge of their care²⁴ and practice nurses play a key role during followed-up. Nurses often see the same patients many times and can build a strong relationship, meaning patients may be more receptive to their advice.²⁵

Nurses are more likely to discuss changes in lifestyle behaviour than any other health care professional,²⁶ however, there is a gap in their knowledge^{14,27,28} calling for better education and training.

Awareness of the benefits amongst nurses

Despite the evidence to support the benefits of physical activity for cancer patients, awareness of these benefits amongst nurses is not universal. A survey commissioned by Macmillan Cancer Support (2011)²⁹ shows that 28% of nurses do not think that discussing physical activity is of critical importance; 41.5% of nurses are unaware of the guidelines for physical activity and only 9% talk to all of their cancer patients about the benefits of physical activity.²⁹

To support a change in the physical activity behaviours of cancer patients, nurse practitioners must change their practice to routinely delivery physical activity advice.³⁰

Theory based intervention design

The Medical Research Council recommends that interventions are based on a relevant and coherent theoretical framework.³¹

Incorporating a relevant theory when developing behaviour change interventions makes it more likely that people will change their behaviour, or change their behaviour to a greater extent.³²

The NICE guidance²¹ on individual approaches to behaviour change sets out that behaviour comes about from an interaction between one's 'capability' to perform a behaviour, and the 'opportunity' and 'motivation' to carry out that behaviour. A new behaviour or behavioural change requires a change in one or more of these components. This theory is known as the COM-B model.³³

Glanz (2008)³⁴ suggests that selection of an appropriate theory should be logical, supported by past research and used in similar programmes. The COM-B model offers a logical approach to behaviour change and has been used previously to design interventions to change the practice of health care professionals.^{35,36}

Many frameworks exist upon which behaviour change interventions can be based, however, it is not clear which is the most comprehensive and conceptually coherent.³³ The Behaviour Change Wheel (BCW)³³ aims to overcome this problem and synthesizes 19 behaviour change frameworks with the COM-B model sitting at its centre.

The BCW guide to designing interventions³⁷ provides an evidenced based stepped approach to changing behaviours

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