Physical activity as essential medicine in oncology nursing practice

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Physical activity as essential medicine in oncology nursing practice

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Physical activity is increasingly recognised as a therapeutic intervention rather than simply lifestyle advice in oncology care. Evidence from the 2025 American Society of Clinical Oncology annual meeting demonstrated that structured exercise after cancer treatment reduced mortality risk by 37% and recurrence by 28% (ASCO, 2025). However, translating this evidence into routine nursing practice requires addressing implementation challenges that healthcare professionals encounter in clinical settings and avoiding an exacerbation of health inequalities.

A comprehensive framework exists for integrating physical activity across the cancer continuum, from prevention through to palliative care. For oncology nurses, this aligns with the NHS 10-year plan's emphasis on prevention-focused care and community-based service delivery (DHSC, 2025). Current evidence indicates that one in three men and one in two women fail to meet recommended physical activity levels, with cancer survivors being twice as likely to be physically inactive (OHID, 2022).

Evidence from implementation research

The Advanced Wellbeing Research Centre's Active Together programme provides empirical evidence of physical activity integration in cancer care. This evidence-based prehabilitation and rehabilitation initiative that provides multi-modal support for people with a cancer diagnosis prior to and post treatment, delivered in partnership with Sheffield Teaching Hospitals NHS Foundation Trust and funded by Yorkshire Cancer Research, has been evaluated across multiple outcome measures, including survival rates, healthcare utilisation, and patient-reported outcomes.

Participants in the Active Together programme demonstrated a 95% one-year survival rate compared to 85% for non-participants. The programme generated net savings of £366.36 per patient through reduced hospital stays and critical care utilisation. Among participants, 97% reported improvements in health and wellbeing, with 43% of referrals originating from the most deprived quintile areas, indicating reach across socioeconomic groups (AWRC, 2024).

Healthcare professional feedback indicated that 93% rated the service as well-integrated into existing care pathways (AWRC, 2024). These findings suggest that physical activity interventions can be implemented within current healthcare structures without significant workflow disruption.

Professional development through PACC training

The Physical Activity Clinical Champions (PACC) programme, funded by Sport England and delivered by the AWRC in partnership with the Faculty of Sport and Exercise Medicine and

Intelligent Health, represents a peer-led training initiative designed to build healthcare professional capability in physical activity promotion.

Independent evaluation by the National Centre for Sport and Exercise Medicine and Ipsos assessed outcomes across 15,836 healthcare professionals during Phase 2 implementation of the Moving Healthcare Professionals Programme. As part of this programme, evaluation findings indicate that 94% of PACC participants reported increased confidence in promoting physical activity following training (NCSEM and Ipsos, 2022).

Further analysis revealed that training effectiveness varied based on baseline knowledge, with 79% of participants having limited prior experience demonstrating greatest knowledge gains. This suggests that PACC training effectively targets healthcare professionals who would benefit most from foundational physical activity promotion skills.

Qualitative interviews indicated that participants improved the quality of physical activity conversations with patients. Alongside core PACC training, the framework now includes a number of condition specific and topic related sessions including oncology, mental health and behaviour change. An online forum supports ongoing professional development and implementation of knowledge.

Over 55,000 HCPs have now received PACC training, which is free and delivered through three models: bespoke group sessions, open online sessions with live facilitation, and pre-recorded modules.

Practical guidance for oncology nurses

Evidence from PACC training and Active Together implementation provides specific guidance for integrating physical activity promotion into routine oncology nursing practice.

- **Initiating conversations:** Language choice significantly influences patient receptivity. For example, research indicates that referring to “movement” rather than “exercise” improves patient engagement, particularly among those who may feel intimidated by traditional exercise terminology (AWRC, 2025).

  Brief physical activity conversations can be effectively integrated within existing clinical assessments rather than requiring separate consultations. Evidence indicates that meaningful interactions can occur within 2-3 minute timeframes when properly structured (NCSEM and Ipsos, 2022). This addresses practitioners' concerns about time constraints while ensuring conversations become part of routine care rather than additional tasks.

- **Assessment and goal-setting approaches:** Effective physical activity promotion begins with understanding the patient's needs and priorities, which might include current activity levels and capabilities. Person-centered and strength-based approaches that start with existing capabilities rather than deficits and idealised targets demonstrate better patient acceptance and engagement outcomes (NCSEM and Ipsos, 2022).

