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“THIS IS MY LITTLE WORLD...”: NAVIGATING THE GROUP EXERCISE EXPERIENCE
OF STAY-FIT MEMBERS

by

Olivia Jones

B.H.K., University of Windsor, 2017

THESIS

Submitted to the Department of Kinesiology and Physical Education

in partial fulfillment of the requirements for

Master of Kinesiology

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Abstract

Objective

Cancer is the leading cause of death in Canada, with one in two Canadians expected to develop cancer over their lifetime (Canadian Cancer Society, 2019). Exercise is reportedly a safe therapy to help ease the common side effects of cancer and its treatments (Schmitz et al., 2010). Past research has shown the benefits of group exercise while in treatment for cancer, but there is a dearth of research regarding the impact of long-term group exercise programming for cancer survivors. This phenomenological study explored the lived experiences of group exercise participation for individuals who previously had cancer and were enrolled in the University of Waterloo (UW) STAY-FIT program.

Methods

13 females and 3 males were recruited from the UW STAY-FIT program. Members completed an initial interview, followed by a final interview approximately four weeks later. They also completed a brief, online weekly journal entry once per week for four weeks, following their initial interview. Data was supplemented using a number of different sources, including: basic demographics, observation of the setting, field notes, transcript verification, and member checks.

Findings

This study demonstrates the complexity of the lived experiences of group exercise participation among cancer survivors. Themes were divided into four key domains (i.e., social, mental, physical, and contextual) that were described as being both complimentary and interdependent. The contextual domain represented members' experiences of the energy in the atmosphere and continued staff support. The social domain encompassed perceptions related to accountability, connectedness, normalcy and understanding. The mental and physical domains blended together to include perceived value of exercise, physical improvement, and ability to

reclaim oneself following treatment for cancer. These findings reveal how valuable long-term membership of a group exercise program is on the social, mental and physical well-being of cancer survivors.

Conclusion

Overall, this study demonstrates that a group exercise program for cancer survivors provides many physical benefits, while also heavily impacting social and mental well-being in the long-term. The detailed stories shared by STAY-FIT members contribute towards our current understanding surrounding the significance and meaning of exercising in a program with other individuals who are living through the experience of cancer.

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Table of Contents

Chapter 1: Introduction	7
Chapter 2: Literature Review	9
Cancer Diagnosis & Prognosis	9
Physical Activity & Exercise Definitions	10
Exercise Guidelines for Individuals with Cancer	10
Cancer & Exercise Adherence	11
Cancer Treatment as Barrier to Exercise Participation	13
The Role of Exercise	14
Group Exercise Programming	16
Chapter 3: Methodology	20
Study Purpose & Research Questions	20
Research Design	21
Data Generation	31
Procedure	42
Data Analysis	46
Trustworthiness/Credibility	50
Chapter 4: Findings	53
WELL-FIT Experience Model	53
Contextual Domain	56
Energy in the Atmosphere	56
Continued Staff Support	63
Social Domain	73
Accountability	73
Connectedness	83
Normalcy & Understanding	92
Mental & Physical Domain	99
Value of Exercise	100
Physical Improvements	106
Reclaiming Oneself	113
Chapter 5: Discussion/Implications/Recommendations	120
Novel Findings	126
Limitations & Future Research	134
Implications	140
Concluding Thoughts	142
Appendix A	144
Appendix B	145
Appendix C	150
Appendix D	155
Appendix E	159
Appendix F	162
Appendix G	163

Appendix H	164
Appendix I	165
Appendix J	166
References	167

Chapter 1: Introduction

Cancer is the second leading cause of death worldwide, with 1 in 6 global deaths due to cancer (World Health Organization, 2018). Cancer is the leading cause of death in Canada and is also the leading cause of pre-mature mortality in Canada (Canadian Cancer Society, 2019). One in two Canadians will develop cancer over their lifetime with incidence rates increasing with age (Canadian Cancer Society, 2019). Although cancer survival rates have increased since the early 1990's, it still affects Canadians young and old across the country especially with the growing and aging population (Canadian Cancer Society, 2019).

Exploring the role of exercise during treatment for cancer is slowly gaining ground in the literature, with the acknowledgement of its preeminent role in enhancing quality of life, reducing risk of recurrence, and prolonging survival rates (Courneya, 2003). Physical activity has the potential to be an integral piece of the puzzle towards recovery and restoration from the physical, mental, and social effects of cancer treatment on health (Backman, Browall, Sundberg, & Wengstrom, 2016). It is important for research to focus on understanding the psychological and social aspects of long-term group exercise among cancer survivors in addition to the frequently reported effects of exercising while in treatment for cancer.

There is an existing knowledge gap in exploring the lived experiences of cancer survivors and long-term participation in exercise. This study uses a qualitative inquiry to extend knowledge beyond the existing quantitative values already understood, and can work to identify an in-depth understanding of the perceptions surrounding specific psychosocial aspects of the group exercise environment as told by participants themselves. Qualitative research is exploratory in nature, and thus the reason why it can be used to provide further insight into the many facets of the group exercise experience for individuals during treatment and post-

treatment. By choosing a qualitative inquiry this population can be explored through presenting a detailed view on the topic (Creswell, 2015, p. 17) through exploring how the University of Waterloo STAY-FIT long-term group exercise program may play a role in perceptions of exercise adherence, sense of well-being, barriers and facilitators to exercise, perception of social support, and promotion of physical activity outside of the program.

Chapter 2: Literature Review

Cancer Diagnosis & Prognosis

Cancer is caused from the production of abnormal cells, the survival of damaged or old cells and new cells forming when not needed (National Cancer Institute, 2018). These cells form solid malignant tumours which are masses of tissue that can form anywhere in the human body and could invade nearby tissues or travel through the blood or lymph system to form new tumours throughout the body (National Cancer Institute, 2018). According to the Canadian Cancer Society (2019) a diagnosis for cancer begins when a symptom of cancer or something that may suggest you have cancer is detected during a routine check-up or screening test, suggesting an abnormality exists. Following this detection, the individual is referred to a specialist who records information on health history, family history, and who completes a physical examination and may order diagnostic tests. Tests include lab tests, imaging tests, or a biopsy, and are used to confirm or rule out the cancer diagnosis, determine grade and stage of cancer, and then continue to monitor the response to cancer specific treatment (Canadian Cancer Society, 2019).

Treatment for cancer can be highly invasive, being both physically and mentally strenuous; therefore, it is important for the healthcare team to prescribe the most effective treatment plan possible for these men and women, navigating the delicate balance between minimizing the numerous negative effects while maximizing the potential survival rate for the disease. It is essential that the team of healthcare professionals responsible for treating individuals with cancer consider a number of variables, prior to deciding upon the most effective treatment protocol for these individuals. Such variables may include: type of cancer, the stage of the disease, personal preferences, age, and overall health (Canadian Cancer Society, 2019).

Physical Activity & Exercise Definitions

Throughout the literature relevant to cancer and exercise, the terms “physical activity” and “exercise” are used interchangeably. Canadian Society for Exercise Physiology [CSEP] (2017) defines physical activity as, “any bodily movement produced by skeletal muscles that results in energy expenditure, and increases heart rate and breathing” (CSEP Canadian 24-Hour Movement Guideline: A Glossary of Terms, 2017, p.14). They further define exercise as, “physical activity that is planned, structured, repetitive and purposive in the sense that improvement or maintenance of one or more components of physical fitness is the objective” (CSEP Canadian 24-Hour Movement Guideline: A Glossary of Terms, 2017, p. 7) CSEP (2017) acknowledges fitness classes, and exercising in a gym under supervision as forms of structured physical activities; therefore, for the purposes of this study the terms ‘physical activity’ and ‘exercise’ will be used interchangeably.

Exercise Guidelines for Individuals with Cancer

In 2011 CSEP developed the new Canadian Physical Activity Guidelines (Tremblay et al., 2011). The guidelines state that adults ages 18-64 and ages 65+ are to participate in at least 150 minutes of moderate to vigorous aerobic physical activity per week, at bouts of at least 10 minutes or more. In addition to these aerobic guidelines, it has been suggested that adults engage in strengthening and stretching exercises on at least two days per week (CSEP Canadian Physical Activity Guidelines for Adults, 2018, p.1; Tremblay et al., 2011). However, it is important to note that CSEP does not have guidelines specific to individuals with chronic illness, let alone cancer specifically.

The American College of Sports Medicine had a roundtable discussion (Schmitz et al. 2010) to evaluate the physical activity guidelines with specific alterations needed for cancer

survivors. These guidelines report the benefits that 150 minutes or moderate intensity exercise per week can have on health-related and cancer-related side effects. Further within the guidelines it mentions that health care professionals should perform pre-exercise testing and medical assessment protocols in order to evaluate each individual patient before engaging in an exercise regimen (Schmitz et al., 2010). However, the lack of specific CSEP guidelines for those in treatment for cancer, and cancer survivors may be a barrier to participation in exercise or physical activity for this population. Without an assessment completed by a healthcare professional these individuals may not know what length or intensity of exercise would be appropriate for their condition, therefore emphasizing the relevance of having supervised exercise programs available for individuals who had cancer to safely engage in exercise.

Cancer & Exercise Adherence

Physical activity has been suggested as a feasible and safe therapy to help ease the common side effects of cancer and its treatments (Schmitz et al., 2010). It has been found that women with breast cancer may experience physiological, psychological and social benefits to participation in exercise (Bulmer, Howell, Ackerman, & Fedric, 2012), and ideally individuals with all types of cancer should experience these same types of physiological, psychological, and social benefits to exercise participation. Research has shown that physical activity may protect against a number of types of cancers and may reduce the risk of recurrence after a cancer diagnosis has been made (Barbaric, Brooks, Moore, & Cheifetz, 2012; Davies, Batehup, & Thomas, 2011). Although research has shown the physiological, psychological, and social benefits to exercise participation there are still a high number of individuals who are not participating in exercise during cancer treatment or maintaining exercise after treatment. My study worked toward understanding how a long-term group exercise program was perceived as

influencing exercise adherence and facilitating exercise participation in the long-term.

According to Schmidt, Wiskemann, Ulrich, Schneeweiss, and Steindorf (2017) exercise participation during treatment decreases significantly when compared to pre-diagnosis rates among breast cancer survivors, with approximately 50% stopping all pre-diagnosis exercise altogether. The same study reports that approximately one-third of the women with breast cancer did not participate at all in physical activity during the year following their adjuvant therapy (Schmidt et al., 2017). This mirrors similar findings stating 42% of women receiving chemotherapy did not meet the exercise guidelines six months following their participation in a randomized exercise trial (Courneya et al., 2009). While much of this literature focused on women with breast cancer, we can infer from these findings that exercise adherence following a cancer diagnosis decreases and stays significantly low following cancer treatment.

Past studies that found approximately 50% of women with breast cancer are considered to be inadequately active, and do not meet the current physical activity guidelines for adult cancer survivors (Harrison, Hayes, & Newman, 2009; Littman, Tang, & Rossing, 2010). According to Mustian and colleagues (2006), just over half of individuals with cancer engaged in exercise during chemotherapy and/or radiation treatment. Findings of previous literature denote the need to further understand the barriers and facilitators to continuing exercise adherence during cancer treatment and exercise maintenance post-treatment. Although everyone benefits from participation in physical activity it is particularly important for individuals with cancer to engage in exercise, in order to reduce their risk of developing future comorbidities that may accompany this illness (Alfano et al., 2009; Clifford et al., 2018).

It has been suggested that motivation to exercise may be affected by previous exercise history prior to cancer diagnosis. Therefore, it was important to further initiate questioning on

perceptions toward motivation to adhere to an exercise regime, and how these perceptions may change over the course of time. Kampshoff and colleagues (2015) found that individuals with a previous history of exercise participation were positively associated with exercise adherence during and after treatment for cancer. Previous exercise history and post-treatment exercise participation is a relationship that needs to continue to be explored. A study by Voegelé and colleagues (2015) attempted to address an in-depth understanding of the motivations, and barriers to exercise for breast cancer survivors using a questionnaire that assessed physical activity and related psychological and behavioral variables. However, as mentioned by the authors, the lack of prospective design of this study does not allow for a full exploration of the changes in motivation that may occur throughout the initiation and maintenance of exercise. The use of the STAY-FIT population for this study helped to retrospectively explore exercise initiation while in treatment for cancer during the 12-week START-FIT program while simultaneously exploring post-treatment exercise maintenance and adherence into the STAY-FIT long-term group exercise program.

Cancer Treatment as Barrier To Exercise Participation

Cancer survivors likely experience the same barriers to exercise participation as the general population, in addition to a number of cancer-specific barriers that may affect their physical and psychological health overall. The unfortunate reality is that the negative side effects to cancer treatment may significantly impair the decision of these individuals to exercise indefinitely (Browall, Mijwel, Rundqvist, & Wengstrom, 2018). Researchers have long reported that the adverse effects of cancer treatment can act as limiting factors for exercise participation among individuals with cancer. Participation in exercise likely results in similar benefits for both individuals with and without cancer, however individuals with cancer need to

be aware of the comorbidities associated with the illness before participating in an exercise program (van der Leeden et al., 2018).

Side effects of treatment reported by breast cancer survivors have been described as potential deterrents for future participation in exercise and may also mediate one's decision whether or not to exercise in the first place (Sander et al., 2012). In some instances, these effects can be immediate and have the potential to remain persistent long after cancer treatment has been completed (Schmitz et al., 2010). Clifford and colleagues (2018) state that the most commonly reported barriers to exercise following cancer treatment include treatment side effects, fatigue, and a lack of time. Thus, the group exercise environment at a facility has the potential to be an ideal exercise environment in which individuals who had cancer can participate in exercise with qualified health-care professionals providing close supervision, yet little has been reported about this potential in the literature. This study acted as a way to further explore the perceived experiences of barriers to exercise and revealed valuable information of how a staff supported group exercise program facilitates long-term participation following cancer treatment.

The Role of Exercise

As previously stated, resistance training during adjuvant therapy has been reported to lead to an increase in lower-limb muscular strength, an increase in lean body mass, and a decrease in overall body fat, regardless of the specific kind of treatment the individual with cancer is receiving (Padhila et al., 2017). According to Courneya and colleagues (2003), exercise has the potential to further improve multiple levels of physical functioning including fatigue, flexibility, exercise capacity, physical well-being, body weight and composition, while reducing nausea during breast cancer treatment.

The psychosocial component of exercise among cancer survivors, however, has been underemphasized in the literature to date, as physiological improvements have been the main focus, largely being explored from a quantitative perspective. Despite this, we do know that some individuals with cancer describe themselves as being motivated to participate in an exercise program, as a result of the solidarity they feel towards other participating members, in addition to their personal desire to do something positive for themselves (Emslie et al., 2007). They also view exercise as a tool to look forward, to feel empowered, and experience the joys of having a “functioning body” again (Backman et al., 2016). My study further expanded upon these ideas and provided a voice to individuals who experienced cancer and who are enrolled in a group exercise program, in the hopes of uncovering their psychological and social experiences along their cancer journey.

Research has shown that exercise may enhance self-esteem, improve cognition, increase well-being and improve overall quality of life for individuals with cancer (Furmaniak et al., 2016; Hennessy, Stevinson, & Fox, 2005; McNeeley et al., 2006; Mutrie et al., 2007). As such, promotion of exercise could be a potential way to combat the negative psychological states experienced along the cancer journey. Using a qualitative inquiry my study helped to further uncover the essence of the experience and deepen our understanding of cancer and exercise as it relates to psychological well-being. This study works to define what an increased quality of life means for these STAY-FIT members and looked at how they perceived the long-term group exercise experience as impacting their overall well-being.

Within the literature, self-regulation of exercise participation appears to be a barrier to daily exercise participation among cancer survivors. Cancer survivors have described the need to be held accountable or externally motivated in order to engage in the health promoting behavior

(Hardcastle, Glassey, Salfinger, Tan, & Cohen, 2017). Part of the problem is that these cancer survivors do not schedule time to be active, and rather only engage if/when it is convenient (Tsai, Robertson, Lyons, Swartz, & Basen-Engquist, 2018). The initiation of an exercise program catered toward this population has the potential to circumvent these barriers to self-regulation, by creating good habits in a safe and supportive (but also, monitored) environment. The findings of this study hope to initiate future development of programs specific to this population to be able to focus on how group exercise programs can be designed to not only improve cancer survivors physically, but also influence the psychosocial well-being.

Group Exercise Programming

Group exercise can act as a catalyst to encouraging exercise participation or returning to exercise (Emslie et al., 2007). Individuals with cancer describe group exercise interventions as a way of bonding with others, sharing similar experiences, and coping with individuals who are going through the same cancer experience (Martin et al., 2015). Previous literature has defined social support as “one’s perception of informational, emotional, instrumental support he/she receives from existing support network members, such as family and friends” (Brunet, Love, Ramphal, & Sabiston, 2014, p. 689). Additionally, social support is described as a potential motivator to exercise (Huesbo et al., 2014), highlighting its potential relevance to serve as a facilitator while navigating the cancer journey. Having more people in a social support network is related to less mood disturbance for those who experience greater life stress (Koopman, Hermanson, Diamond, Angell, & Spiegel, 1998), thereby highlighting the importance of having adequate social support while going through the cancer experience. Qualitative inquiry has the means to explore these perceptions of social support and the experience of the social environment in depth, potentially elucidating how these psychosocial components play a role in

the group exercise experience for individuals who had been diagnosed with cancer. My study explored how social support played a role in adjusting to the cancer experience and how this perceived influence of support and camaraderie played a role in the long-term group exercise program. There are existing gaps in the literature for understanding how the social component of group exercise may change over the course of time while also comparing exercise experiences during treatment and into post-treatment.

In recent years, different group based exercise programs have been available to cancer survivors but are limited to a fixed number of weeks. Classes ending too soon and a feeling of abandonment following weeks of support have also been previously identified as barriers to exercise for women with breast cancer who participated in a 12-week intervention (Emslie et al., 2007). My study adds to the current literature by exploring a population who participated in a 12-week group exercise program during treatment, and then had the opportunity to transition into a long-term exercise program into survivorship. By exploring their retrospective accounts, I gained information on perceptions related to exercise adherence and maintenance specific to the cancer population. A study by Cheifetz, Dorsay, & McDermid (2015) suggested that participation in a 12-week supervised group exercise program (CanWell) led to improved exercise adherence particularly when offered at a community-based exercise facility. This program was facilitated at a YMCA, which offered members the option to continue to exercise at the facility after completion of the program. Participants believed they gained the skills & knowledge to continue to participate which led to 77% of study participants renewing their YMCA memberships (Cheifetz, Dorsay, & McDermid, 2015). This study provides evidence that having the option to continue exercise following a short-term intervention may positively influence long-term

exercise participation. My study further explored this relationship by uncovering the perceived value of transitioning between group exercise programs.

Previous studies provide evidence that exercise programs offered at program centers affect physical, social, and cognitive functioning. The LIVESTRONG at YMCA (United States) exercise program is a 12-week, small group-based exercise program for cancer survivors to attend twice a week, and is led by two YMCA fitness instructors (Irwin et al., 2016). Although this study did not look at adherence following completion of the program, it was found to be effective in improving physical activity, quality of life, and cancer-related fatigue in cancer survivors over the 12 weeks of the program (Irwin et al., 2016).

