
Study of the links between negative emotions and engagement in physical activity after colorectal cancer, using a qualitative approach and the COM-B model

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Résumé

Introduction: The diagnosis of colorectal cancer very quickly confronts patients with intense emotions. When treatment is stopped, these emotions do not always disappear as quickly as desired, and can sometimes even increase. Physical activity (PA) can help improve overall well-being (Lawrence, Stone, Rainham, & Keats, 2017). Yet PA levels in the post-CCR period are low, with inactivity rates approaching 68% (Lynch, Cerin, Owen, Hawkes, & Aitken, 2008). There are a number of behavior-change techniques that can encourage the practice of PA based on explicit theoretical models. Among them is the COM-B model (COM for Ability, Opportunity and Motivation, and B for Behavior) developed by Michie (Michie, van Stralen, & West, 2011). This model states that a change in behavior presupposes feeling psychologically and physically capable of doing it (Ability), having the social and physical possibility of adopting that behavior (Opportunity) and wanting or needing to adopt that behavior more than other competing behaviors (Motivation). This model is increasingly recommended to support projects aimed at changing individual health behaviors. Using interviews with people in the post-CCR period, the aim of this study is to examine the nature of individual determinants of PA in the post-CCR period, in order to propose a brief intervention device to promote PA throughout the CRC care pathway. A l'aide d'entretiens réalisés auprès de personnes en période post-CCR, le but de cette étude vise à examiner la nature des déterminants individuels de l'AP dans la période de l'après-CCR, afin de proposer un dispositif d'intervention brève pour promouvoir l'AP tout au long du parcours de soins du CCR.

Method: Semi-structured interviews conducted with 11 people in the post-CCR period revealed very different experiences of the disease and its treatments, as well as very varied practices in terms of PA throughout the care pathway. These interviews were subjected to a reflexive thematic analysis (Braun & Clarke, 2006), as well as an analysis based on the COM-B model (Michie et al., 2011). These analyses enabled naturally identified themes to be updated and then attributed to pre-selected COM-B theoretical domains, so that personal determinants to PA in the CRC care pathway could be identified. Using interviews with post-CRC individuals, the aim of this study is to examine the nature of individual determinants

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to PA in the post-CRC period, in order to propose a brief intervention device to promote PA throughout the CRC care pathway.

Results: The obstacles to physical activity in the post-CCR period reported by patients in this study are similar to those encountered in the general population. They include lack of confidence in one's physical abilities, lack of time, cost and/or lack of infrastructure, and lack of motivation On the other hand, levers to encourage regular exercise after cancer are less frequently mentioned. When they are, they refer to social opportunity, considered to be one of the determining factors in the practice of physical activity in the post-cancer period.

Discussion: This study has led to a proposal for a brief intervention program delivered by a PA professional at the end of acute treatment, to optimize adherence to PA in the post-CCR period, irrespective of users' initial abilities. An evaluation of this system and its various components should constitute the next stage of this work.

References

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