

Walking and Talking Our Way to Healthier Living

It's not easy getting up 30 minutes earlier to exercise first thing in the morning, but if I don't do it then, I usually won't get to it. Like most new habits, it took me awhile to get into the routine of walking, but now I do it almost daily and feel good about it for the rest of the day. More and more research is pointing to the long-term benefits of physical activity on well-being. Walking is one of the easiest ways to exercise. It increases your energy, improves your mood, and is free. So why is it so hard to do on a regular basis? And why don't more people do it?

Being physically active is good for our patients, too. Regular exercise can decrease fatigue and improve physical functioning and overall quality of life in patients with cancer. The American College of Sports Medicine (ACSM) convened a panel of expert researchers, including Oncology Nursing Society member and co-chair Anna Schwartz, PhD, RN, FAAN, to develop guidelines for physical activity during and after cancer treatment (Schmitz et al., 2010). Strong evidence indicates that exercise is safe and effective in patients with breast, prostate, colon, hematologic (including hematopoietic stem cell transplantation), and gynecologic malignancies. How many of us recommend a plan for physical activity to our patients? When I see breast cancer survivors in clinic, I routinely ask about their activities and give prescriptions for walking. If they are inactive, I recommend they walk for 15 minutes at a time until they are walking at least 30 minutes per day at least five days a week.

It's often not enough to recommend a behavioral change. Recently, the ACSM (2009) developed an ACSM/American Cancer Society certification for cancer exercise trainers. These individuals are knowledgeable fitness professionals who understand cancer and its impact on

physical activity and can prescribe exercise during and after cancer treatment. LIVESTRONG®, a partnership between the YMCA and the Lance Armstrong Foundation, offers cancer fitness programs across the United States. More than 30 programs are currently available, but the goal is to develop the program in at least 150 YMCAs. Helping patients get the guidance and support they need to increase physical activity on a regular basis may be one of the best things we can do for them.

On a related front, a recent meta-analysis indicated survival benefits for individuals with stronger social relationships (Holt-Lunstad, Smith, & Layton, 2010). Social relationships were defined as structural (i.e., living alone or with others), functional (i.e., perceived and received social support or lack of it with feelings of loneliness or isolation), or combined (both structural and functional). According to the study, "Individuals with adequate relationships had a 50% greater likelihood of survival than those with poor or insufficient social relationships" (p. 14). This benefit was found across a number of factors, including age, gender, and health status. The benefit of social support was equivalent to quitting smoking and exceeded other known contributors to mortality. The authors challenged us to include social support in our assessments of health behaviors to identify those at greater risk for complications. Maybe that is one of the benefits of the many support groups for cancer and the social support to those who are diagnosed with cancer. How do we assess our patients' social supports? And how do we encourage them to get the support they need?

While being physically active and giving and receiving social support are important for our patients, they are also

good for us. We all are aware of the statistics about the aging nursing workforce. We need to think about how we can take care of ourselves and each other. And I think that is why I most enjoy my weekly Saturday morning hour with my friends as we walk and talk our way to healthier lives. What do you do?

The author gratefully acknowledges Ann Reiner, RN, MN, OCN®, and Anna Schwartz, PhD, RN, FAAN, for their thoughtful comments.

The author takes full responsibility for the content of this article. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff.

Author Contact: Deborah K. Mayer, PhD, RN, AOCN®, FAAN, can be reached at CJONEditor@ons.org.

References

- American College of Sports Medicine. (2009). Specialty training available for working with cancer survivors: New ACSM certification focuses on exercising safely during and after the disease. Retrieved from http://www.acsm.org/AM/Template.cfm?Section=ACSM_News_Releases&CONTENTID=12020&TEMPLATE=/CM/ContentDisplay.cfm
- Holt-Lunstad, J., Smith, T., & Layton, J. (2010). Social relationships and mortality risk: A meta-analytic review. *PLoS Medicine*, 7(7), e1000316.
- Schmitz, K., Courneya, K., Matthews, C., Demark-Wahnefried, W., Galvão, D., Pinto, B., . . . Schwartz, A. (2010). American College of Sports Medicine roundtable on exercise guidelines for cancer survivors. *Medicine and Science in Sports and Exercise*, 42, 1409-1426. doi: 10.1249/MSS.0b013e3181e0c112

Digital Object Identifier: 10.1188/10.CJON.533