Participating in exercise in a supervised environment provides motivation for complete execution of an exercise regimen, but also provides the opportunity for an educational component to learn about options and safety from qualified exercise professionals about exercising for people with cancer (Segal et al., 2017). According to Browall and colleagues (2018), women with breast cancer state that the lack of information received from health care professionals regarding exercise (prior to and after breast cancer treatment), is a barrier to exercise participation. The Ottawa Regional Cancer Foundation offers an instructor-led, eight-week group exercise program to breast cancer survivors. Enthusiasm and approachability of instructors were found to play an essential role in fostering motivation and adherence to group-based exercise programs (Brunet & St-Aubin, 2016). Additionally, these women liked the opportunity to gain skills and to gain knowledge about exercise and its benefits (Brunet & St-Aubin, 2016). Both men & women in treatment for cancer have expressed their desire to receive professional support during exercise, which may increase their motivation and make physical activity feel safer during treatment (Henriksson et al., 2016) however, this relationship has yet to

be fully established. These findings further emphasize the importance of qualified facilities hosting an exercise group specifically catering to individuals undergoing active treatment for cancer, and after completion of cancer treatment. Thus, the group exercise environment has the potential to circumvent some of the reported barriers of these individuals, when conducted with qualified health-care professionals, who can supervise, support, and encourage them to exercise and to use proper form and execution. Despite the demonstrated potential for gain, few studies have actually addressed whether or not this is actually the case among group exercise programs for individuals with cancer, let alone asking these individuals themselves how they perceive these programs.

My study explored this phenomenon of the lived experiences of group exercise participation among individuals who had cancer and enrolled in the University of Waterloo STAY-FIT program, with the purposes of uncovering the essence of what this long-term group exercise experience *means* for these STAY-FIT members. I proposed this study with the hope of extending the existing cancer and exercise literature, and adding the element of change over time throughout this journey. Gaining the perspectives of these individuals, in terms of their perceived well-being, barriers and facilitators, adherence and motivation to exercise, and the influence of social support experienced over time, can all be valuable pieces of the puzzle when trying to understand the cancer experience in relationship to long-term group exercise.

Chapter 3: Methodology

Study Purpose & Research Questions

The purpose of this phenomenological study was to explore the lived experiences of group exercise participation for individuals who had previously had cancer and who were enrolled in the University of Waterloo STAY-FIT program. This study aimed to understand the value of participating in long-term group exercise programming with length of membership in the program being greater than one year. The experience of group exercise participation was generally defined as including their perceived well-being while participating, influence of the program on social support, overall adherence to the exercise program, any barriers and facilitators encountered, and perceived impacts on physical activity participation outside of the program. This study explored members' perceptions of this group exercise experience across two different time points: 1) retrospective accounts of their original inception and participation in the 12-week START-FIT program (the precursor to STAY-FIT); as well as 2) during a four-week period of data generation, with an interview at week 1 and a second interview at weeks 4 or 5.

The following research questions were explored with the STAY-FIT members: (1) What has been their perceived sense of well-being throughout the program and beyond?; (2) What have been the perceived facilitators for continued participation in the group exercise program over time?; (3) What have been the perceived barriers for continued participation in the group exercise program over time?; (4) What has been the perceived influence of social support and camaraderie in the group exercise environment?; (5) What has been the perceived influence of the program on exercise adherence over time?; and lastly, (6) What has been the perceived influence of this program on promoting physical activity participation outside of the program and beyond?

These research questions were explored using a variety of different qualitative tools, including semi-structured interviews conducted at two different time points, four weekly journal entries (completed over four consecutive weeks in the program), a review of medical records, transcript verifications and member checks of preliminary themes.

Research Design

The current body of literature exploring cancer survivors' experiences in a long-term group exercise setting have traditionally failed to appropriately acknowledge the potential significance of the many psychosocial facets of this experience. Instead, far more emphasis has been placed on the potential physical changes that may be experienced by participants over time. Extending beyond these past research findings through the use of a qualitative methodology has allowed me to make a valuable contribution to this body of literature. This particular contribution acknowledges the perceived significance of these psychosocial facets associated with the cancer and group exercise experience, ultimately enabling a better understanding of this experience as described by the individuals themselves. A qualitative methodology has additionally helped me to elucidate the meaning of this group exercise experience for these individuals, by uncovering its essence as described by these participants.

Using a phenomenological framework (van Manen, 1990), this study endeavored to explore any facilitators and barriers these individuals experienced in relation to exercise, and also attempted to understand and elucidate how a group environment in particular, was perceived as influencing their continued adherence, long-term participation, feelings of social support, and overall well-being. van Manen (1990) describes the purpose of phenomenology as “transform[ing] lived experience into a textual expression of its essence—in such a way that the effect of the text is at once a reflexive re-living and a reflective appropriation of something

meaningful” (van Manen, 1990, p. 36). I chose a phenomenological line of inquiry as the best design approach for this project, in order to navigate the lived experiences of these cancer survivors as they progressed through both the START-FIT and STAY-FIT exercise programs.

Role of the researcher. As the main research instrument involved in data collection, it was essential for me to collect unbiased data that accurately described the lived experiences of cancer survivors. Of equal importance was my ability to meticulously analyse this information in such a way that honoured each individual’s voice and their shared perceptions, ultimately weaving these accounts together to uncover any commonalities and/or differences that defined the essence of this particular journey for them as individuals and as a group.

According to Moustakas (1994), it is essential that qualitative researchers engage in the process of *époche* in order to set-aside, understand, and reflect on their personal perceptions in relation to their topic. I engaged in this reflective process at the beginning of my study (immediately following thesis proposal and prior to data collection), by way of a recorded monologue, articulating my personal opinions, knowledge, and beliefs surrounding the research area. I digitally recorded this monologue and found this exercise to be integral in the process of uncovering my own personal biases in relation to the topic, prior to getting started. This essential step in the research process helped me to acknowledge my current point of view as the researcher, as well as provided me with critical information to inform my interpretive stance. I was then able to later reflect upon these findings during the process of data analysis, allowing a comparison between what I felt I knew about this topic at the study’s inception, in comparison to what I actually found through the entire research process.

My personal connection to and understanding of this topic stems from having watched two of my loved ones navigate this experience following diagnosis, and bearing witness to their

physical and emotional fight to survive. In particular, my maternal aunt through marriage was diagnosed with breast cancer in 2014, and shortly thereafter received treatment. She is now a breast cancer survivor of seven years. I also bore witness to my maternal grandfather's struggle with prostate cancer, until his death to bone cancer nine years later. I have been an active volunteer for three years through my past participation in the Canadian Cancer Society's, *Relay For Life*, which raises money for cancer research and supports advocacy efforts and promotes awareness. My personal connection to this particular population was what inspired me to conduct this research, not only in an effort to add to the current body of literature, but to also give voice to those who have been living with this illness and who may not have previously felt heard.

I met with staff and faculty at the START-FIT/STAY-FIT program prior to data generation, and was provided with a tour and an in-depth overview of both group exercise programs. Prior to starting, I felt I had a clear understanding of the routine that these individuals followed during their twice weekly, one-hour group exercise times at the facility.

In addition to my personal connection to cancer and my introduction to this program in particular, I also conducted a comprehensive review of the literature regarding the central phenomenon of cancer and exercise, specifically in group exercise environments. I felt that these three components provided me with sufficient grounding in the topic to be able to speak from a place of knowledge, passion, and commitment with respect to the perceptions and lived experiences of these participants.

Recruitment strategy. Upon receiving ethics approval from both collaborating academic institutions (Wilfrid Laurier University and the University of Waterloo), recruitment took place through the STAY-FIT program. STAY-FIT is a program that is operated under the auspices of the Centre for Community, Clinical and Applied Research Excellence (CCCARE) at

the University of Waterloo (UW). Primary recruitment took place during a ‘Meet the Researcher’ event at the Toby Jenkins Centre, in a conference room just outside the exercise facility where STAY-FIT members attend their sessions. This recurring event is designed as a drop-in session for STAY-FIT members to learn more about research studies being completed at the CCCARE, and to act as a way to bridge the gap between community members and researchers. Interested participants had the option to provide their name and contact information to me, and I then followed-up with each interested participant via email at a later date. In this email, they received a copy of the recruitment flyer [APPENDIX A] and letter of informed consent [APPENDIX B]. We also scheduled a future time to meet, in order to build rapport, answer any questions prior to data collection, and so that I could witness the signing of the consent form prior to the initial interview.

I believe that this “Meet the Researcher” recruitment meeting was integral to my study, as it helped me to develop some degree of rapport and trust with the participants early on. At this meeting they were able to learn more about me as a student and what I was hoping to study, and it also afforded them the opportunity to ask me questions about the study in a casual setting familiar to them. This helped me to establish a certain degree of trust and comfort with each participant individually, prior to completing their initial interview. In addition to this “Meet the Researcher Day” event, a recruitment flyer [APPENDIX A] was posted on the bulletin board outside of the STAY-FIT facility. This flyer outlined the details of the study and provided my contact information to any others who were interested in participating.

I used a purposive sampling strategy whereby, “units are chosen not for their representativeness but for their relevance to the research question, analytical framework, and explanation or account being developed in the research” (Schwandt, 2015, p. 277). Purposive

sampling is additionally used to explore information-rich cases, “cases that by their nature and substance will illuminate the inquiry question being investigated” (Patton, 2015, p. 265).

Because the central phenomenon was to address the meaning of the group exercise experience for cancer survivors, purposive sampling through the STAY-FIT program helped me to accomplish this objective.

One of the specific types of purposive sampling that I used was snowball sampling. This occurred when consenting participants would mention their participation in my research study to their fellow STAY-FIT classmates, and then those individuals who were interested, would personally contact me to express their interest in becoming a participant as well. I believe this was a very effective recruitment strategy for my study because those individuals who did contact me were often eager to share their group exercise experiences in vivid detail, allowing me to generate a robust amount of data during these interviews. This inclusion of participants who were just as passionate about this research topic as me, helped to truly enhance the data generation process and my interpretation of the meaning of this lived experience for these individuals, further validating my choice of a phenomenological framework that values the detailed perceptions of the individual.

I also used a modified version of maximum variation/heterogeneous sampling, which typically involves “purposefully picking a wide range of cases to get variation on dimensions of interest” (Patton, 2015, p. 267). STAY-FIT program staff and faculty had previously indicated that the program involves a diverse array of individuals of varying ages, cancer types, treatment types, number and types of comorbidities, and physical activity status prior to starting the program. It was expected that based on the diversity of these factors, any consenting individuals

would also be diverse in terms of the more sociocultural variables of note, such as marital status, family size, work status, etc.

The program, by its very nature, involves a diverse group of participants. As such, I capitalized upon this diversity to document the varied perspectives of cancer survivors from all walks of life, attempting to identify both commonalities and differences amongst their individual experiences. My focus was to look at the breadth of this group exercise experience, rather than to look at any one of my research questions in depth, therefore the use of a heterogeneous sample allowed me to “cut through the noise of variation” (Patton, 2015, p. 267) for my particular phenomenon of interest involving group exercise for cancer survivors. By using this sampling strategy I was able to identify the commonalities in this lived experience for STAY-FIT members. I modified this form of sampling somewhat, in that I did not “purposefully select” those STAY-FIT members I wanted to recruit. Fortunately, those who did self-identify and demonstrated interest in the study varied on a number of important variables (including age, length of membership within the program, and cancer type), consequently forming a relatively diverse group. As a result, I did not end up having to do any further targeted recruitment. Data saturation is “when gathering fresh data no longer sparks fresh theoretical insights, nor reveals new properties of your core theoretical categories” (Charmaz, 2006, p. 113). I believe that I met the requirements for data saturation at approximately ten participants, but I continued to recruit beyond this point to be sure that I did not miss any new insights to be used in my analysis. Once I felt confident this was the case, I ended the recruitment phase of my study.

Once potential participants indicated their interest in the study, they had to meet two basic inclusion criteria in order to participate. These included: 1) they had to have previously been formally diagnosed with cancer (any type); and 2) they had to have previously completed

the 12-week START-FIT program and be currently enrolled in the STAY-FIT group exercise program operated through CCCARE at UW.

Participants. Participants for this research study were recruited directly through the STAY-FIT program at the University of Waterloo. Each potential participant had to meet both of the previously stated criteria in order to participate. In total, 16 participants were recruited for this study, including three men and thirteen women. Participants varied across a number of different variables including: age, cancer diagnosis, cancer prognosis, treatment type, marital status, employment status, family life, physical activity history, and length of membership in the STAY-FIT program.

Participants in this study were all between the ages of 41 and 84, with the average age being 61.5 years old. The average length of membership in the START-FIT/STAY-FIT program was 6 years. Of these participants, the longest membership in the program began in July 2009 (approximately 11 years prior) and the most recent membership in the program began in March 2018 (approximately 2 years prior).

The most common type of cancer across the 16 participants was breast cancer (n=10), with one of these women having both breast and ovarian cancer. The remaining six participants were diagnosed with uterine cancer (n=1), multiple myeloma (n=1), melanoma (n=1), colon cancer (n=1), facial cancer (n=1), and lymphoma (n=1).

Treatment type for each participant was dependent upon cancer diagnosis, age, and physical reaction to past treatments. Most participants received more than one type of treatment for their cancer (see Table 1) and all participants varied on treatment dose, number of cycles, and length of cycles. The variation of cancer treatment combinations among participants exemplifies the diversity of treatment regimes prescribed, and was dependent on the type of cancer diagnosis.

This further enhances the diversity of perspectives pertaining to this cancer experience, in relation to treatments received following the cancer diagnosis.

Table 1: Cancer diagnosis and treatment types

Type of Cancer	Treatment Type
Breast (n=9) *Each participant had at least two types of treatment	Chemotherapy (n=8) Radiation (n=7) Lumpectomy (n=7) Hormone therapy (n=5) Sentinel lymph node dissection (n=5) Double mastectomy (n=2) Mastectomy (n=1)
Breast & ovarian (n=1)	Chemotherapy, lateral mastectomies
Multiple Myeloma (n=1)	Stem cell transplant
Melanoma (n=1)	Chemotherapy injects for one-year
Uterine (n=1)	Hysterectomy, chemotherapy, radiation
Lymphoma (n=1)	Chemotherapy, radiation
Colon (n=1)	Surgery and chemotherapy
Facial (n=1)	Modified neck dissection, chemotherapy, radiation

Participants ranged in physical activity levels as well, prior to enrollment in the START-FIT program. Some participants considered the only physical activity they engaged in prior to START-FIT/STAY-FIT as walking daily. In general, most participants had been somewhat physically active prior to signing-up for the STAY-FIT graduate program, with physical activity being defined as doing such activities as biking, hiking, yoga, pilates, swimming, walking, strength-training, and hockey. Four participants mentioned that they were fairly inactive or did not exercise prior to their diagnosis at all.

Family life varied somewhat between participants as well. Of the 16 participants in this study, 14 were married, one was divorced and single, and one was single and never married. Four participants still had children living at home, nine participants had children who lived outside of the home, and three did not have any children. Of the 16 participants, 13 were retired and three were working at the time of the study. Of the three participants who were still working, they all had children living at home.

The WELL-FIT programs. In 2002, UW WELL-FIT was established to enhance the fitness and quality of life for individuals in the Kitchener-Waterloo Region with varying types of cancers, including those currently in treatment and those who have previously undergone treatment for their cancer (UW WELL-FIT, n.d.). The UW WELL-FIT portfolio encompasses three different, evidence-based exercise programs including, START-FIT, STAY-FIT, and LIVING-FIT. My study focused solely on the STAY-FIT population, comprised of individuals who first completed the START-FIT program, prior to graduating to the STAY-FIT program. I chose STAY-FIT as the population of interest for my study because I believed that members' retrospective accounts offered great value into exploring experiences across both programs. I was able to make direct comparisons between the two programs, and understand how time plays a role in influencing perceptions across each program. Also, members of the STAY-FIT population were more likely to volunteer as participants in my study than START-FIT members, most likely due to the physical and emotional burden of going through treatment for cancer and the already established time commitments related to this treatment. Selection of the STAY-FIT population also helped fill a gap in the literature of group exercise programming in the long-term (i.e., individuals who had been participating in exercise for more than one year).

START-FIT program. All of my participants had previously completed the UW START-FIT program. START-FIT is an introductory exercise program, which entails a one-hour, twice weekly exercise session that typically runs for 12-weeks (or 24 sessions) in total. The aim of the program is to assist with reducing side effects and to improve quality of life among patients being treated for cancer, while providing them with an environment in which they can safely participate in exercise under the care and supervision of qualified faculty and staff (UW WELL-FIT, n.d; M. Mourtzakis, personal communication, January 31, 2020). START-FIT is free of cost to the participants (with the exception of parking), but they can only enroll if they have received a referral from their doctor.

Participants are referred to the program by oncologists at the Grand River Regional Cancer Centre (GRRCC). Prior to starting the program, each participant completes a 90-minute physical evaluation with a trained physiologist, in order to determine baseline exercise levels prior to attending their first session at START-FIT. The results of these tests determine the type and amount of exercise that will be prescribed as most suitable for the individual in question. Approximately four to eight participants attend each session, with a minimum of one certified kinesiologist and one student volunteer present and ready to assist them at all times. The limited number of participants in attendance at each of these sessions is reportedly strategic. First and foremost it promotes a smaller, more supportive group exercise atmosphere, but it has also been designed this way to recognize the immunocompromised status of the participants and to minimize their risk of further exposure to illness (C. Russell, personal communication, May 17, 2018). Participants of the program choose their own exercise times, resulting in a mix of individuals with varying types of cancer, attending each session on a bi-weekly basis over the course of the week.

STAY-FIT program. The STAY-FIT program is the extension or “graduate program” offered to participants once they have completed the initial 12-week START-FIT program, but who still wish to continue with their exercise routine in a supervised environment. The STAY-FIT program runs multiple, one-hour exercise sessions Monday to Friday, and it operates within the Toby Jenkins Applied Health Research Building at the University of Waterloo. Registered participants are scheduled to attend sessions twice a week. The program aims to offer continued support and exercise education for those who wish to continue to exercise in a safe and supervised environment following the completion of the START-FIT program. They focus on promoting healthy lifestyle choices and enhancing overall fitness and quality of life after cancer. STAY-FIT is similar to START-FIT in that it offers individualized exercise programs for each participant every six weeks, and has the support of both kinesiologists and student volunteers present during the hour-long sessions. However, unlike START-FIT, STAY-FIT is a fee-for-service program. The cost of the program is \$245 per term (i.e., 15-week cycle) and this cost includes parking.

Data Generation

Data was generated using a number of different sources and/or tools throughout the course of my study. More specifically background information and basic demographics, observation of the setting, semi-structured interview, weekly journal entries, field notes, transcript verifications, and member checks.

Background information and basic demographics. STAY-FIT staff collected all necessary demographic information from each of the consenting participants upon their enrollment in the START-FIT program and continuation into STAY-FIT. This information was collected using a standard assessment protocol that is currently in place with the program. As

part of the informed consent process for my study, each participant signed a consent form [APPENDIX B] allowing me to review their medical records, that had been collected and were being maintained by STAY-FIT staff.

Upon intake to the START-FIT program, each participant had completed an intake assessment package with a qualified staff member. As part of this assessment, a variety of tools were used to evaluate their cardiorespiratory fitness, muscular strength, body composition, and their flexibility. The results of these tests were then used in the determination of the individual's baseline exercise level, further guiding the development of their individualized exercise program for the 12-week/24-session START-FIT program. As part of this assessment, the participants had been asked to provide current medical information regarding their particular type of cancer and specific treatment protocol, as well as to outline their personal goals in relation to exercise in general and in relation to the START-FIT program in particular. I conducted a thorough review of these intake assessment packages for each individual participant, and used this information to contextualize their individual, semi-structured interviews. This information was originally recorded on a standardized intake assessment form and stored within a locked filing cabinet in the STAY-FIT staff office at the CCCARE, which is where I would review and record information relevant to my study in an Excel spreadsheet, which was stored on my password-protected laptop. The specific information that I recorded for my study, included: date of birth, START-FIT/STAY-FIT start date, exercise goals, prior physical activity, specific type of cancer, associated symptoms, and treatment protocol.