  Collaborative goal-setting proves more effective than prescriptive advice. Patients respond positively when physical activity is presented as a core part of their therapeutic pathway rather than general lifestyle advice (NCSEM and Ipsos, 2022). This reframing

helps patients understand the clinical rationale for increased movement and positions nurses as healthcare providers delivering evidence-based interventions.

- **Addressing common concerns:** Patients often express concerns about physical activity during cancer treatment. Evidence suggests that even small increases in daily activity can provide measurable benefits (SHU, 2016). This message particularly resonates with patients who feel overwhelmed by traditional exercise recommendations.

  For patients with treatment-related side effects or comorbidities, emphasising that movement can be adapted to individual circumstances helps address safety concerns while maintaining therapeutic focus (NCSEM and Ipsos, 2022). The PACC framework provides evidence-based guidance for common clinical scenarios, with ongoing development of advanced content including motivational interviewing techniques and signposting to additional resources such as Moving Medicine.

- **Building implementation support:** Successful implementation benefits from understanding local physical activity resources for patient referral. The NHS 10-year plan's neighbourhood health service model provides opportunities for nurses to connect patients with local resources, including leisure centres and social prescribing schemes. Developing community partnerships and mapping local service provision enables specific, actionable guidance rather than general recommendations.

  While 70% of PACC participants reported that physical activity promotion was standard in their personal practice, broader organisational integration remains an opportunity (NCSEM and Ipsos, 2022). This indicates potential for cultural change that extends beyond individual practitioners to team-wide adoption.

Clinical applications across the cancer continuum

Evidence supports physical activity intervention at multiple points in the cancer pathway:

- **Prehabilitation:** Active Together data demonstrates that structured physical activity preparation improves treatment tolerance and access to surgical interventions that might otherwise be contraindicated (AWRC, 2024). This represents a high-impact intervention point for nursing practice.

- **During treatment:** Physical activity support focuses on maintaining functional capacity and managing treatment-related side effects. This aligns with existing nursing competencies in symptom management while providing an evidence-based intervention that enables patient self-management.

- **Living with and beyond cancer:** Physical activity interventions address long-term and late effects of cancer treatment while potentially reducing chronic disease risk and cancer recurrence. This positions nurses as key contributors to survivorship care delivery.

Integration with educational frameworks

Sheffield Hallam University and partners are exploring the potential of a PACC pre-registration pilot for the 2025/26 academic year, integrating physical activity promotion training into the healthcare curriculum with alignment to related professional body standards.

The programme operates within the broader Moving Healthcare Professionals Programme (MHPP), which encompasses undergraduate curriculum development, postgraduate education through Moving Medicine resources, and continuing professional development via PACC training and e-learning modules. Integration opportunities exist to enhance cross-utilisation between MHPP components, with scope for strengthening connections between PACC training and other programme resources.

Conclusion

Physical activity represents an evidence-based intervention with demonstrated benefits across the cancer care continuum. The PACC training programme provides structured professional development, with particular effectiveness among healthcare professionals new to physical activity promotion. For oncology nurses, the integration of physical activity promotion represents both an immediate practice opportunity and a professional development pathway.

The availability of flexible training delivery, combined with evidence of successful implementation within existing care pathways, suggests that adoption can occur without significant workflow disruption. The convergence of clinical evidence, accessible training infrastructure, and supportive policy frameworks through the NHS 10-year plan creates an optimal environment for implementation.

Nurses are uniquely positioned to lead this integration, building on established competencies in person-centred holistic care and health promotion. Practical next steps include accessing PACC training through available delivery modalities, beginning brief physical activity conversations within current practice, and developing local community partnerships to support patient referral pathways. As the evidence base continues to strengthen, early adopters will shape the integration of physical activity medicine into standard oncology nursing practice.

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Professor Rob Copeland is Director of the Advanced Wellbeing Research Centre at Sheffield Hallam University, Principal Investigator of the £1.9m Active Together cancer prehabilitation programme, Chair of Macmillan Cancer Support's guidelines development for behaviour change and technological interventions in cancer prehabilitation, and Board member of the South Yorkshire & Bassetlaw Cancer Alliance Research and Innovation Board. The Centre's recent policy paper 'Delivering the Prevention Legacy for the NHS: Innovations that Help People Move' provides detailed evidence for implementing these approaches in healthcare settings.