Observation of the setting. I conducted three separate observations of the START-FIT setting, early on in the data generation process. According to Creswell (2015), observations are:

A good adjunct to interviewing because they enable a researcher to compare the codes and themes from the observation with findings from the interviews. This triangulation of

data sources is important to check the accuracy of the interpretations made by the researcher. [They] can also yield detailed information that may not be divulged during discussions or in written documents (p. 117).

This observation of the setting involved approximately three separate visits to START-FIT, on three different days and at three different times of day.

Each individual observation was one-hour in duration and occurred during a regularly scheduled exercise time slot (i.e., 9:15 am., 10:15 am., or 1:15 pm.), in order to be the least disruptive for those individuals in attendance at that point in time. I performed this task as a *complete observer*, which means “simply observing without attract[ing] notice” (Creswell, 2015, p. 120). The research notes that I generated on each of these visits consisted of a complete description of the setting using the five senses, as well as an elaboration upon the different types of interactions that were observed among the participants and staff members/volunteers in attendance during each of these group exercise sessions. The notes generated were both descriptive and reflective in nature, and were of great use when analyzing the interviews, as they provided a contextual description of the START-FIT environment. I had a total of nine pages of typed notes from the three observations. The purpose of these observations was to glean detailed and intimate information about the setting itself, and how those within the setting interact with one another, rather than focusing on identifying the specific actions of any one individual within this setting. As such, those participants observed were not necessarily participants in the study and specific individuals were not identified as part of these observations.

In addition to this formal observation of START-FIT, I informally observed the STAY-FIT environment as well throughout my data generation period, which lasted approximately 12 weeks. The interview room that I used was in close proximity to the fitness area, so I grew to recognize and better understand the typical routines within STAY-FIT over the course of my interviews. Having conducted 31 individual interviews total means that I was at the STAY-FIT

group exercise program a minimum of 31 times over the course of my study, in addition to any other visits I made to connect with staff about participant assessment data or to have participants' sign their informed consent forms. Very quickly I began to understand the typical workings within this exercise environment and these observations enhanced my understanding of each participant's unique experience, further encapsulating the true essence of STAY-FIT as described by each of them during their initial and final interviews.

Semi-structured interviews. Semi-structured interviews were conducted at two different time points and were used to obtain information regarding the exercise experiences and perspectives of the men and women enrolled in the STAY-FIT program. According to Brinkmann and Kvale (2015), "the qualitative interview is a research method that gives a privileged access to people's basic experience of the lived world" (p. 32). The semi-structured format allowed for participants to share their personal narratives, while also allowing me to explore the same basic lines of questioning with each participant. During both interviews I was actively listening to participants as they shared their personal experiences. Active listening is described as "listening with a purpose" (Pearson et al., 2006) and using techniques to create open responses. One technique in particular that I commonly used was probing. This technique encouraged the participants to reveal more about their experiences as it related to the open-ended questions in the interview guides [APPENDIX C & D], further extending their responses on a particular topic.

Interviews were held at two different time points in order to fully explore the group exercise experiences of these cancer survivors and to denote any changes that may have occurred over time [see APPENDIX C & D]. The purpose of the second interview was not as a means of longitudinal data collection, but rather as a means to review the data from the weekly journals, to

further clarify what was said in the first interview, and to also examine how members might envision this experience as a whole, as well as how it may contribute to their future. This strategy of using multiple seatings also assisted me in developing a stronger sense of rapport with my participants. While each of these semi-structured interview guides provided a general structure of the types of questions that were asked of participants at each specific time point, it is important to note that the content changed somewhat in response to data that had been generated at previous time points. There were times when collective responses from the first interview highlighted a previously unknown, but important line of inquiry to be explored during the second interview (e.g., making sure that all participants mentioned within their interview how they had originally learned about the STAY-FIT program). Despite this potential for slight individual variability over the course of the study, all questions asked were designed with the sole purpose of answering the previously identified study purpose and research questions.

The first interview, herein referred to as the *initial interview* [APPENDIX C], was conducted following the signing of the informed consent form, ranging from one to ten (with an average of five) days between the signing of the form and the initial interview. For this initial interview, the questions were designed to glean an initial understanding of their perceptions of the group exercise program thus far, while exploring the different facets mentioned within the research questions. In particular, I was interested in gaining insight into the start of each participant's cancer journey, perceived physical activity status prior to beginning the exercise program, their perceived motivations to participate in exercise, any barriers or facilitators they were experiencing in relation to exercise, and their overall sense of well-being in the program. The initial interview was designed to explore members' perceptions of both the START-FIT and STAY-FIT program environments, in an attempt to understand any perceived similarities or

differences as time progressed within each program. Throughout these interviews participants' spoke comprehensively about their cancer diagnosis and treatment journey, in addition to defining their perception of physical activity and exercise as it related to the rest of their lives. This initial interview formed the foundation of their lived experiences within the START-FIT and STAY-FIT programs, highlighting their personal perceptions of physical activity and exercise, well-being, social support, and adherence as it related to both of these programs.

The second interview, herein referred to as the *final interview* [APPENDIX D], was conducted between three to seven (with an average of four) weeks following the initial interview. Five of the fifteen final interviews strayed from the anticipated four-week timeline due to scheduling around unforeseen circumstances. These circumstances included: arising medical issues, the scheduled two-week STAY-FIT shutdown, weather conditions, and a participant leaving early for vacation. Unfortunately, one of the original participants was unable to complete their final interview, due to an ongoing health condition. They did, however, consent to their initial interview and journal entry data continuing to be included within my analysis.

This final interview further elaborated upon the preliminary themes or concepts discussed in the initial interview, as well as an in-depth exploration of any perceived influences the group exercise environment itself may have had upon the participant's exercise participation, their perceptions of well-being, and their perceptions surrounding social support. This interview also asked any questions that were not addressed within the initial interview, but which may have arisen over the course of conducting the latter of the initial interviews. Information collected from the weekly journals [see APPENDIX E], was used to further contextualize the final interview and to aid with participant recall.

This final interview was the true bookend to the initial interview. It complimented the

information collected within the initial interview, while also giving the participant room to further elaborate on their group exercise experience as a whole. Having two interviews was valuable in helping to ensure that I understood the entirety of the participants' experiences. I made sure to transcribe and review each initial interview transcript prior to conducting the final interview. I also sent the transcript verification from the initial interview to each participant prior to his or her second interview. This was helpful because it allowed me to clarify any information previously shared at the initial interview, and gave the participant the chance to also clarify or elaborate on anything we discussed at this initial interview. The second interview was also valuable in developing rapport, understanding the depth of their reported experiences, and being able to collect more information about the group exercise experience in its entirety.

The final interview took place over a seasonal change (winter weather to spring weather), which was interesting to note how that may have affected their physical activity and exercise experience of the STAY-FIT program. In addition, within the four-week period between interviews many participants received a new, six-week exercise program. This was a valuable point of data generation, as it captured another aspect of what makes the STAY-FIT program unique. The introduction of these six-week programs helped to highlight a change in their exercise routine and how they navigated this change. Without this second interview I may not have been able to capture the participants' perceptions on how their exercise program changes every six weeks, thus fully representing the true experience of the group exercise environment. The average length of each initial interview was 40:39 minutes (ranging from 26:27–58:52 minutes), and the average length of each final interview was 30:27 minutes (ranging from 20:44–46:09 minutes).

Weekly journal entries. Participants were asked to complete a brief weekly journal

entry once a week, for four weeks, following their initial interview (i.e., completing four journal entries total). These journal entries were used to record any perceived changes in physical health from week-to-week, fluctuating motivation levels, group environment satisfaction, actual physical activity participation, and experiences within the program as a whole [see APPENDIX E].

Journal entries were collected using an online platform called Qualtrics, which is described as “the most trusted research platform in the world” (Available at: www.qualtrics.com). When a journal entry was due, an email reminder was sent out to the participant with an accompanying link, prompting them to complete their journal entry for that week. Each journal link was individualized, in order to track the responses for each participant.

The questions within the journal entry asked for the participant to rate their experiences on a specific factor (i.e., physical well-being, motivation to participate in physical activity or exercise, satisfaction with the group environment) with space provided for the participant to expand upon their numeric response. Additionally, participants were asked about their STAY-FIT attendance in the week prior, barriers or facilitators to exercising that week, and any physical activity they may have participated in outside of the program.

One participant opted for the paper version of the journal entries. As such, I printed out four copies of the journal entries and gave them to the participant at the initial interview. Each journal entry had the corresponding dates written at the top, to inform the participant when to complete the journal entry. Unfortunately, I never received the paper copies back and I followed up twice via phone call with that participant. Ten of the fifteen participants who opted for the online version of the weekly journal entries completed all four online journals successfully. Four participants completed less than four of the entries, and one participant did not complete the

online journals at all despite being sent the link and reminded at the final interview.

These submitted journals were then analyzed alongside the other forms of data generation, to further enhance any emergent themes and to further relay the nature of the participants' experiences and perceptions of their state of well-being throughout the program and beyond. This journal data was downloaded as an Excel file and then organized in such a way to analyze the individual's responses from week-to-week, and then these individual responses were collectively analyzed with the responses of others.

During the data generation period there was a routinely scheduled, two-week STAY-FIT shutdown whereby there were no exercise classes offered during this time. Since UW WELL-FIT is operated out of the University of Waterloo, the program mirrors the academic calendar whereby they have a two-week shutdown during the months of December, August and May. The purpose of the shutdown is to allow time for staff to complete tasks such as prepare for the incoming participants for a new session, run assessments, perform equipment and facility maintenance, and train new student volunteers. Three participants were affected by the STAY-FIT two-week shutdown. As a result, I decided to pause sending the weekly journal entries and resume once exercise sessions started back up. This slight adjustment was necessary because otherwise, these participants would not have been able to respond to the weekly journals in conjunction with attending the STAY-FIT sessions during this two-week span, and thus the information provided regarding attendance, motivation, barriers and facilitators would not have been reflective of their typical session schedule. I wanted to stay consistent with the other participants who completed their journal entries during the consecutive four weeks, while simultaneously attending their exercise sessions. While this data generation protocol was changed slightly for these participants, no differences were noted in their responses when

compared to those who attended four weeks consecutively.

Field notes. Field notes are typically collected prior to and following interviews, as well as throughout the data generation process. These were a valuable source of data generated throughout this study, because they allowed me to revisit my thoughts, comments and ideas throughout the entire data generation and analysis phases, which further helped me to navigate this wealth of data. According to Patton (2002) field notes, “should contain everything that the observer believes to be worth noting” (p. 302). Likewise, Esterberg (2002) suggests that field notes can also be a valuable research tool when used in the final analysis of the data. I began taking notes in my research journal on April 25th, 2018, the moment I started my comprehensive literature review. Some examples of when I would take notes included every time I met with Dr. Schneider to discuss my research project, when I met with STAY-FIT staff to discuss information related to the program, while I designed my methodology, and while I worked directly in the field. Overall, I collected approximately 72 pages of hand-written notes. These notes continued to be recorded throughout the entire data generation and analysis process.

Any notes related directly to the field of study were taken on the day of my first observation at START-FIT and up until my final interview. I was transcribing and conducting interviews simultaneously, so the field notes allowed me to record any significant quotes that I wanted to return to in my analysis and to record valuable questions that may not have been included in the original interview guide, but that I felt were important lines of inquiry to explore for the remaining interviews. These field notes provided me with the opportunity to reflect on any initial impressions that I had throughout the data generation process, and which proved helpful during the latter stages of coding thematically and finding emergent themes. These field notes also helped me to navigate the narratives of each interview, while proving helpful when

contrasting these findings with those of other members and when completing the final analysis.

Transcript verification and member checks. Once the interviews were transcribed verbatim they were returned to the respective participant either by email or by printed copy (returned to them in person at the STAY-FIT program). These transcripts were returned to participants for the purpose of transcript verification. Transcript verification allowed each participant to have some degree of control over any sensitive data they may have provided to me, affording them the opportunity to review, clarify, and add or remove any data they so chose from the final analysis (Lincoln & Guba, 1985). As part of this transcript verification package, each participant also received an accompanying letter [APPENDIX F], which provided detailed instructions on how to complete the transcript verification process (including a note specifically advising them not to make any editorial changes to the document, which is a common mistake made by participants). Instead, they were advised to read the transcript and provide any necessary information by adding notes in the margins indicating any points of clarification and/or revisions. Participants were asked to complete this transcript verification process for each interview transcript, and to submit it back to the researcher by a given date.

Twelve participants approved their initial interview transcript and did not make any changes. Three participants provided clarification on their initial interview transcript, and these versions of the transcripts were used in the final analysis of their data. The participant who was unable to complete the second interview due to an ongoing medical condition did not receive a transcript verification email. Due to this special circumstance, myself and Dr. Schneider did not feel it was appropriate to ask more of that participant. However, he did give consent to the use of his initial interview transcript in my analysis. Nine of the fifteen participants approved their final interview transcripts as is, one participant provided minimal changes, and the remaining five

participants never responded to this final transcript verification email.

A member check [APPENDIX G] was sent to participants via email once the preliminary analysis was completed. A member check is a tool used for “soliciting feedback from respondents on a researcher’s findings.... an important procedure for corroborating or verifying findings or of assuring they are valid and meet the criterion of conformability” (Schwandt, 2015, p. 195). Participants were asked to review and comment on the emergent themes thus far in the data analysis, and these comments were then considered in the final analysis. Participants were asked to return their comments to me within a week’s time of the email being sent. Only the fifteen participants who completed both interviews were sent member checks. Seven participants responded to the member check email. Overall, they stated that the information looked good and that they agreed with the preliminary themes proposed. However, only one of the seven participants sent written feedback. The information was regarding the “fostering connections” sub theme which is now called “Connectedness.” This feedback was valuable because as you will later discover, this participant was the negative case participant.

Procedure

Ethics approval was obtained through both the Wilfrid Laurier University Research Ethics Board and the University of Waterloo’s Office of Research Ethics Board. Once both boards granted approval, I was able to begin my recruitment process. Interested participants who met the study criteria were asked to complete the informed consent form [APPENDIX B] prior to beginning the study. Participants emailed me a signed copy of their form or scheduled a time to meet with me directly, prior to or after their exercise session, in order to sign their consent form. This preliminary step was also necessary so that I could review their assessment data prior to their initial interview. For the purposes of convenience and to ensure a private setting, all

interviews were conducted in a private room at CCCARE prior to or immediately following the participants' exercise sessions (the timing of which was determined by the participants themselves). On interview day, each participant was asked to arrive to their exercise session approximately 45 minutes ahead or remain 45 minutes after their exercise session, so as not to interfere with the exercise sessions themselves.

Upon consenting to participate and prior to the initial interview, I reviewed their individual UW WELL-FIT assessment data that was completed upon intake to the START-FIT program. This assessment data provided me with valuable information regarding each individual's health status at the time of enrollment, type of cancer and cancer treatment received, related comorbidities, as well as previous physical activity prior to beginning the group exercise program. Reviewing this assessment information prior to the initial interview aided in further understanding each participant's cancer journey as described by them during their interview.

The *initial interview* [APPENDIX C] was conducted on average five days following the signing of the informed consent form. This first interview was designed to initiate conversation surrounding the research questions, but to also establish rapport with each participant. Sixteen initial interviews were conducted. After they completed their interview they were informed that their first weekly journal entry would be sent via email one week to the day, and that it would reflect upon the week prior. Participants then had the option to schedule their second interview date or to touch-base and schedule the final interview via email at a later time. The *final interview* [APPENDIX D] was held at least four weeks following the initial interview (with the exception of one participant who had her interview three weeks and two days following her *initial interview* due to her leaving for a three-month vacation). The final interview allowed for participants to further elaborate, clarify or extend upon previously reported information, as well

as to collect any new data regarding their experiences thus far in the STAY-FIT program. Only fifteen final interviews were conducted, as one participant was unable to complete the final interview due to an on-going health condition.

Participants were asked to complete four weekly journal entries between their *initial interview* and *final interview*. They received an email reminder when a journal entry was due, along with an individualized link prompting them to complete their online Qualtrics journal entry for that week. There were a number of participants who were affected by the routine STAY-FIT shutdown and therefore, as mentioned previously, adjustments were made to their data submission schedule accordingly. Three participants were not sent a weekly journal during this shutdown period, resulting in a slight gap between the completions of all four weekly journal entries. It did not appear, however, to affect the consistency of this data generation. Whatever remaining journals they had to complete resumed following this scheduled shutdown.

Following the completion of each *final interview*, each participant was given a \$25 Indigo Chapters gift card as a small token of gratitude for his or her time and commitment to my study. They were also instructed as to the next-steps regarding the second transcript verification and final member check for the study. All interviews were recorded and transcribed verbatim using the voice memo iPhone app. After the completion of each interview, the recording was transferred to my password-protected laptop computer and each individual file was deleted from my iPhone app. All identifying information was removed from the raw data and participant numbers and pseudonyms were used on any reports/documents/audio files.

Transcript verification was conducted following the verbatim transcription of each of the interviews, allowing the participants to have control over their data and what they had said. This afforded them the opportunity to re-read their transcripts and to make any necessary changes

they saw fit by adding, removing and/or confirming the information via notes in the margins. A transcript verification letter [APPENDIX F] accompanied each transcript, outlining the steps they should take when reviewing their transcripts. This transcript verification process was completed for each individual interview and prior to the final interview. Fifteen initial transcripts were sent by email and one was hand-delivered to a participant who does not have access to email. Following verbatim transcription of the final interview, fourteen final interview transcripts were sent via email and again, one was hand-delivered. Nine participants verified their final interview transcript, one had minor changes, and five never responded.

While analyzing the transcripts I used my research journal to document any thoughts, comments, or concerns regarding information such as transcript content, potential theme development, significant participant quotes that I wanted to return to, etc. All the initial transcripts were read through multiple times first, and then I completed a cross-case analysis separate from the final interview transcripts. Following this, I read all of the final interview transcripts multiple times and did a separate cross-case analysis for those. I then engaged in a separate analysis, choosing to read the transcripts by participant (i.e., read participant 01's initial transcript, followed by their final interview transcript) to attempt to further understand their individual perceptions of their group exercise experience and any reported changes over time.

Lastly, all participants were sent a member check that summarized the emergent themes following the completion of the preliminary analysis. This member check was sent to all participants once all data had been collected from each participant, and the preliminary analysis and transcript verification process had been completed. This member check included a brief summary of preliminary themes for each participant to review and to provide feedback. These member checks were sent via email or hand-delivered to participants, and they were asked to

send any comments regarding these preliminary themes back to me, prior to a specified date. Seven of the fifteen member checks were returned via email and one of those seven provided feedback, which was considered in the final analysis.

Data Analysis

For my data analysis I followed Braun and Clarke's (2006) outline for thematic analysis. Once each interview was transcribed verbatim, I read it thoroughly while simultaneously listening to the audio recording. This step helped to ensure the accuracy of the transcripts. During the playback of each interview, I took note of emphasized phrases or words, filler words, and other conversational attributes on the transcripts. This initial phase of transcribing and re-reading aided in immersing myself in the data to become familiar with the breadth of the content (Braun & Clarke, 2006). Since this study involved interviews at two different time points, the analysis was an iterative process whereby data generation and data analysis were occurring simultaneously throughout the study. This iterative process can be best described as a spiral or as an image of the analysis proceeding in circles, rather than being linear in nature (Creswell, 2015). As such, data was visited and revisited throughout the entire data generation phase of the study. Verbatim transcription of each interview followed a standardized template format including font, headers, margin, date, time, and transcription conventions [APPENDIX I] to create consistency across the presentation and analysis of the text (McLellan, MacQueen & Neidig, 2003). This allowed me to add any other contextual notes to my field notes, further informing me of *how* things were said by the participants during the interviews (as this information can affect the meaning of *what* is being said). I relied heavily upon my field notes to record this contextual information and to provide my own personal interpretations of this data in these early stages. Throughout the entire analytic process I kept a printed copy of my purpose

and my research questions close by, to remind me of what it was that I was trying to understand and answer as I analyzed my data. A constant reference back to my purpose and research questions helped me be more reflexive in the “iterative” process of qualitative research.

Qualitative research typically involves inductive content analysis to make sense of the underlying meaning of the text and to allow for themes to emerge from the data without the predispositions of the researcher unnecessarily affecting this analysis (Patton, 2002). Five of the sixteen initial interview transcripts were selected and read by myself and Dr. Schneider as a way to increase the triangulation of the study and to begin discussion around the participant experiences. Once we met to discuss our thoughts surrounding these first five interviews, I then began to read the other 11 initial interviews and took notes in my research journal of potential themes and any other concepts or ideas in relation to my research questions. During this step, I also took note by writing and highlighting directly on the transcripts, emphasizing significant quotes, concepts, words, or ideas.

Each interview was analyzed, first as an individual case, and then using cross-case analysis (Patton, 2012). All transcripts were then re-read to add any additional notes and to familiarize myself with the content and to understand any other interpretations of the group exercise experience that I may have missed. As I became familiar with the data sets I took note of patterns, ideas and any potential coding schemes, which helped with generating initial codes (Braun & Clarke, 2006). Returning to the purpose and questions ensured that I was being systematic in my analysis. Each transcript was then coded thematically to account for the emergence of these core themes in relation to my stated research questions. The experiences of support, adherence, the STAY-FIT environment, personal growth, and perception of exercise were highlighted using separate colours and acted as the core concepts to initiate development of

the preliminary themes. Then, both transcript sets were read through twice more, while simultaneously inputting highlighted quotes into an Excel document. The Excel spreadsheets allowed for continuous familiarity of transcripts and to ensure that all participants were well-represented within each theme and subtheme.

Spreadsheets were organized into the broad categories of social, physical, and psychological, and then quotes were inputted according to their relevance to each concept. This process helped lay out the levels of patterned response and to organize the data in a way that helped me search for themes, and to develop a broader understanding of prevalence for each theme/subtheme [APPENDIX H] across all data sets. Continuing with an inductive approach, I began to read and re-read the quotes to search for themes and consider how different codes may combine into potential themes (Braun & Clarke, 2006). Multiple thematic maps were created throughout the analytic process as I began to think about the relationships between codes and themes and how it all related to the group exercise experience.

Next, subthemes were developed from the content and interpretation of each quote and their relationship to other quotes was evaluated within the themed spreadsheet and thematic maps. Preliminary themes were created and began to be refined throughout meetings with Dr. Schneider and myself. It became apparent that some preliminary themes did not have enough data to support the theme, or were related to already established themes; therefore, I would rework, create a new theme, or discard a theme from the analysis.

I followed Patton's (2002) criteria for judging categories to make sure that data within my themes had internal homogeneity, and that they were distinct from one another, thus exhibiting external heterogeneity. Finally, all themes were defined and refined to identify the essence of each theme (Braun & Clark, 2006), and to identify how all of the themes related to the

overall group exercise experience of members enrolled in the STAY-FIT program. Throughout the entire data analysis process it was important for me to make sure that the experiences of all STAY-FIT members were interpreted correctly and that each theme was clearly linked back to the original purpose statement and research questions of my study. This is why I kept my purpose statement and research questions close by, to stay focused on the experience I wanted to uncover.

Analysis of weekly journal entries. As previously stated, fifteen participants were asked to complete four weekly journal entries via a website called Qualtrics, and one participant received a paper copy of the online journal. The analysis of the weekly journal entries does not include the paper copy that was not returned and the incomplete online journal, and therefore only represents those of the other 14 participants. These journal entries were designed to take approximately 5-10 minutes of their day to complete, answering eight questions surrounding their experiences in the STAY-FIT group exercise environment from the previous week. Information collected from these journal entries was used both individually, as well as analyzed in conjunction with the initial and final interviews.

Ten participants completed all four weekly journal entries successfully, while two participants completed three weekly entries, one participant completed two entries, one participant completed one entry, and one participant did not complete the online journals at all. Although the exact reasons for incomplete journal entries were unknown, some members who completed the entries expressed that they found the email in their junk mail folder; therefore I can only speculate that the incomplete journal entries likely ended up in the junk mail folder for several of these participants.

I downloaded an excel file from my account on Qualtrics.com that contained all of the compiled journal data. This file was then reorganized to order each participant's weekly responses together. From there, I was able to understand the response rate, and take notes of the trends of the weekly ratings between the participant's individual responses and across the responses of all participants. Through this organization I was also able to organize the additional comments per journal question, and to understand their relation to my already established interview themes. Not all participants chose to expand upon their numeric answers but for those who did, it allowed me to gain better insight into why they may have chosen a certain rating for a particular question.

Trustworthiness/Credibility

As previously mentioned, this study collected an abundance of data through multiple forms of data sources (basic demographics, observation of the setting, semi-structured interview, weekly journal entries, field notes, transcript verifications, and member checks). All sources helped to achieve rigor and ensure that explanations were rich and representative of the STAY-FIT population (Tracy, 2010). I spent approximately 12 weeks in the data generation period, conducting 16 initial interviews and 15 final interviews, while also conducting informal observations of the setting. It was important that I spent a significant amount of time in the field to gather data and increase the rigor of the findings (Tracey, 2010). Rich rigor was also established by reading transcripts thoroughly, while simultaneously listening to the audio recording for transcript accuracy followed by a rigorous inductive content analysis. During the analytic process I kept my purpose statement and research questions visible to ensure that I was being systematic in my analysis and answering what I proposed to answer.

To ensure credibility I was fully immersed in the field through multiple visits to the

STAY-FIT program throughout the interview period. Being present in the STAY-FIT environment brought context to the experiences that members were sharing within their interviews, which helped me to understand the interactions and experiences within the field and to create thick description (Tracey, 2010). Seeing the participants regularly helped me to build a good rapport with them, so that they felt comfortable sharing their experiences of both of these WELL-FIT group exercise environments with me. The credibility of the findings was further enhanced throughout the data analysis period by the constant revisiting and review of interview transcripts, helping me to become familiar with the data, quotes, and preliminary themes to understand experiences within and between participants. Familiarity of the data, in turn, helped to ensure trustworthiness and to ensure that I made accurate decisions about my interpretations and findings. The use of a negative case analysis also contributed to the overall trustworthiness of my data analysis and interpretations. Inclusion of the negative case with respect to specific subthemes demonstrates how I carefully analyzed the data to reveal these important differences, in order to further understand varied perceptions of this group exercise environment (Morse, 2015). Including these contrary perceptions by this particular participant in the analysis was valuable, because it allowed me to try and further understand why his views differed from those described by the other participants.

I upheld sincerity through self-reflexivity, transparency and data auditing practices. Conducting *époche* at the beginning of my research study helped acknowledge any biases, motivations, and expectations I may have had before entering into the field. Keeping an audit trail of my research activities helped me to be self-reflexive and transparent about the research process (Tracey, 2010). Member reflections also contributed to the credibility of my findings through member checks and transcript verifications (Tracey, 2010). These helped to confirm

whether or not the members' acknowledged the findings to be both true and accurate, and that I as the researcher had interpreted their experiences correctly (Tracey, 2010).

Triangulation of data is a key component of phenomenological research used to judge the trustworthiness of the data generated (Guba, 1981). This study used multiple means of data generation in order to incorporate data triangulation. Investigator triangulation was also used, with both myself and my advisor reviewing and analyzing portions of the data independently, and then discussing our findings collaboratively (Tracey, 2010). Dr. Schneider and I met multiple times to review and discuss the preliminary themes and to continue to refine the specifics within each theme. I also maintained a rigorous audit trail throughout data generation, as is necessary when using an iterative process. This helped to enhance the study's transparency, and to keep track of all research actions and decisions.

I believe this study holds resonance and will be well transferred and move the readers through representation and transferable findings. I believe this study has high transferability (Tracey, 2010). The knowledge found has the potential to lead to possible improvements of both the START-FIT and STAY-FIT programs, as well as to other group exercise programs for individuals with cancer. This study has the potential to make a significant contribution to the literature by building upon findings of past research and providing new findings related to cancer and group exercise. I believe this research is practically significant for not only members within STAY-FIT but also for other group programs. Finally, this study achieves meaningful coherence. The methods and procedures achieved the purpose and accomplished answering the research questions (Tracey, 2010) and the interpretations of the experience of STAY-FIT members reflect findings from previous literature, while also creating novel findings for cancer and group exercise programming.

Chapter 4: Findings

This chapter conveys the lived experiences of STAY-FIT members and uncovers the essence of this social, mental and physical group exercise experience for those enrolled in the STAY-FIT program.

WELL-FIT Experience Model

I developed this pictorial representation (see Figure 1) of the lived experience of group exercise as told by these STAY-FIT members, upon analysis and interpretation of all of my study's findings. I feel that this model accurately conveys the complexity of this lived experience by illustrating how it can be subdivided into four key domains (i.e., social, mental, physical, and contextual) that are each self-subsistent, but that also blend in many important ways. This blending of domains was evident in the detailed descriptions provided by each of these members, which I gathered through actively listening to their personal experiences of group exercise, but was further enhanced by my non-participant observations of both the START-FIT and STAY-FIT environments as well.

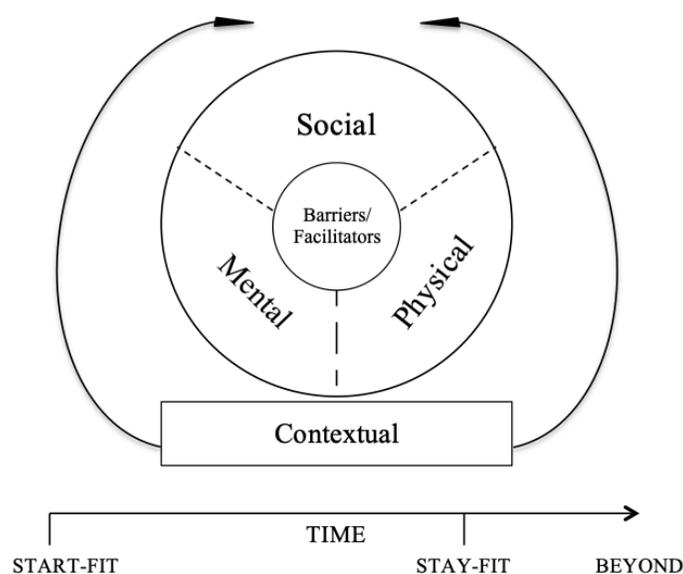


Figure 1. The WELL-FIT Experience Model

The contextual domain of STAY-FIT is best described as the glue that binds this group exercise experience together, while also influencing the social, mental, and physical domains. The contextual domain provides a solid foundation from which the other domains evolve, as well as embodies the key components of this group exercise experience for STAY-FIT members.

The outer circle that contains the social, mental, and physical domains represents the holistic nature of this group exercise experience. It further illustrates the members' perceptions that each domain is equally important to one another, and that this experience does not begin or end with a particular domain but is rather cyclical in nature. The permeable nature of the borders between the social, mental and physical domains is meant to represent the fluidity of interactions between domains and the fact that each blend with one another to some degree. The one notable difference is the interaction between the mental and physical domains, which are illustrated using more loosely packed dashes. This is meant to represent the complementary and interdependent nature of the relationship between these two particular domains. This interaction was described by members as being the most congruous of the three, superseding that of the social and mental domain and social and physical domain interactions. In fact, I feel the best description of this particular interaction can be likened to that of 'yin and yang', or two opposing entities that also complement and influence one another. The use of the inner circle to represent the influence of barriers and facilitators within this experience, illustrates how these STAY-FIT members perceived barriers and facilitators as part of this experience as a whole, interacting and directly influencing all of the domains.

Finally, the line at the bottom of this figure represents the influence of time and its particular role in this journey across both programs, as described by STAY-FIT members. This timeline begins with the initiation of the 12-week START-FIT program, followed by a transition

into the STAY-FIT graduate program and their continued participation therein. STAY-FIT members eloquently described this progression of time within their experience across both of these programs, and how this resulted in continuous opportunities for growth within each of these individual domains.

Each of these domains within this diagram will now be discussed in turn, using the detailed descriptions of these STAY-FIT members and my analysis and interpretation of all study findings (see Table 2 for a detailed summary).

Table 2: Domains and subthemes of the lived experiences of STAY-FIT members

Contextual Domain	Energy In The Atmosphere <ul style="list-style-type: none"> • Fun, camaraderie & laughter • Comfortable & welcoming • Occasional pall of acute sadness 	Continued Staff Support <ul style="list-style-type: none"> • Trusted resource • Balance between assistance & independence • The importance of individualization and change 	
Social Domain	Accountability <ul style="list-style-type: none"> • Accountability to oneself • Accountability to the group 	Connectedness <ul style="list-style-type: none"> • An important piece of the puzzle • Branching out 	Normalcy & Understanding <ul style="list-style-type: none"> • Cancer as the common denominator • “They understand what others cannot” • You are home
Mental & Physical Domains	Value of Exercise <ul style="list-style-type: none"> • It’s a priority • Becoming more mindful of exercise • “We set goals” 	Physical Improvements <ul style="list-style-type: none"> • “[Exercise] keeps you healthy” • Getting physically stronger 	Reclaiming Oneself <ul style="list-style-type: none"> • Mind-body connection • “Getting control of my body back” • Reclaiming strength

Contextual Domain

Throughout the data generation process it became abundantly clear to me that it was the contextual domain itself (illustrated in Figure 1 as encompassing the STAY-FIT program lived experience as a whole), that provided the necessary glue to bind the STAY-FIT members' group exercise experiences. They noted the specific contextual factors inherent to the program that directly influenced their lived experiences in terms of their social, mental, and physical domains of well-being. Using their detailed descriptions and perceptions of the STAY-FIT environment, the contextual domain was described as including the atmospheric energy of this environment, along with the ongoing abundance of support received from program staff. The contextual domain is introduced first because it provides insight into the overall design of the program and is also a great foundational point from which to start, as the social, mental and physical domains seem to evolve from this particular context.

Energy In The Atmosphere

The atmosphere for the STAY-FIT program was perceived by the members to be fun-filled, with much camaraderie and laughter. STAY-FIT was readily described as being a comfortable and welcoming environment, especially when compared to members' prior exercise experiences at commercialized gyms. Although this energy was perceived to be a positive environment overall, there were times when members' described experiencing an occasional pall of sadness upon hearing about the deteriorating health of other members. This was, however, described as a necessary evil of the program, in light of the population that it serves. In contrast to the overwhelmingly positive descriptions of this programmatic atmosphere, there was one exception to the group. This STAY-FIT member described the environment as being boring and did not effusively describe it in the same positive light as others. His results for this particular

theme will be presented here as a negative case. Despite his particular sentiments about the programmatic atmosphere, the remainder of the group members overwhelmingly described the positive atmospheric qualities of the exercise environment across their multiple journal entries and both interview time points, describing the many qualities that kept them coming back for more.

Fun, camaraderie & laughter. Most members described the energy of STAY-FIT as being a fun atmosphere that was full of laughter and camaraderie. This joviality was sustained by the sheer number of members returning to the program from week-to-week, and the many connections and friendships that blossomed over time among these individuals.

[STAY-FIT is] just fun. F-U-N. Fun (laughs). – Becca, final interview

It's fun to come here, really it is. And;;[see Appendix I] um I guess it sounds corny but [I like] the camaraderie I suppose. – Jessica, final interview

I enjoy being here with a small group of people and the camaraderie, I guess. Just being able to chat. – Katherine, final interview

Cheryl emphasized that participation in exercise has become a more fun experience with the help of the people and camaraderie created in the STAY-FIT environment.

But [exercise] is made fun because of um the environment, the people, the camaraderie. They're a help. – Cheryl, initial interview

Contributing to this fun is the apparent omnipresence of humour. Becca elaborated upon this humour in her descriptions, and Emily further reinforced this idea by saying that this laughter is in direct correspondence with the amount of energy sensed within the room.

Humour... Humour... Humour (chuckles). Yeah like you come in and you always have a couple of good laughs in the morning, for sure. – Becca, initial interview

We've had lots of laughs [today at STAY-FIT], so that's one thing. Everybody's- when the room is full, there's a lot more energy in the room. – Emily, final interview

As a formal and informal observer in this exercise environment many times over the course of data generation, I was able to bear witness to the smiles, laughter, and camaraderie exchanged between the members prior to, during, and after exercise sessions within the STAY-FIT setting. Overall, the energy in the atmosphere was perceived as embodying an overwhelming sense of fun and humour, resulting in much camaraderie and laughter.

Negative case. While most members within the study collectively expressed that the programmatic energy of STAY-FIT was fun, welcoming, and filled with camaraderie and humour, there was one individual who presented as a negative case with respect to this subtheme. George compared his prior experiences of participation in physical activity pre-diagnosis to his current level of participation in the STAY-FIT program, and he felt that his participation had decreased significantly since his diagnosis, largely due to this atmosphere. He described how this group exercise environment was boring to him, due to its lack of competition and camaraderie of the sort that he was used to from previous exercise experiences.

[STAY-FIT] is extremely boring for me, there's no competition. I'm used to playing hockey where you're playing against someone else and you know the um...the uh;;; they call it the camaraderie of it, you know? The before and after the games...physically, I don't do nearly as much as before. – George, final interview

George was the only participant who described his physical activity participation as having decreased following his cancer diagnosis. It would be interesting to further explore this idea in more depth with other members who did not participate in this study, to see if there are others who feel similarly. However, among the members participating in the current study the remainder perceived the program energy as overwhelmingly positive, fun, and comfortable; thus illuminating George's perceptions as a negative case.

From my analysis and interpretation of the data, I believe that George's motivation to continue participating in STAY-FIT is solely based on the physical exercise itself and his focus

on prioritizing his health. Unlike other participants, George did not express that STAY-FIT is a part of his social network or of any benefit toward his mental well-being, but rather a way to gain the strength back that he lost as a result of cancer treatment. George did share with me that prior to his diagnosis, he was playing in a hockey league at least four times per week and also participated in many outdoor activities, including canoeing and mountain biking. However, he described that following his cancer diagnosis and treatment regime, he lost his sense of balance and was no longer able to get up on one foot, which is integral to skating and playing hockey. As a result, he described the negative side effects of treatment for cancer as reportedly the main reason for his drastically decreased physical activity levels. Although George's perception of STAY-FIT was imbued with this overwhelming sense of boredom, it may not have been so much the program itself but rather that cardiovascular and resistance training could have been perceived by him to be a more boring alternative to his prior hockey league participation. As a result, the loss of this competitive activity may have negatively impacted his perceptions of future physical activities that were not among his preferred activities that he could no longer do.

Comfortable & welcoming. STAY-FIT members also described the atmosphere as being comfortable and welcoming, when compared to their past experiences in a commercial gym. They expressed feeling this immediately upon arrival at the program and continuing to feel more and more comfortable in the START-FIT and STAY-FIT environments as time wore on. Comfort was also instilled through the presence of supportive professional staff, as well as the support from other members within the program.

For Michael, he perceived both the one-hour START-FIT and STAY-FIT programs as being welcoming environments regardless of whether he knew anyone in attendance at the time, and he never hesitated to attend as a result of this welcoming atmosphere for both programs.

Both the one-hour sessions, which is a very friendly welcoming environment by the way [,,] I never felt anything like I didn't belong or that I was hesitant about coming because I didn't know anybody. It's very welcoming. – Michael, final interview

Similarly, Katherine commented on the fact that she felt comfortable at STAY-FIT because:

You're not walking into a big scary gym with like crazy, muscle-bound people (laughs). It's comfortable here. Everybody's doing their own thing, and everybody's at their own pace and so I appreciate that. – Katherine, initial interview

This perceived feeling of comfort was often described alongside the idea that members did not feel this same level of comfort in other gym environments. Members frequently spoke about how they felt more comfortable and welcomed while exercising at START-FIT, when compared to the feelings of self-consciousness they experienced while exercising in commercial gyms. Emily described how the specialized population at START-FIT acted as a facilitator to her exercising throughout treatment, citing that she did not have a reason to feel self-conscious around those individuals, since they too were navigating their own cancer journey.

The coolest part about coming though is you didn't have to feel self-conscious because they would just change things for you and other- like I found I liked to come during treatment because um everybody knew everybody else was in treatment as well. – Emily, final interview

Working out in a commercial gym can be an intimidating experience for someone who is new to exercise or who is living the cancer experience. Ashley felt as though the intimidating environment of a commercialized gym may be one barrier as to why individuals do not exercise during cancer treatment.

I had already joined a gym. I wasn't intimidated, but it is intimidating and I think a lot of people you know probably just think 'oh I don't wanna join the Good Life or whatever' but if [STAY-FIT] was presented to them, it's just so much better than a Good Life, you know? – Ashley, initial interview

Comfort was also imbued from the staff being present throughout the exercise program. In fact, Sarah said that the reason she continued to exercise at START-FIT was because of that comfort level she gleaned from the staff and other members within the program.

I continued [into STAY-FIT] not just because of the exercise or because it worked for me but because I was comfortable there and I knew that there was that support there from the staff and from the other people in the program. – Sarah, initial interview

STAY-FIT members perceived the START-FIT exercise program as a comfortable and welcoming exercise environment. Providing the option for supervised exercise at START-FIT while in treatment for cancer, was one that facilitated their long-term adherence to exercise and the comfortable and welcoming atmosphere was an additional perceived facilitator that encouraged their continued attendance. This commonly held perception of the programmatic atmosphere as comfortable and welcoming was key for both programs, as it continued to influence and shape members' positive sense of well-being throughout their participation and provided members with a safe space in which to exercise and to feel well-supported.

Occasional pall of acute sadness. As previously stated, STAY-FIT was commonly perceived and described by members as a fun, and comfortable atmosphere in which they could participate, but due to the inherent realities of cancer and its associated risk of mortality, STAY-FIT members also described an occasional pall of acute sadness within the program. Emily shared that her only negative experiences at STAY-FIT revolved around when someone had passed away, and although she described this sadness as “acute” and not long-lasting, the overall sentiment was experienced as significant nonetheless.

The only negative experience I've ever had in [STAY-FIT] is when someone has passed, that you've been working with. And it's just uh- it's just a really acute, very, very sad feeling. Like you feel it more because you know how hard that person was working. – Emily, final interview

Similarly, Heather experienced a feeling of sadness after she noticed a death announcement displayed on a table at STAY-FIT, during one of her exercise sessions.

They do have a notice, a death notice for someone who passed away out on the table, and I read that and that's sad. – Heather, final interview

Michael remarked how this negative situation results from the particular population of people being served at this exercise program, and that multiple medical concerns and issues tend to accompany a cancer diagnosis.

When we hear [of medical problems or concerns] that's definitely a negative. And you do understand that because of the group we have, we have probably a higher percentage of deaths at any time, like in a year say, than a lot of other groups. – Michael, final interview

Members described how they understood why this pall of acute sadness occurs within the program, and as such acknowledged it simply as a reality, given the specialized population the program is meant to serve. STAY-FIT members did not seemingly perceive nor describe this sadness as having an overwhelming effect on the atmosphere at the program, however they did acknowledge and recognize it as a significant part of their lived experience at STAY-FIT nonetheless.

Overall, the energy in the atmosphere was described by STAY-FIT members as a significant component of the contextual domain, and it figured prominently in the members' descriptions of both programs. Members' described having fun and experiencing a strong sense of camaraderie with others in both the START-FIT and STAY-FIT group exercise environments. They also described feeling welcomed and comfortable over time, and across both programs. The only negative atmospheric element they described was the occasional pall of acute sadness when a member passed away, although this was reported as having only a temporary effect on the atmosphere in both the START-FIT and STAY-FIT programs. While there was one negative

case for this particular subtheme, the remaining participants described the programmatic energy as an integral piece of their lived experiences in both programs.

Continued Staff Support

The second subtheme of this contextual domain involved the continued staff support received during both the START-FIT and STAY-FIT group exercise programs. The STAY-FIT members vividly described just how influential these interactions with staff were to their overall group exercise experiences. Attention from program staff was a strong component of this contextual domain, and their consistent presence and assistance was described as influencing all three remaining domains of the exercise experience for these members, which you will soon discover in the upcoming sections of the findings.

The staff at START-FIT and STAY-FIT primarily consist of registered kinesiologists and University of Waterloo student volunteers. The kinesiologists are responsible for designing each of the individualized exercise programs and for demonstrating the prescribed exercises to each START-FIT and STAY-FIT member, while also assuring the safety of the group as a whole. The student volunteers circulate and assist the START-FIT and STAY-FIT members with the exercise equipment, while socializing with the members as they exercise.

Staff support was described as an encouraging contextual factor when it came to continued exercise participation by members and it was further lauded as a trusted and valuable resource they likely would not have had access to, had they attended a commercial gym. Members described the staff at START-FIT and STAY-FIT as being particularly knowledgeable and trusted resources. Staff provided varying levels of assistance, depending on which program they were supervising and how comfortable each particular member was with exercising independently and following their own individualized exercise plan. STAY-FIT members

commonly described their appreciation for their individualization and change of their exercise program, rather than participating as a group doing one common exercise program together. This level of dedicated staff support within the group exercise environment was perceived as one of the key components that made the START-FIT and STAY-FIT programs truly unique and highly valued by their members.

Trusted resource. The apparent exercise knowledge of the kinesiologists was described as an appealing part of attending the group exercise program. All STAY-FIT members expressed the importance of this staff presence and their ability to rely on them as trusted resources within these programs. Staff are present at STAY-FIT to provide support and assistance throughout the exercise sessions. One noted benefit of having this consistent professional support staff present in the group exercise environment is that they are available to modify exercise programs on the spot, if necessary.

Another thing that's very good about [STAY-FIT] is having the kinesiologists here...I've had instances where I said 'oh you know my shoulder is a bit sore' or something and um and they look at my program [...] and then they can change it so it's great having uh;;; you know them here as a resource. – Michael, initial interview

Nicole and Diana mentioned how they appreciated the continued support and ability for them to use staff as a resource by asking questions or asking them to help modify an exercise.

I like the continued support. Like being [at STAY-FIT], and knowing that they're here, and you can ask questions and if I need to modify something, they can help me with that. – Nicole, initial interview

You feel supported because if you've got questions [the kinesiologists are] always there for you. And they're always so nice. – Diana, final interview

Having a population-specific program meant the staff came to this program knowledgeable about the exercise needs of this particular population, as it related to their diagnosis, treatment, and the long-term impacts of both the treatments and the illness itself.

Exercising within a knowledgeable, staff-supported group exercise environment provided these members with a perceived sense of security and safety while exercising, despite any fears or concerns they may have had surrounding their diagnosis and prognosis, because they trusted the staff and their knowledge of exercise in relation to cancer.

The people that work at [STAY-FIT are] knowledgeable. They have both [knowledge] from the kinesiology make up of the body point of view, and they really understand the different treatments that we have, and the potential impacts. And if they don't understand, they'll look into it. – Tanya, final interview

For Liz, she felt comfort in knowing that the program was never going to push her beyond her limits, but would meet her where she is, helping her to feel safe while exercising.

[START-FIT] was great comfort and relief for me in that because I thought 'yeah I feel safe here', you know? I know I'm not going to be pushed, right [...] Like I said, I wasn't an exercise person so if I'm gonna do it, I wanna feel safe, and I don't wanna feel like I'm going to hurt myself or is this really benefitting me, you know that sort of idea. – Liz, initial interview

Emily also expressed how she felt safe with the presence of staff in the group exercise environment, and trusted that they would keep an eye on her while she was exercising.

I knew that when I was working out in my program that I could work out safely here, because people kept an eye on me. And if I was pushing it a little bit, I knew they were watching. – Emily, final interview

From the participants' descriptions, I do believe that the support and knowledge that the staff provided was what made this group exercise environment highly trusted and practical for these individuals with cancer.

The presence of knowledgeable staff and student assistance was perceived by the members as a facilitator to their continued participation in exercise and was lauded as a valuable resource of the program. Availability of staff to assist members by modifying their individualized programs as needed and having knowledge of cancer-specific exercise barriers

were also described as essential components of the experiences of these members during both the START-FIT and STAY-FIT group exercise programs

Balance between assistance & independence. Levels of assistance changed as participants moved from the one-on-one assistance at START-FIT to the “extended assistance” at STAY-FIT. Extended assistance refers to an environment in which the kinesiologists and volunteers are present, but offer less one-on-one assistance to members as they learn and become more comfortable with the exercises in their program (only offering assistance when absolutely necessary). Staff support is evident within both programs; however, there are different levels of support received by START-FIT members when compared to STAY-FIT members. This change in staff assistance between each program was something I directly observed during my non-participant observations of both settings, as well as hearing from the STAY-FIT members’ themselves. In START-FIT, members were heavily monitored by staff and more individually supported through their exercise programs as needed, whereas when members progressed through to STAY-FIT, they gained a greater sense of independence during exercise and only required occasional assistance.

[In START-FIT] there were really experienced staff beside you checking, watching, you know kind of helping you gain a little more independence but they taught me more about my form and my breathing, and so that was kind of a foundational part of the program. – Emily, final interview

[STAY-FIT is] good because now you have a big group of people and a lot more people to interact with and you can do things independently because you don't feel like you need to have someone right one-on-one with you all the time either. – Heather, initial interview

The one-on-one support received during START-FIT was described as “foundational” in developing one’s skills and confidence of how to exercise and to get used to exercising more independently. Sarah felt as though having this set program and professional staff to teach her how to use the exercise machines made exercise participation much easier for both programs.

Before coming here I didn't do a lot of exercise. So I didn't know how to do things so it was up to me to go somewhere and figure out how to use a machine myself. That's scary. And I wouldn't wanna hurt myself...having a professional person teach you how to do it [makes exercise easier to participate in.] – Sarah, initial interview

Katherine explained that her continued participation at STAY-FIT had enhanced her knowledge of different exercise machines and this knowledge had further bolstered her comfort level, thereby contributing to her overall independence in exercise.

I've been doing [STAY-FIT] for longer now, like a year probably. Over a year. So more comfortable with the machines. – Katherine, initial interview

The design of the program allowed for members to get personal exercise support as if they hired a one-on-one, personal trainer, but also provided the opportunity to become increasingly independent as their exercise knowledge expanded throughout their time in the program. This provided the perfect balance between assistance and independence as one progressed from START-FIT to STAY-FIT.

Time was perceived as an important factor when it came to receiving assistance from staff. Members described becoming more independent over time, while exercising in the STAY-FIT program. This facilitated a greater number of members the flexibility then to attend any of the exercise sessions offered, as a result of their newfound ability to perform exercises with limited to no assistance (when compared to their needs while enrolled in the START-FIT program). In STAY-FIT, members become more familiar with their personal exercise program, the exercise machines, and the exercises themselves, as they progressed within the program, while still having the option to ask staff for assistance when necessary—therein achieving a sense of balance between assistance and independence.

This sense of balance was particularly evident during my non-participant observations of both programs. There was an obvious change of pace and assistance between the START-FIT

and STAY-FIT programs. START-FIT included four to eight members, who were managed by one kinesiologist and two to three student volunteers at one time. Members asked more questions about their specific exercises (i.e., their form, demonstrations, etc.), and received more one-on-one assistance through their individualized exercise programs. At STAY-FIT however, the members appeared more independent in completing their own exercises. They rarely asked for assistance from staff, and this seemingly allowed for more time for them to socialize with other members, more often throughout their exercise sessions.

Although prior exercise experience may have played a role in this level of independence for some individuals, most members described experiencing an overall growth in independence that improved over time while enrolled in both START-FIT and STAY-FIT. While the level of direct assistance may have varied within the two programs, the continued presence of STAY-FIT staff support was perceived to be an integral piece of the group exercise experience for all STAY-FIT members, regardless of where they were along the trajectory of their particular group exercise journey.

The importance of individualization and change. Although STAY-FIT is described as a “group” exercise program, in reality its members exercise independently, but alongside one another. As previously mentioned, each group member is provided with their own individualized exercise program to complete over the course of six weeks, at which time they receive a new one.

All STAY-FIT members voiced their appreciation for receiving a new exercise program every six-weeks, and they further denoted how this was a key facilitator to their continued participation. They described how this prevented them from getting bored with their weekly

exercise routines and they relished the fact that there was always something new around the corner.

[Kinesiologists] switch it up, so you don't get bored and uh and it's great. Everybody's so knowledgeable. And uh it's good. – Jessica, initial interview

I like the way, how this program changes it, and like every six weeks you get different things. – Nicole, final interview

The fact that they change them every;;; 8 weeks or so is really helpful because then it's not just the same old, same old all the time over and over and over. – Michael, final interview

Every 6 or 8 weeks or whatever it is, they come up with a new program, and keeps it a little bit interesting. – George, initial interview

Interestingly enough, George (who was previously described as a negative case and who had expressed his boredom for the program, reporting an overall decrease in physical activity participation), said he enjoyed this change in exercise program that is offered every six weeks. Although he perceived the program atmosphere to be boring, he did report enjoying the overall structure of the program and the fact that it offered a change in exercises over time.

The kinesiologists also helped to tailor these individualized exercise programs to better reflect the members' participation outside of the program, when participants requested such assistance. For example, Isaac was a skier and he wanted his STAY-FIT exercise program to focus on flexibility, whereas Heather asked to have a program designed to build her endurance.

I use uh- in skiing, balance is very important and so I particularly pay attention to the exercises that I do that give me the ability to uh be more flexible. Flexibility and to uh have- uh stability, so I don't fall. – Isaac, initial interview

I asked them to give me something that would build my endurance, because I just needed to build my endurance and so um so they did that, and that helped. – Heather, initial interview

Part of the unique STAY-FIT group exercise experience was having this individualized exercise program and the direct assistance from the staff to implement these new programs every six

weeks. All staff members were aware of the long-term health goals for each STAY-FIT member, and recognized and incorporated the changing health status of its members when providing their instruction and assistance.

I just got a new program last week. It's amazing that they keep adding new exercises and are aware of your goals and also take note of any injuries or pain you have and adjust the exercises to you specifically. – Flora, initial interview

This perceived level of intuition and awareness on the part of the staff continued to foster greater comfort and trust among the STAY-FIT members, ultimately helping them to propel towards continued physical improvements.

However, along with the positive feedback there was one comment associated with the weekly journal entries that stood out as a program critique. Even though Katherine rated her overall satisfaction as being high, she also mentioned that she is often waiting on the same machine, and this was perceived as a negative.

It seems like they have assigned many of us the same exercises which means many of us waiting on the same machine. – Katherine, journal entry

This is the only time a comment about waiting for machines was mentioned within both the interviews and the journal entries. Although only one member mentioned this, I do believe this sort of feedback may be valuable for the kinesiologists in order to continually be improving upon the design of their individualized programs within the reality of their resource constraints.

The cost of STAY-FIT reportedly became a financial barrier for some, once they moved from the START-FIT program (which is offered at no cost to the participant, with the exception of parking) to paying for the STAY-FIT graduate program (\$245 per 15-week term, parking included). There were a few members who mentioned how they were aware that the expense of attending STAY-FIT was more than a typical gym membership, when comparing attending STAY-FIT sessions eight times per month to the flexibility of attending a regular gym an

unlimited number of times per month. Although the expense is perceived as being more than a typical gym membership, in return members valued the individualization they received from program staff.

I like the program. It's a bit pricey for what it is, but uh I guess that's what you're-you're paying for, [kinesiologists] to come up with the [individualized exercise] program. – George, initial interview

So [I] can afford to come here 'cause it's not cheap to be here (laughs) in terms of just a gym membership versus being here... obviously I like that they do the program for me and then go with it for awhile and then switch it up. – Katherine, initial interview

Both Flora and Liz mentioned that they knew of others who had stopped attending STAY-FIT, due to the cost of the graduate program.

The money can be a barrier because we do lose a lot of people that wished they could come, but can't afford it. The first twelve weeks are free, after that [STAY-FIT] is \$245.00 per term. That is when some stop, due to cost. – Flora, initial interview

I was thinking uh the cost factor you know for some people, especially when you're going through cancer treatment. There's all these other costs. ...I know the first few weeks are that START-FIT is available free of cost, but then to continue you know, like it doesn't stop after 12-weeks and [if] you don't have the money, then it's hard right? – Liz, final interview

Although the program was described by a few members as being more expensive than a regular gym membership, they did acknowledge that this added expense was likely due to the individualization of the programming, as well as the fact that they were being closely supervised by knowledgeable and qualified staff in an exercise environment that was safe for them. STAY-FIT used to offer its members the option to take the summer semester (May-August) off, due to increased absences during the summer months. If they did choose to do this though, they did so with the understanding that their spot was not necessarily guaranteed upon their return. This option may have previously helped to defray the yearly cost of the program, because it allowed them to pay for two rather than three semesters per year. This option is no longer available, and

members are encouraged to use the mandatory two-week shutdown, when planning any time away from the program.

Without the dedicated presence of the resident kinesiologists and student volunteers, STAY-FIT would likely be considered more similar to a commercial gym, and therefore, would not be as appealing to its members. Part of what makes the context of both START-FIT and STAY-FIT unique is the trusting relationships that members develop and foster with the staff. Members described how they appreciated being able to exercise independently, all the while knowing that staff members were available to assist as needed. They also derived comfort from the fact that all prescribed exercises had been chosen with their specific medical history in mind. Finally, STAY-FIT members denoted their appreciation of receiving an exercise program tailored to their individualized needs and described this as being an integral part of their exercise experience at STAY-FIT.

In sum, the energy in the atmosphere and the continued staff support were described as a solid foundation from which the remaining three domains of well-being were able to evolve and grow. The energy in the atmosphere of STAY-FIT was perceived as fun, comfortable but also, occasionally sad. Staff members were perceived as trusted resources and members valued the balance between assistance and independence, while receiving individually designed exercise programs that were modified as needed. The entire contextual experience was built around these two main themes and was equally represented within both the START-FIT and STAY-FIT programs and among all members, playing a foundational role in the evolution of their social, mental, and physical domains of well-being.

Social Domain

STAY-FIT was described by many members as being unique from traditional group exercise classes. Members felt that it promoted a generalized sense of social community and belonging, by allowing them to follow their individualized exercise programs alongside one another. The unique design of STAY-FIT promoted this particular sense of community and belonging, so long as the individual in question actually embraced their exercise time as an opportunity for social engagement. Among the many feelings described by these members when referring to this social engagement were: accountability, connectedness, and normalcy and understanding.

Accountability

The very design of the group exercise program at STAY-FIT was described as promoting a certain degree of personal accountability among its members, which was reinforced by having a regularly scheduled, one-hour exercise time slot, twice a week, every week. Members described how they felt accountable not only to themselves, but also to the group as a whole. This regularized exercise schedule brought about a certain sense of consistency in their week, while also fostering a sense of familiarity and accountability to others within the program. Members described how they appreciated this perceived sense of accountability, both to themselves and to the group.

Accountability to oneself. STAY-FIT members were scheduled to attend either a Monday/Wednesday evening, Tuesday/Thursday morning or Wednesday/Friday morning one-hour time slot. Many members acknowledged how this structure of having a scheduled session helped make it easier for them to participate on a regular basis. They felt accountable to

themselves, unconvinced they would feel this same level of accountability if they were doing it on their own outside of the program.

It's at a scheduled time on a scheduled day, it's the same every week and I don't even think about it...If it was unstructured, it for me, knowing myself, it would be way too easy for me to say, 'ugh, I'll go this afternoon' or 'uh I'll go tomorrow' or whatever. – Michael, initial interview

The schedule is a big one for me in the sense that it's this time and it's the only time, so there's no excuses not to go or put it off until tomorrow. – Katherine, final interview

Having this program set times. This is the time that you are supposed to come. Now I switch around a lot to suit my lifestyle, but I wouldn't come if it was up to me to just go to a gym and decide when I was going to. – Sarah, initial interview

Having sessions at a “scheduled time, on a scheduled day” was perceived as a key facilitator to regular participation, ensuring that the exercise remained a priority in the STAY-FIT members' lives. Ashley stated,

I find it motivating. Yeah, I do like it. I prefer having a time you know and a schedule because as I said before, if I went to the Good Life, it's too easy to just not go. – Ashley, initial interview

Members admitted that regularly scheduled sessions also helped them to manage the other demands in their daily lives, prioritizing their STAY-FIT exercise program first and foremost, which provided some necessary structure to their week.

Just the regular routine of having a set time to come here and uh you know it makes planning my week a little easier when I know that I'm coming here on Tuesdays and Thursdays and uh you can kind of plan around it. – George, Final interview

Having [STAY-FIT] here and scheduled. And the positive impact that I feel from it, makes it easier 'cause I want to come. – Tanya, initial interview

STAY-FIT additionally offers its members the flexibility to change days if they are unable to make one of their scheduled time slots. The “day-swap” is allowed for both the START-FIT and STAY-FIT programs. Flexibility to change days was described as a key facilitator to ensuring that participants were still able to attend both of their weekly exercise

sessions, despite any demands they may have had outside of the program. This added convenience appeared to only further bolster their sense of dedication, commitment, and accountability to the program. Jessica and Sarah both mentioned how this feature was a benefit towards their continued exercise participation.

You're allowed to make-up classes. So I try to do that if I can. We're restricted, because you know they only want you to exercise every second day, so they offer classes Monday evenings and you can go. – Jessica, initial interview

I try and keep a schedule so since I work Tuesday/Thursday and come here Wednesday/Friday. But there's always things that come about, but I can be flexible. They are flexible here to switch classes. – Sarah, initial interview

Although the program does offer members the flexibility to change days as needed, there was an additional suggestion that was voiced by Ashley and Michael. Both members mentioned that they wished there was an opportunity to come to STAY-FIT for an additional session each week (meaning that they would attend three sessions per week, instead of two).

I love this program, but I just don't find it's enough... 'Cause you know they have a lot of older people in the program, maybe they think twice is enough. But I don't- I would personally love to do it- if I did it three times, I'd feel so much better. And I know I can do it at home, but I won't (chuckles). That's the problem (laughs). – Ashley, final interview

I like the scheduled times. It would be good if it was three times a week so that's you know, I don't know whether that would be considered a barrier but you know I mean it would be nice if it was three times a week. – Michael, final interview

In light of these comments and from my personal observations of both programs, one element that the STAY-FIT program could consider is becoming more explicit about intending for members to seek additional exercise opportunities outside of the program, to supplement their exercise during the week.

As Ashley mentioned, she wished that STAY-FIT were offered three times a week instead of only two. However, STAY-FIT was originally intended to only provide two sessions per week partially due to feasibility, but also for members to maintain adherence over time. If the

program was offered three days per week, then it is possible that staff could see adherence rates drop. Members became used to scheduling two exercise sessions per week into their weekly schedule while participating in the START-FIT program, so scheduling an additional exercise session during STAY-FIT may become too much of a commitment to ask from them. From the clients' perspectives attending the START-FIT program two days per week while undergoing treatment for cancer may have been difficult enough, outside of attending other appointments. Additionally, completing less than two days per week of exercise may not have resulted in noticeable improvements, while more than two days may have resulted in added fatigue and reduced autoimmune function as a result of overworking the body during treatment (M. Mourtzakis, personal communication, January 31, 2020). Therefore, two days per week seems like an appropriate number of sessions to offer and for members to adhere to, each week.

Katherine and Becca made the suggestion that STAY-FIT should offer more choice, having a greater number of offerings per week. This observation regarding limited class times was perceived as a notable barrier to exercise for some.

I'd like to see [STAY-FIT] keep going the way it is. I don't know if there's much that they could really change, other than maybe more classes, more time slots for availability. – Katherine, final interview

The other barrier to coming [to STAY-FIT] is I just wish that they had more hours. A little bit more flexibility of hours [...] If you can't come Monday, you come Wednesday. If you miss Wednesday, then you've only got Friday, 'cause they only let you come every other day, right? – Becca, Final interview

The limited availability was also contingent on program scheduling, staffing, and facility space, forcing them to limit availability out of necessity. However, now that members have expressed an interest in more availability of time slots, the STAY-FIT program could look into offering more options for members. These options could include offering additional evenings

beyond the Monday/Wednesday evening sessions or also offering classes on Monday mornings, but all of this would depend on the financial feasibility of making such changes.

Weekly journal entries were a valuable component of this study because they were able to track week-to-week program adherence by asking specifically how many STAY-FIT sessions the participant attended during the reporting period. I believe this is one of the most valuable features of this journal because this information was used to augment interview conversations surrounding overall adherence and any barriers and facilitators encountered along the way. These issues surrounding adherence were then primarily addressed during the final interview. It also gave me concrete insight into how often members attended/missed their weekly sessions.

Based on the data collected from these journals, most participants reported attending both of their weekly exercise sessions during the entire reporting period (see APPENDIX J). It is interesting to note that seven of the ten STAY-FIT members who successfully completed all four weekly journal entries also attended both of their scheduled sessions each week (a total of eight sessions over four weeks), further punctuating this strong adherence. Two members made up the three responses for '0' sessions attended. One member was unable to attend due to STAY-FIT being closed on Good Friday, and the other member was unable to attend twice due to receiving medical treatment for a cardiac condition.

To extend beyond this adherence question, STAY-FIT members were asked if they faced any particular challenges that made it harder for them to attend STAY-FIT during this reporting period. The majority or 73.5% (i.e., 36/49 responses) responded 'no', while 22.4% (11/49 responses) responded 'yes' and 4.1% (2/49 of responses) did not respond either (see APPENDIX J).

Although providing further justification was optional, some members included an explanation as to why they had difficulty attending or why they only attended one of their two

exercise sessions during that reporting period. Of the following quotes there is at least one response from each participant who chose to provide an explanation, and responses were chosen by relevance. Katherine stated that she was unable to attend due to a family commitment.

I was unable to attend a session due to my husband's work commitment, so I was home with the kids. – Katherine, journal entry

Sarah experienced scheduling conflict due to an early meeting, but she was able to accommodate by attending an earlier exercise session than her regularly scheduled one.

Very busy week. Friday I had an early meeting, and then changed to 10:15am class instead of 8:15am. – Sarah, journal entry

Becca and Isaac both described missing due to medical appointment conflicts.

Doctor appointment conflicted with my Stay-Fit session. – Becca, journal entry

I had a number of medical tests. I am waiting for the results. – Isaac, journal entry

Liz and Becca said that the Good Friday closure made them unable to attend the Friday session.

Cold started after break and if there had been a class Good Friday I would have gone. – Liz, journal entry

Answer should [be] zero, Stay-Fit [closed] due to Good Friday and programme closure. – Becca, journal entry

While Ashley revealed one week it was due to the annual shut down, and the following week it was due to family in town.

It was closed on Tuesday for the annual shut down otherwise I would have gone in twice a week for sure. – Ashley, journal entry

I always go twice a week...if I miss one I make it up. This so happened to fall when my cousin from [Europe] was here and we were in Toronto and I couldn't make it up another day so an unusual week. - Ashley, journal entry

Similarly, Flora expressed that family commitment made it more difficult to attend her exercise session during a reporting period.

During this time I had my Granddaughter staying with me as, my daughter was working out of country. Every morning I had to drive from [outside the city] to [inside the city] to drop her off for school at 9:10 am and then drive to STAY-FIT. My class starts at 9:15 am so I was late but still finished my program. [I] really try not to miss it! – Flora, journal entry

In contrast, STAY-FIT members were asked if anything in particular may have made it easier for them to attend STAY-FIT during the reporting period, and while 61.2% (i.e., 30/49 responses) said ‘no’, 34.7% (17/49 responses) said ‘yes’ and 4.1% (2/49) did not choose either (see APPENDIX J). Some of the ‘yes’ responses included how the social aspects of the program incentivized attending:

Both the "staying in shape" incentive and the social aspects. – Michael, journal entry

We were going to meet after for coffee. – Isaac, journal entry

Social time with STAY-FIT friends. – Becca, journal entry

Yes because I received such wonderful support and encouragement from my trainers and classmates. Facing another surgery, while not Cancer [sic] surgery as before, was difficult emotionally. Was great to have the support of others who have walked in my shoes. – Cheryl, journal entry

I do think that while most participants responded ‘no’ to this particular question, this does not necessarily mean they had a challenging time attending STAY-FIT. Rather, the nature of their responses may have been more neutral in stance, in that nothing was perceived to have made it any easier or any more difficult to attend their session that week.

Members would often highlight that the weather affected their accountability and adherence to attending both exercise sessions per week. Adverse weather conditions became a barrier to exercise that was mentioned among some participants via their interviews, as well as their weekly journals. Due to winter conditions such as snow, members would sometimes stay home and not participate in exercise, but during the warmer months, members were motivated to attend STAY-FIT and to participate in other physical activities outside of the program.

I only miss if I'm sick or roads are bad. – Flora, initial interview

When the weather's nice I have no problem keeping more active, but it's a challenge in the winter. – Becca, final interview

I think it's noticeable that in the spring and everyone seems a little bit more active and happy to be here. – Nicole, final interview

Outside is windy, snowy and wet, but I need to take my dog for a walk. – Jessica, journal entry

Ashley believes that the weather affects their attendance as a group more than any other barrier, particularly the unpredictability that is experienced during the winter months.

The weather actually affects us more than anything else, I would say. – Ashley, final interview

In contrast, the warmer weather was seen as a facilitator to exercise participation among STAY-FIT members. Nicole, Liz and Flora all mentioned within their weekly journals that good weather made it easier for them to participate in exercise during their reporting period.

Weather was a bit better. Feeling more like spring. Helps get me out. – Nicole, journal entry

Bad weather sometimes makes me consider [not going] but I go if I at all can. – Liz, journal entry

Good weather and road conditions. – Flora, journal entry

The milder weather outside has prompted me to do more physical activity outdoors. – George, journal entry

Therefore, the weather was reportedly one factor that continued to challenge members' abilities to hold themselves accountable to attend their two sessions per week. Warmer weather, in particular, was perceived as a facilitator to exercise participation, while winter weather was perceived as a barrier to exercise participation.

The weekly journal asked members' to describe their motivation to participate in physical activity that day (1-being "not at all motivated" to 5-being "extremely motivated") had an

average answer of 4 (see APPENDIX J). Eleven STAY-FIT members offered additional comments to elaborate on what in particular had hindered or helped their motivation for any particular reporting week. One barrier to motivation was finding the time to fit in exercise, although Sarah managed to attend her exercise session, but felt rushed.

This was a very full week, so I had to reschedule things to fit in exercise. Felt rushed. – Sarah, journal entry

I was motivated but couldn't fit a formal workout in, I was active with my 2 year old grandson. – Becca, journal entry

The most common comment that hindered motivation to participate in physical activity during the reporting period was perceived energy levels.

Some days I don't really feel like going but I know I'll feel better once I get started. – Michael, journal entry

The early morning start while good, as it gets the work out done, is sometimes harder to get going in the morning. – Flora, journal entry

I didn't sleep well last night so my energy level was a bit low this morning. – George, journal entry

Not feeling well. – Liz, journal entry

The sole rating of 1 came from Cheryl who was post-surgery and was instructed not to exercise.

Today not motivated at all. Tummy still quite sore from surgery. Instructed not to exercise. – Cheryl, journal entry

Participants who responded with a rating of 5 had positive comments regarding their motivation to exercise that week.

I want to push myself to feel 100% again. – Cheryl, journal entry

Knowing I was the last session before the break motivated me to make today a good workout. – Katherine, journal entry

It was a pleasant day to exercise. – George, journal entry

Members provided overwhelming evidence to suggest that having a program at a “scheduled time on a scheduled day” helped to hold them accountable to themselves. Though some STAY-FIT members described the desire to attend an additional exercise session each week, the program’s flexibility to switch days when necessary was identified as an important facilitator that at least helped them to successfully attend both, when scheduling conflicts arose. Seasonal changes were additionally described as a factor that had a significant impact on their ability to attend their respective exercise sessions, further influencing this accountability to self.

Accountability to the group. Some STAY-FIT members described how having regularly scheduled exercise sessions motivated them to attend because they knew “people notice when you’re not here.” As a result of the strong social component of STAY-FIT, members described themselves (and others within the program) as being more attentive to the absence(s) of fellow members. Having the same people attend each session was perceived as a facilitator towards exercise accountability to the group. Unlike a regular gym where you can miss a session and no one will likely hold you accountable, they described how members at STAY-FIT are expecting you to be there and if you are not, they worry. Both the men and women in this study described how knowing this, made them more likely to show up and participate on any given day, making them feel more accountable to the group as a whole.

Knowing that [members and staff] are waiting for you, expecting you, makes you wanna come, you know? Not miss it and be lazy. – Diana, initial interview

[At Goodlife] there’s no feeling like, ‘Oh if I don’t go, I’ll be missed.’ And you get that from [STAY-FIT]. – Becca, final interview

That accountability of not coming you know [...] There’s always that and so there’s motivation to get out of bed...But you know people are waiting for you and yeah that they’re waiting specifically for me, but that’s- people notice when you’re not here. Um...and you just motivate each other. – Emily, final interview

Having a regularly scheduled time slot and participating with the same group members each week, allowed for connections to grow over time between STAY-FIT members and the staff. Those connections were perceived as having a positive effect on overall exercise adherence and were also perceived as key motivators to attending both exercise sessions, each week.

Just the way that we operate as a group, that we all talk to each other, and we have all made friends and things, and that's also another incentive to come. – Heather, initial interview

[The group exercise environment] motivates me...I think because I know I'm gonna see people I like, right? – Liz, initial interview

I'm always motivated to come because there's that little bit of uh more than personal accountability, there's a there's a bit of group accountability. – Emily, initial interview

The feeling of being missed or that people were waiting for them to show up, was often enough motivation for these members to feel that they were accountable not only to themselves, but to the group as a whole as well.

The social nature of STAY-FIT was described as a key component influencing the development of a sense of accountability to oneself and to the group as a whole. The regular scheduling of sessions at STAY-FIT was perceived not only as a facilitator to exercise for one's own well-being, but also led to a sense of accountability to the group, among those participants who attended together week-after-week. This overwhelming sense of accountability from these regularly scheduled time slots and the fact that members looked out for each other, provided one important piece of the puzzle upon which social well-being was nurtured through this group exercise environment.

Connectedness

The group atmosphere of STAY-FIT was described as one that fostered strong social connections among those exercising in this environment and this resulting sense of connectedness became an integral part of their lived experiences within the social domain. All

members (with the exception of one), perceived STAY-FIT to be an essential piece of their personal social network. In addition, these STAY-FIT members described how their desires to branch out into other social activities (such as dragon-boating and coffee gatherings), were perceived as having been directly influenced by the connectedness and support that they felt within the group exercise environment. Overall, this resulting connectedness was described by almost all members as having significantly influenced the social domain of their lived experiences throughout their START-FIT/STAY-FIT journey.

An important piece of the puzzle. STAY-FIT was described by both male and female members in this study as being an important piece of the puzzle that made up their personal social network. All members, with the exception of one, described the many interactions that occurred in this environment as being meaningful and supportive.

Having these guys and the people that you see twice a week regularly just feels like a support. – Ashley, initial interview

My social support network. It's just my network, it's here... Friendship. – Diana, initial interview

These [members] are my support group. I've become good friends with them and then now it's just as much about the friendship as the exercise, right? – Becca, initial interview

Tanya, who was a stay-at-home mom, perceived STAY-FIT as her main social network, providing her with the opportunity to get out of the house and to be active, with the added benefit of socializing twice a week.

[STAY-FIT is] a great social support network as well, which is so important. And I mean you can be switching exercises and crossing paths and chat for a couple minutes so um yeah. Partly for me it's my- it's my social network. Because I'm home, I don't have that work social network. – Tanya, initial interview

Similarly, STAY-FIT provided Nicole with an extended group of people that she now considers part of her otherwise small support group, consisting mostly of family and friends.

[STAY-FIT] gave me a whole support group of people that I wouldn't have had. And I-like if I hadn't found this, I don't know what my support group would have looked like because it would have just been my family, and my few friends [...] but it's a pretty small group. [STAY-FIT] gives you a big group of different people, different points of view. And it's always there if you come, that's the nice part of it. – Nicole, final interview

This role that STAY-FIT seemingly played as a piece of their perceived support network illustrates how STAY-FIT had become more than just an exercise experience, but had also contributed to and broadened each of their support networks through friendship.

The element of time also played a role in this sense of connectedness among members, during both group exercise programs. Ashley, Sarah and Michael described how their social relationships developed slowly over time, becoming increasingly important as time passed.

They're just all really nice people, and yeah and same with the participants, you know. It's just sort of like a little family of people that you get to know slowly. – Ashley, initial interview

I haven't talked much about the social side of things but that keeps you coming back too, 'cause you've connected with people, which happens over time. – Sarah, initial interview

Definitely the social aspects of STAY-FIT that become more and more important as they develop. – Michael, initial interview

As time progressed, more opportunities were created for members to become familiar with one another through their continued interactions, conversations, and connectedness during the exercise sessions. Therefore, the fact that the program itself was conceived of as a long-term commitment, allowed for members to build deeper connections with one another. These connections were then described as influencing the extent to which STAY-FIT contributed to their overall support network and in the broader scope of things, to the social fabric of their lived experiences as a whole.

Negative case. All members within this study, with the exception of one, described STAY-FIT as an environment in which they felt this strong sense of connectedness. The one

exception was a male participant, who felt that he did not have much in common with the female-dominated STAY-FIT population of his class. He also reiterated his perception through the feedback he provided following review of the member check form. You will likely note that he was also the negative case when describing the atmospheric qualities of the programs, within the contextual domain.

[I'll] go for coffee with the group [after STAY-FIT], once in a blue moon. Maybe every month or month and a half, but I don't really associate much with the people here. Uh just different interests and it's mostly uh I'm gonna say a bit of an older crowd. Mostly women, so I don't have a lot in common with them. – George, initial interview

Although George did not find that STAY-FIT was an important piece of the puzzle when referring to his own personal social network, it was unclear as to whether or not his experience was shared by other male members of STAY-FIT who had not participated in the study. Due to the limited number of male participants, I was unable to explore this idea further. I can say, however, that the other two male participants, Isaac and Michael, both spoke to the personal importance of the social support component of STAY-FIT within their own interviews, leading me to believe that we cannot assume that all male members perceive STAY-FIT in the same way as George.

This 9:15 am group is a very good group...it's a very positive experience talking to the other participants in the uh- who have had cancer or who are survivors. – Isaac, initial interview

[At coffee] we all talk and laugh and you know we have quite a group usually and we get to know each other so yeah, that is a social support as well for sure. – Michael, initial interview

In order to conduct an in-depth exploration of the male perspective of the STAY-FIT environment, it would be essential to recruit a much larger number of male participants. This was difficult to do in the present study, due to the fact that these exercise sessions consisted mostly of women. During my recruitment period, the STAY-FIT program had 124 females enrolled and 38

males (Winter 2019, January to April term), and in six of the eight classes that same semester there were more than three times the number of females enrolled than males (B. Godkin, personal communication, Feb 5, 2020). Another reason may be that consenting participants who were women would mention their participation in my research study to their fellow female STAY-FIT classmates, who would then contact me to express interest in becoming a part of my study. This then further increased this female to male ratio, as a result of snowball sampling amongst their female friends.

There is not enough evidence to support the notion that George is at all representative of the male population perspective within STAY-FIT, however, it also does not mean we can discount it. The fact remains that he did bring up an important point about the female-dominated population at STAY-FIT. This gender disparity was also evident through my non-participant observations across both programs, during the many hours I spent within the START-FIT/STAY-FIT environment. Although only three of the sixteen participants in this study were male, this was indeed largely reflective of the enrollment statistics at the time of my recruitment.

This gender disparity notwithstanding, the opportunity for members to develop strong social supports within the group exercise environment was described as promoting a positive sense of social well-being. All members, with the exception of the aforementioned negative case, perceived their interactions at STAY-FIT as being an important component of their respective social support networks, and these connections were in turn, an important piece of their perceived lived experience of the group exercise environment as a whole. The element of time played an essential role in fostering the development of these connections, by providing members with increased opportunities to connect within this group exercise environment over the weeks, months, and years spent exercising there.

Branching out. In addition to feeling this sense of connectedness with members within the program, all STAY-FIT members within the study described the many social experiences that they engaged in outside of the program with other STAY-FIT members. One such social experience that was exclusively described by the women with breast cancer in this study involved joining the dragon-boat team. The other commonly cited social activity outside of the STAY-FIT program was the “post-exercise coffee klatch”. Both of these activities were rooted in the connectedness fostered by the STAY-FIT program, but took place beyond its doors.

The dragon-boat team that was described by these women was comprised solely of female breast cancer survivors. Five of the nine breast cancer survivors in my study were members of this dragon-boat team. Katherine was one of these individuals, and she made it quite clear to me that her participation in STAY-FIT had directly influenced her pursuit of physical activity outside of the program, and that this involvement had become just as important socially, as it was physically, for her. She spoke of how the dragon-boat women served as a huge support for her, and that they connected through their many challenges that they had encountered and shared as breast cancer survivors.

The ladies from the dragon-boat team have been a huge support...it's not like we talk to each other all the time or whatever, we see each other once a week now and throughout the summer, the twice a week, but it's really good to have people who've been there. – Katherine, initial interview

Liz explained how STAY-FIT expanded her social circle into dragon-boating as well.

With the dragon-boat and [STAY-FIT] and cancer, I have found there's this wide circle of friends. Um, of women that I have met and have become friends with because of that, right? So um, there's some overlap sometimes. – Liz, initial interview

In a similar way, Heather spoke about the overlap of how her participation in STAY-FIT encouraged her to join other physical activity groups.

Having breast cancer was one of the best things that happened to me because that's how I got involved with [STAY-FIT]. And then through [STAY-FIT] I got involved with dragon-boating, and then through dragon-boating I got involved with curling so and then- that kind of thing. – Heather, initial interview

The dragon-boat team was a strong example of how connections made at STAY-FIT influenced the promotion of branching out and participating in other social and/or physical activities, beyond the walls of the STAY-FIT group exercise environment. This was indeed described as a unique aspect of this lived experience within this program.

For many STAY-FIT members, including those described above with breast cancer, there was no better way to celebrate the completion of an exercise session than an impromptu social gathering over a warm cup of coffee at a nearby café. Many members mentioned that a key incentive for coming to STAY-FIT was not only the socializing during the program, but also the socializing that took place afterwards at a nearby coffee shop. There was a regular group of STAY-FIT members who grabbed coffee on a week-to-week basis, as well as those who would drop-by, on occasion.

I'll be quite honest with you, part of it is that after all that and you finish, then we go to coffee and have a good time! (laughs) That's part of the expectation, right? – Michael, initial interview

But overall, it's a great group here for [socializing] ...I think we've said before, you start off thinking you're just gonna exercise and then before you know it, you're going for coffee! – Becca, initial interview

Some of us even go out for coffee or even gone out for lunch. You know you have a real connection. – Cheryl, initial interview

Although most of the regular coffee-goers appeared to be from similar STAY-FIT sessions, these coffee outings were discussed from participants across both the Wednesday/Friday and Tuesday/Thursday groups. The self-described social butterflies, Flora and Diana, organized these regular coffee outings. Both of these women perceived these outings

as a way to connect with others in their session beyond the doors of the program, allowing for more time to get to know one another.

Once I retired I'm like 'I don't have to go back to work. Does anybody wanna go for a coffee?' ...So we started doing [coffee]. – Flora, initial interview

So I started you know talking with [the women on the treadmill] and saying 'Do you know um Jane over here?' or 'Do you know Susie over here?' And then uh I'd say 'You know, we should go out for lunch.' And started up doing that too- before [the START-FIT] program was over we were getting to know one another. – Diana, initial interview

Those who attended these coffee outings made the point of saying that members did not typically use this time to talk about their cancer experiences; rather, this was seen as a time to just get to know one another.

We don't really even talk about cancer. We go out for coffee a lot you know and we rarely ever talk about cancer [...] we talk about everything else in life, what's going on in our lives (laughs). – Heather, initial interview

I've heard a couple people say 'Well, what do you do? Do you all sit around and talk about cancer?' Well no, we don't. I mean sometimes it comes up, but um you know no. We just talk about things generally. Usually we have a good laugh. – Michael, initial interview

These post-exercise coffee klatches appeared to be primarily of interest to those who were retired and had the additional time to spend socially with other STAY-FIT members following their exercise sessions. Three of the sixteen members were on the younger-side (between ages 41-47) compared to the average age (61.5), and two of those three younger members attended the morning exercise session. Ashley is one of the younger members within this study and she shared that the coffee attendees were an “older crowd” and she did not attend coffee often, but had gone in the past.

It's quite nice with the [class] they're a lot older crowd and they go out for coffee, and they just recently invited me to go with them (chuckles)... So I've gone a couple of mornings. It's really nice, actually. They've been coming for years. – Ashley, initial interview

Similarly, Sarah, who was also a younger member with a full-time job, expressed that while she would not mind going out for coffee once in awhile, she had other social groups outside of STAY-FIT that she would prefer to go out with when, and if, given the opportunity for a coffee break.

I work and I have to do other things and partly too, if I'm going to take the time to go out for coffee it will be with other people. – Sarah, initial interview

Overall, these coffee klatches were described as a contributing factor in the overall perception of STAY-FIT as a social environment, fostering connectedness among its members outside of the walls of STAY-FIT, and which epitomized this idea of “branching out”. Meeting for coffee provided an opportunity for members to connect with one another in an environment beyond the doors of STAY-FIT, much like the dragon-boat team did for those with breast cancer. Participation in the STAY-FIT program seemed to provide members with the impetus to expand their social experiences with other members, beyond the program itself.

This theme of connectedness encompassed how the group exercise environment served as an important piece of each members’ social network puzzle and was influential in empowering members to expand these connections beyond its doors. All STAY-FIT members, with the exception of one, described STAY-FIT as an integral piece of this social network puzzle. Time was described as a factor in the development of these relationships, reinforced by the long-term nature of the program (spanning many weeks, months and years), creating countless opportunities for members to grow closer to one another and to feel this social connectedness. Further, the social connectedness of its members was additionally noted through their desire to branch out beyond the doors of the program, to engage with one another in other social experiences.

Normalcy and Understanding

The cancer journey is something that most people cannot fully relate to until they have personally experienced this life-altering diagnosis themselves. The moment in which someone finds out they have cancer is life changing. Everyone who attended START-FIT/STAY-FIT had this life changing experience in common, and this was described as a starting point for perceived normalcy and understanding throughout their cancer journey within the group exercise environment. Both START-FIT and STAY-FIT were described as playing an integral role in building a connection among those people who can understand cancer when others (including family) cannot. This sense of understanding additionally helped to normalize this experience, both through the group exercise program and beyond. This sub-theme was described by members as blending both the social domain and the mental domain of this lived group exercise (as depicted in Figure 1).

Interestingly, this sub-theme was the only one within the social domain that was perceived and described exclusively by the female participants (n=13) in this study. None of the male participants delved into this particular emotional side of support and further interpretation as to why this may be the case, will be discussed.

Cancer as the common denominator. Cancer was perceived as the common denominator among those female members who attended STAY-FIT, and it provided a sturdy basis upon which social relationships were able to develop and blossom within the group exercise environment. Many members expressed their sheer appreciation of being surrounded by other people who were also navigating the cancer journey. Both the START-FIT and STAY-FIT environments were perceived to foster a sense of normalcy surrounding this cancer experience

and helped to provide an emotionally safe space in which members could build upon their connections with others, while navigating their own, personal cancer journeys.

Having people that are at the same spot in your journey, ahead of you in your journey, behind you in your journey. That's all helpful to encourage other people, but as well to encourage you. – Sarah, final interview

The other piece that is incredibly important is the social impact. You are with other people that understand what you're going through. They may have had a different journey, but it's a journey that you don't really understand no matter what type of cancer- until you walk in those shoes. – Tanya, final interview

Members expressed how they thoroughly enjoyed exercising within the same environment as others who have had cancer and who fully understood the cancer experience. Heather noted that she particularly enjoyed the fact that everybody else in START-FIT was attending the program throughout their treatment, because this meant they understood how she was feeling while exercising. As such, members were perceived as supporting each other through these challenges.

I liked to come during treatment because um everybody knew everybody else was in treatment as well. So you could talk about, you'd support each other about how you were feeling then that day, right? – Heather, initial interview

All of the female members in the study perceived STAY-FIT as offering more than just the physical benefits of exercise. The women described building deeper and more emotional social connections with other members within the program, and felt particularly inclined to share the many emotional experiences that had arisen while exercising within these programs. When answering the social support-based questions from the interview guide, six of the thirteen women welled up with tears or began to cry during at least one of their two interviews. It could be suggested that these women were more socially and emotionally connected to the START-FIT/STAY-FIT programs than their male counterparts, however I would need to have a larger sample of men from which to draw, in order to say anything more definitive about this.

Emily emphasized how meaningful she perceived the psychosocial aspects extending beyond the exercise environment to be, and how they played a role in her perception of continued support and her personal sense of improved well-being.

The relationships that you build here would be foundational to keeping you supported and well. Even when things are challenging with your health there are people here that understand that and you'll get the support that you need. I think the relationships, the social aspect, the psychological aspect is as important as the physical activity. – Emily, final interview

In a similar way, Flora expressed how her experiences of STAY-FIT provided her with more than just exercise, but also included the support of people to talk to and to share their individual journeys.

[STAY-FIT] gives you more than exercise because you talk to people, you support people or they support you. Sometimes it helps to share what you've been through or listen to what they've been through 'cause everybody's had a different journey. – Flora, initial interview

Jessica enjoyed that STAY-FIT allowed for individuals to connect with one another and improve upon their health status at the same time, without letting their cancer diagnosis be their entire focus and to consume their everyday life.

You don't want cancer to be your whole focus. You don't want to- and that's another reason why I quit the support group [outside of STAY-FIT] because you can't let your whole life be about cancer but here for this short hour and then coffee, it's okay [...] [STAY-FIT is] this little safety net of people you can see a couple of times a week without having cancer consume your life. – Jessica, initial interview

In contrast to all the benefits of exercising within an environment comprised solely of individuals with cancer, Ashley expressed her initial trepidation surrounding this idea. She was concerned that it would act as a constant reminder of her past cancer experiences. Fortunately, her perspective changed once she saw the power of being with others who have gone through a similar experience as transformative as cancer.

I chose not to go to [support groups] for my own reasons but what's nice about the gym and exercising in this kind of environment with other people who've been through [cancer]...it is just like an unspoken sort of thing, you know? So it's nice to know that all of these people have been through the same thing...And now and a lot of them especially in my group have been here healthy for many, many years like a long time they've been doing it, which is nice...Even though initially I didn't like the fact that it's a constant reminder, but once I had gotten over that I realized that it actually was a positive in that everybody had been through a similar thing, so [we] kind of all understood something about each other (chuckles). – Ashley, initial interview

The social experience of STAY-FIT provided the opportunity for members to relate to others during the exercise sessions, without making the focus solely on cancer. This environment encouraged meeting other people who were going through similar cancer-related experiences and opened the door for a shared understanding that goes along with this journey, and extends well beyond the cancer diagnosis itself.

“They understand what others cannot”. The women in my study revealed the difficulties that can arise when family and friends do not understand the hesitations, emotions, concerns, and anxiety surrounding the cancer experience in the same way that other members at STAY-FIT do. Once again, it was the women in this study exclusively who held this perception of finding understanding where family and friends cannot. This exclusivity in terms of this theme may reflect the more social nature of women to connect and develop emotional ties with other women. From my direct observations within this study, the women were more inclined to speak about both programs in a more emotionally-charged fashion, citing their interactions as valuable components of their social network alongside friends and family, more so than the male participants. Having the opportunity to meet other individuals who had cancer was perceived by them to be a huge contributor to their overall social well-being, because they finally felt understood.

I feel like it's probably easier to discuss things about what we went through, what you're going through, what you're feeling with the people here as opposed to...like my husband

who's never been through it other than with me, right?[...] it's nice to discuss your upcoming visits or tests you've had done or what medications you're taking or side effects, and all that stuff. – Katherine, final interview

I've kept all my friends, but it's different because people who don't have cancer don't really understand. – Jessica, final interview

No matter how close your family or friends are, they don't get what we are going through because they haven't been through the same journey. And uh we [at STAY-FIT] just connect because we do understand. – Flora, initial interview

Health challenges may continue to arise throughout treatment for cancer and these challenges may affect one's physical ability to exercise at both START-FIT and STAY-FIT. Emily explained how the presence of other members who understood the physical challenges of cancer treatment was perceived as a key facilitator to continuing to exercise, despite the cancer-related health challenges one may experience along the way.

I think if you're a new person in cancer treatment there's lots of worries that you have that you don't know if you can share with people or- lots of physical challenges, I think everybody here understands that. And they kind of pull you through it. They kind of tug you along. – Emily, initial interview

Katherine and Liz expressed how STAY-FIT was a safe space to talk openly and honestly with other women who had gone through experiences similar to their own breast cancer experiences.

Having the ladies and the support and being able to talk to them and we talk openly and honestly about everything going on, it helps with questions and concerns and to know that they've been through it for varying years and they because I was just out of treatment, knowing that you know some have been ten, fifteen years cancer-free, it's encouraging. – Katherine, initial interview

When I'm here I know I can talk about cancer and its side effects and things I've read or whatever. There's other places I do that, but yeah this is one place I could um just feel understood. So that's important to me. – Liz, final interview

Unlike family, STAY-FIT members understood the importance of reaching milestones regarding cancer medication, and the STAY-FIT environment was perceived as a place they could share

and celebrate these milestones. Nicole explained how few people understand how important these milestones are to people who have had cancer.

I had a conversation just last Friday about one of the people, she just went off a drug like she's at her 10 years and she got to go off the drug, and it was like she was so excited and she was telling us about it, and it's like there's not a lot of people who would understand that, right? (laughs)... a lot of people think that your cancer- once you're done your treatment, that's it. You don't think about it anymore. You don't do anything about it anymore...it's part of your life forever and to have people who understand what a big deal it is to go off those drugs that she's been taking for 10 years, I'm sure- I'm sure we were the people she really wanted to tell. – Nicole, final interview

STAY-FIT is perceived by women within this study as a place to feel understood. The STAY-FIT group exercise program gave members the opportunity to relate to other people who had been through similar experiences. This level of understanding surrounding cancer went beyond that of their family and friends because the STAY-FIT members could personally relate to the many challenges of cancer, based on their own personal experiences throughout this journey. Both START-FIT and STAY-FIT were described as places where members could feel comfortable discussing all aspects of their cancer experiences.

You are home. In general, the experiences described by STAY-FIT members exemplified how cancer can alter the overall well-being of an individual upon diagnosis, throughout treatment, and well into survivorship. Life can feel like it has been flipped on its head and that any sense of normalcy may have permanently succumbed to this disease. For Liz, a breast cancer survivor, she described her experience similar to the way Canadian author Kate Bowler described her diagnosis. In Bowler's (2018) bestselling novel, *Everything Happens for a Reason: And Other Lies I've Loved*, Bowler compares her diagnosis to "standing at the edge of a cliff". I believe this description beautifully encapsulates the essence of how life altering and scary a cancer diagnosis can be:

When [Kate Bowler] got her diagnosis she said [she] was standing at (pauses as she begins to tear up) I was standing at the edge of a cliff and I could feel the updraft, and praying somebody would build a bridge. I like that image, you know? It's just- you just- all of a sudden there's nothing there, right? No ground to stand on and...and she uses that- you know I've been able to stand back from the edge, and that's the way I feel now too. I've been able to stand back from the edge and feel um- but you're always aware of the edge, right? ...And that's what I find with the women here you know that- and that's I think what makes us different from regular people that don't have cancer, is that you're always aware of the edge of the cliff, and you never know when you're gonna be standing on the edge of it again, right? – Liz, initial interview

Members spoke about seeking a certain degree of normalcy once enrolled in the START-FIT program, and just how perceptions of the social atmosphere led to finding a sense of understanding and support.

Heather and Tanya spoke about their experiences beginning in the START-FIT program, and how just being around others who were going through treatment for cancer at the same time as they were, helped to imbue this sense of normalcy.

My first day of going into the gym and doing exercises I vomited (laughing) because it was like so hard (laughing) you know and I was so embarrassed (laughing) but then there was another woman in there who just came up and hugged me and goes 'you know, we understand.' – Heather, initial interview

In START-FIT... I think actually as much as the physical...it was craving finding people who were going through the same experience that I was. – Tanya, initial interview

Through continued participation in the START-FIT program over time, many members realized that they were not alone in their journey and that other members were trying to navigate this cancer experience too.

I would say sometimes you think you're the only one with this type of problem, you start discussing it with somebody else and if you're with your friends they say 'oh yeah that happened to me' and then all of a sudden you realize you're not all alone and you're not weird. – Diana, initial interview

[STAY-FIT] is an amazing support system...I never didn't feel supported but that said, [cancer is] about the most lonely thing you can go through. So you can be- [begins to tear up] [...] So it doesn't matter how much support you have, you're the person who's gonna die. You're the person who's gonna have to go through everything on your own,

even though [family and friends are] there. So that's why [STAY-FIT] helps. – Nicole, initial interview

This demonstrates how emotionally impactful this experience has been for these participants, and just how important the START-FIT/STAY-FIT programs have been as part of their journey. START-FIT and STAY-FIT are both comprehensive exercise programs that became social because of the emotional connections members developed as they shared their cancer journeys with one another. Only the women in this study perceived STAY-FIT to be more than just an environment in which to exercise, but also as a space where they could feel at home. This sense of home was fostered through their social connectedness and developing sense of understanding and normalcy, while sharing this cancer journey with other participants.

In sum, both the START-FIT and STAY-FIT group exercise programs were described by the members in this study as more than just an opportunity to participate in exercise. It would appear that they had a significant impact on the social well-being of its members as well. The social nature of both programs provided members with the opportunity to feel a sense of accountability toward both themselves and towards the group, to feel a shared sense of connectedness, and among the women at least, to feel a sense of normalcy and understanding which, in turn, blended the social and mental domains together. This blending implied that the experience of finding and relating to individuals who understand this cancer experience is not just influential on one's social well-being, but in fact has an important effect on one's mental well-being as well.

Mental & Physical Domains

The physical and mental domain were perceived as largely congruous, resulting in a blending of physical and mental benefits to exercise. For example, when a member saw an increase in physical strength, this was often described as resulting in increased motivation to

exercise. Similarly, members understood that exercise participation was keeping them healthy, which in turn increased their priority to exercise. The physical and mental domains worked in harmony with one another to enhance the STAY-FIT experiences and perceived benefits for these members, therefore why they are presented together.

STAY-FIT members' experiences were largely comprised of the perceived value of exercise and how this had changed pre- and post-cancer diagnosis. They understood the benefits that exercise has on physical improvements following cancer treatment and perceived these benefits as a motivator to regain strength and health following treatment. Members also described using the mind to restore one's body and to reclaim one's sense of self, following treatment. As such, the mental and physical domains were described as encompassing the perceived benefits, motivations, and positive outlook, which guided the lived experiences of exercise for many STAY-FIT members. Exercise was described as having a positive effect on members overall well-being throughout the study, therefore positively influencing their lived experiences within the START-FIT and STAY-FIT group exercise programs.

Value of Exercise

While exploring the group exercise experience for STAY-FIT members, a well-supported finding that was generated from the data reflected the perceived value of exercise following the cancer diagnosis. The mere existence of this specialized group exercise experience appeared to enhance members' perceptions of the value of exercise. They described perceiving exercise differently than they had prior to their cancer diagnosis, the end result being that it became a greater priority in their lives. They described becoming more mindful of incorporating exercise behavior into their daily lives, and feeling self-motivated to set fitness goals while in the program, to increase their physical health in general.

It's a priority. Throughout the interview process it became clearly evident that STAY-FIT members believed that exercise had become more valuable to them following their cancer diagnoses, and as such they described it as becoming more of a priority in their daily lives. Some STAY-FIT members described how discovering they had cancer provoked a seismic shift in their prioritizing of exercise. Understanding the many health benefits to exercise when one has cancer, coupled with a safe environment in which to do so, seemed to further facilitate this shift in focus.

I prioritize [exercise] higher [post-diagnosis]. Physical activity before, you just kind of- I probably took for granted that you know, you should do these things to stay in shape. – Tanya, initial interview

[Exercise] wasn't anything that I made a priority of in my life. So I think initially the purpose of doing it was to help through the chemo and well I did it after chemo so, through the treatment process and to help get the energy back and build the energy. But I've continued it because I've seen the benefits of it overall. – Sarah, initial interview

The cancer diagnosis was deemed transformative in how it affected members' views regarding making time to exercise post-diagnosis, and as a result, it was ultimately described as facilitating their efforts. Flora explained to me how the importance of making time for exercise was much more evident to her following her cancer diagnosis, as she recognized the significance it could play on the maintenance of her health over the long-term.

My perception has changed since my diagnosis of how important time for exercise and what role it plays in being healthier, and maintain a better immunity and being stronger and happier, which will hopefully fight off future disease. – Flora, initial interview

One barrier that was described by some members that limited their ability to make exercise a priority in their lives, was the reality of being employed full-time. Having a full-time job made scheduling regular exercise more difficult, when compared to those who were retired. Emily spoke about her decision to stop working, so that she could make exercise a top priority in her life.

[The reason] I stopped work was to look after myself, and um and to make sure I was prioritizing what I wanted to do and this is on that list.... 'Cause I really liked it. [...] And then when I went back to work I missed it, and I couldn't come. – Emily, initial interview

Liz and Nicole, too, made similar decisions to retire from work and focus their attentions on their health and particularly, attending their weekly STAY-FIT sessions. Their respective decisions clearly illustrated this priority shift towards exercise at STAY-FIT.

When I went back to work I realized that I couldn't- it would be too much with my limited energy to do [STAY-FIT] and work and so I quit [STAY-FIT]. [...] So that was one of the positive things about retiring, was that I um you know I could come to [STAY-FIT] twice a week. And I will be doing dragon-boat again. – Liz, initial interview

I could have gone back [to work] but I would have had to give up Wednesdays and Fridays, 'cause it wouldn't have worked with supply teaching. – Nicole, final interview

The silver lining of a cancer diagnosis, as described by these participants, was that physical activity and exercise were viewed as a higher priority in their lives, post-diagnosis. STAY-FIT members attended their weekly exercise sessions and continued to participate because of the perceived value they had placed on exercise and its associated benefits, following their cancer diagnosis.

Becoming more mindful of exercise. Most STAY-FIT members spoke of how their physical activity participation extended beyond the walls of STAY-FIT, and had become part of their daily routine. Participation in regular exercise at STAY-FIT encouraged some members to become more mindful of including physical activity in their daily lives in general. Liz said that she thought about physical activity more often, as a result of attending STAY-FIT.

I do find [home exercises] helpful, so I- it is in my mind (laughs) I'm quite determined to have a routine in the morning, get up and do some kind of exercise, whether it's a walk or whatever. Um yeah, that I have. You're just thinking about physical activity, right? – Liz, final interview

Similarly, Emily specifically mentioned how she had become more mindful in implementing balance, posture, and flexibility awareness into her day-to-day activities, following her participation in STAY-FIT.

I took this balance, posture, and flexibility class [through STAY-FIT], so now when I'm around the house I'm trying to think about how I'm walking and how I'm standing. [...] in some ways, every day I'm trying to be a little more mindful of how I'm holding myself.
– Emily, initial interview

STAY-FIT was commonly described as having led members to become more mindful about exercising overall, and supplementing their two sessions per week with other exercise beyond the walls of the program. Sarah and Ashley, too, both mentioned that partaking in STAY-FIT group exercise motivated them to participate in other forms of exercise outside of the two days offered per week at STAY-FIT.

I enjoy connecting with other people, so trying to walk with friends can be a good thing. But I think, like I think coming here also encourages me to want to do those things more.
– Sarah, final interview

I feel more motivated to do other- to supplement it you know with other exercise outside of those two days, yeah. – Ashley, final interview

As discovered earlier, only being offered two classes a week was perceived as a limitation for some STAY-FIT members. However, it would be beneficial for members to supplement their STAY-FIT sessions with additional forms of exercise. George became mindful of this and described this two-class limitation as motivation to sign up for an external gym membership that he attends on weekends.

It just helps you maintain a regular fitness program and it- you know from doing this, it encouraged me to go and sign up for the other one and do more on the weekends with my other gym, because they wouldn't let me come here three times a week. – George, final interview

George was apparently the only member within the study who actively made the decision to buy an additional membership at a commercial gym, as a result of wanting to attend more than two training sessions per week.

I started doing [STAY-FIT], and you know I do this twice a week. I've been doing it for since 2012. And it wasn't really enough for me. I often asked them if I could do three times a week but uh the way they have the program set-up you can't do that, so I found another gym [to also attend] – George, final interview

Attendance at both the START-FIT and STAY-FIT programs was perceived as a means of establishing a solid routine of physical activity participation within their daily lives, which then helped to promote their pursuit of similar activities outside of the program to round out their daily routines. This reinforced the perceived value they had now placed on exercise being part of their daily routines, post-diagnosis.

“We set goals”. All STAY-FIT members spoke about the goals that they set for themselves from week-to-week while in the START-FIT and STAY-FIT programs. These goals were often self-initiated and were established without the help of program staff, illuminating the members' newfound confidence and motivation to continue striving for further improvement from week-to-week, within the program.

At both programs, each member had their own personal file folder consisting of an exercise chart. This allowed for members to keep track of their exercises, repetitions, and weights over the course of the program. As previously described, a new personalized exercise program was given to each participant by STAY-FIT staff every six weeks, with a new list of exercises and a new chart. Independent of this prescribed program, most STAY-FIT members described creating their own personal goals to increase the number of repetitions for an exercise from session to session.

Each time I come in I try to improve on [repetitions] and then I put the weight up. – Michael, initial interview

I've been doing 12 reps. I'm gonna aim for 14 and then that's helpful too to sort of set a goal first. – Sarah, final interview

I'll look at it and I'll say okay last time I did 15 this time I'll do 16, or at least 16, right? Or I can do more than that or I can increase the weight or whatever but it's kind of on a day-by-day. – Katherine, final interview

Participation in this regular STAY-FIT exercise encouraged members to set these physical activity goals in other areas of their lives as well. The kinesiologists at STAY-FIT were accommodating to members who requested a specific training focus, helping to adjust their exercise schedule accordingly for whatever the activity goal might be. For example, Jessica had set a personal hiking goal and Cheryl had set a personal goal to walk a 25 kilometer, half marathon.

I signed up for this, this hike to go to Utah in the end of April, so I'm in training for that. – Jessica, initial interview

[The kinesiologist] said 'well, let's make a long term goal for you like something you can work for this year' and I think maybe I told you she recommended the [half marathon in Toronto]. It's a 25 kilometre, half marathon. I was just 'oh my gosh' but she said I'll help you, I'll help you train for it. – Cheryl, initial interview

Goal setting may be one way STAY-FIT members were encouraged to gain some degree of independence and control within the program, while still adhering to prescribed exercise with the express purpose of continuously increasing their physical strength and physical fitness safely. The personal exercise charts helped to facilitate these continued, incremental physical improvements, by allowing members to take charge, setting their own personal goals, which then resulted in the satisfaction of seeing their overall fitness improvements over time.

The group exercise environment was described as promoting a shift in value placed upon exercise within the lives of its members. STAY-FIT members perceived a greater value in

exercise following their cancer diagnosis, and placed more importance on capitalizing upon the health benefits that resulted from regular exercise participation. STAY-FIT was also described as successfully influencing its members to become more mindful of physical activity engagement outside of the program, and in their daily lives. The program design also encouraged members to take charge and set their own personal fitness goals to experience some sense of control over their physical health improvements beyond their diagnosis. Overall, the START-FIT and STAY-FIT programs successfully imparted the value of exercise to its members, and these members then internalized this perceived value of exercise within the mental domain of their overall lived experiences within the program.

Physical Improvements

It is a well-known fact that cancer treatments may deplete the body, leaving many individuals feeling less like themselves and yearning to return to their physical state prior to having received cancer treatments. STAY-FIT members described how the side effects of cancer and its treatments directly impacted their perceptions of their overall physical state, and how this made physical activity participation a formidable challenge. Engagement in exercise through START-FIT and STAY-FIT helped members change their overall perceptions on the benefits of exercise and keeping them healthy in the long-term, following their diagnosis. Although exercise became a challenge at times, STAY-FIT members kept in mind the physical benefits that exercise participation has upon stabilizing and continuing improvements on physical health and physical strength. Unfortunately, many members described that it took a cancer diagnosis for them to take exercise and their health more seriously, but as a result, they now perceived exercise to be a much higher priority in their lives and they continued to engage in this physical activity in order to stay healthy and increase physical strength.

“**[Exercise] keeps you healthy**”. Physical activity and exercise can lead to an incredible number of health benefits, and when members engaged in the STAY-FIT program they described thinking more about exercise and its benefits prior to cancer diagnosis. Understanding and appreciating these benefits that accompany exercise and physical activity participation was a perceived motivator impacting the value they subsequently placed on the STAY-FIT program. STAY-FIT members spoke about their perceptions of physical activity, as it related to keeping their health status stable.

My perception is that physical activity is what keeps you healthy;;;, and keeps you going;;;, and um I think as you're getting older, because I just turned 60, I'm thinking of um how it'll have long-term benefits. – Heather, final interview

Before I would have just used it to get to where I wanted to be weight-wise or clothes-wise. Like after I had my kids, I would have worked out. And now I think it's part of what keeps me healthy... so yeah, it has changed. – Nicole, initial interview

Liz and Ashley described their perceptions of the long-term health benefits to participation in STAY-FIT, in relation to their cancer, other health-related diseases, and aging and how this changed their mindset surrounding exercise. Once again members were thinking about the benefits of exercises due to the participation in the STAY-FIT program.

I'm trying to keep from having osteoporosis, so I need to be strengthening. [Exercise is] not a- it's not a- just an option. It should be a must-do for me. – Liz, initial interview

I think it's really taught me the importance to do it consistently, regularly. You know the strength training especially, especially as you get older. – Ashley, initial interview

STAY-FIT has offered their members this opportunity to maintain and improve upon their health long-term, following their completion of the START-FIT program. Members described START-FIT as a means to regain their strength and health initially following treatment, while STAY-FIT was described as promoting long-term health maintenance through continued practice and exercise adherence.

I guess the goal in the first part was to get back your strength, and now it's to maintain it.
– Isaac, initial interview

It's just been so beneficial health-wise. Keep your body strength and get some muscle tone. And the interaction with people because I- the exercise in a group it does help you to come every week more than if you just went to a gym and did your own routine and went home. I think it does give you extra uh incentive to come. – Flora, final interview

Exercising among a supportive and well-educated staff was perceived as an added benefit to gaining greater overall awareness of the importance of certain aspects of health, such as heart rate and blood pressure. Members remarked that they hadn't previously considered these factors when exercising on their own. Michael provided an example of this, when he described how STAY-FIT members were asked to wear blood pressure monitors during their one-hour exercise sessions. He mentioned that the use of these blood pressure monitors encouraged him to learn more about and to become more aware of this aspect of monitoring his health.

I'm probably more aware [of physical activity] because I was never kind of a gym guy. I'd rather be out doing something. But I am more aware, as I was just describing [...]. They take our blood pressure for instance, so that makes me more aware of blood pressure, which maybe before I would 'nah you know, I don't care about blood pressure.
– Michael, final interview

Throughout each interview STAY-FIT members often spoke about the countless treatment-related symptoms (i.e., fatigue, nausea, and neuropathy) that they experienced throughout their journey, and the mental toll that these symptoms had over time. Both Heather and Nicole perceived exercising in START-FIT as a way to keep them physically healthy by motivating them to feel like they are doing something to help better their overall health during treatment.

I thought that [exercise] might just be helpful to help me get through my treatment because I did start it right at the beginning of my treatment....it does help me feel that I'm doing something to help with my overall health and you know having more strength and there's lasting benefits outside of exercise. – Heather, final interview

[START-FIT was] part of keeping me healthy...I was still in treatment when I finished it so I was still- I was in the middle of my radiation so I still had three months of treatment and I knew that it made me feel better so that was for sure why I kept doing it. – Nicole, final interview

Although the side effects were often described as debilitating, members understood and recognized how helpful it was to exercise throughout treatment to better their overall health. Some members acknowledged how exercising during START-FIT helped mediate the effects of treatment. More specifically, Ashley described her main physical complaint, which was soreness in her arm resulting from radiation due to breast cancer. She described her exercise regime as having increased her range of motion since beginning the START-FIT program, but she continued to face challenges with her arm.

There's a lot more movement [in my arm] since doing this program but I can't get them both stay flat on the- this one [arm] doesn't go as far back as that one did. So there's always like a bit of a reminder um- there's a bit of a reminder [of the cancer treatment]. – Ashley, initial interview

Similarly, Nicole explained how exercising helped decrease her joint pain experienced from the chemotherapy treatment she received for her uterine cancer:

My chemo gave me a lot of joint pain and general feeling bad. And working out helped it a lot. So I would come in and think 'oh I don't wanna do it today' 'cause my joints like hurt. And [exercise] would actually help it. – Nicole, initial interview

Joint pain is just one of the side effects of treatment mentioned by a few members. Another side effect is the onset of neuropathy that results from chemotherapy treatment and impacts the peripherals of the body, which can inhibit exercise participation, due to its resulting effects upon balance. Neuropathy is a long-term side effect that members described as continuing to experience. With the help of the kinesiologists, Cheryl was working to improve her balance, which had been compromised as a result of this neuropathy:

[The kinesiologists are] working a lot on my balance because of [neuropathy] 'cause I don't have that feeling in my toes, in the front of my foot. – Cheryl, initial interview

With the help of their individually designed exercise programs, developed by knowledgeable, professional staff, members were able to participate in exercises that helped to improve their specific side effects, including balance or arm pain, throughout both programs. This point reiterated just how important it was that the staff at START-FIT and STAY-FIT be knowledgeable about both cancer and exercise participation, and how this resulted in the effective design of individualized exercise programs for each individual member.

Members described engaging in the STAY-FIT group exercise program to keep the body healthy following treatment. This perception influenced exercise adherence over time by motivating members to think about the benefits of exercise in the long-term and to continually focus on improving their physical health. They understood that exercise engagement contributed to improvements in their overall health and helped to minimize the side effects of cancer treatment that may have compromised the body.

Getting physically stronger. Increasing physical strength was the most commonly described physical benefit from engaging in exercise, described by STAY-FIT members. All STAY-FIT members perceived themselves as being physically stronger, post-treatment at STAY-FIT, than when they had been exercising during treatment at START-FIT. However, all members acknowledged that START-FIT played a significant role in initiating this journey towards regaining this depleted strength.

[START-FIT is] a good way to first of all build strength and that makes you feel good when you feel like you're getting stronger instead of weaker. And as you are going through treatment and also after treatment's over you get older and maybe dealing with some of the lasting side effects I think there's benefits to having more strength in your body, in your muscles. – Heather, final interview

Flora described how she saw physical strength improvements as a result of exercising during treatment, which then motivated her to continue to reap the benefits of exercise during her many years at STAY-FIT.

I was in such poor health. I came to class and then went home to reset. I completed the 12 weeks and could see my improvement, getting stronger every week. I've been coming for almost 11 years now. It is a testament how important [STAY-FIT] is and how beneficial the exercise is to my health. – Flora, initial interview

Similarly, Katherine and Liz described how they perceived themselves as being physically stronger in STAY-FIT, when compared to their time at START-FIT.

[I feel] physically stronger. I notice even in my heart rate that's it's been- I have to push myself a lot harder to get it higher, so that's been a nice thing. – Katherine, final interview

[I improved] my strength overall- it's funny the other day I was touching my arm and I thought 'I can feel muscle' and I don't remember ever feeling that before and it- I was proud of myself, you know? (laughs). – Liz, final interview

George spoke about how he was unable to exercise during his treatments, largely due to appointment and treatment scheduling conflicts, as well as the fact that he felt too ill to participate in any type of physical activity at the time. However once treatment was over, he began START-FIT and his journey towards building his strength back.

While I was in treatment I didn't really do any physical exercise, I was just uh;;; too wrapped up in all the appointments and the treatments and whatever, and was too ill to do anything. But as soon as I finished, I knew I had to get my strength back up so that's when I signed up for this, and just kind of built my way back up. – George, final interview

For others, exercising while in treatment fostered feelings of regained strength and improved fitness. In fact, there were a few STAY-FIT members that mentioned the quantitative improvements in their measurements from week-one to week-twelve of START-FIT.

They do an assessment at the beginning and an assessment at the end and you gain muscle strength, which is kind of odd because you worry about people losing muscle strength while they're going through treatment. So that was kind of nice to be able to feel

like you're actually getting better even though you're getting sicker (laughs). – Heather, initial interview

They do an assessment when you come and then after 12 weeks. So that did, everything improved and um so I want to keep my level up. – Isaac, initial interview

This physical assessment appeared to serve as a facilitator for some members, enabling them to fully understand just how exercise was improving their strength while undergoing treatment for cancer. The assessment protocol that START-FIT provided to members was a tangible measurement for the members to reflect upon, observing when they were getting stronger from exercise rather than getting weaker from their treatment. The assessment protocols provided important information about physical strength improvements by the end of the twelve-weeks at START-FIT, but members still expected to see physical strength improvements while in the STAY-FIT program. Emily stated:

One of the expectations I have about the program is that it continues to provide me that opportunity to improve my strength, improve my endurance, [and] stay healthy. – Emily, initial interview

Similarly, Michael stated:

I hope with every session, not just tomorrow but every session, that I can be a little stronger, a little fitter. – Michael, initial interview

Improvements in physical strength were described as a direct result of exercising in both group exercise environments. Members took notice of these improvements and the benefit that exercise had had upon the strength of their bodies, while simultaneously undergoing treatment for cancer. START-FIT/STAY-FIT afforded individuals this opportunity to exercise and experience these physical strength improvements. Treatment-related side effects could have inhibited members from participating in any exercise throughout their treatment, but having a referral program to attend such as START-FIT provided these members with a strong foundation

from which to work toward physical improvements, without being sidelined by their many side effects to treatment.

In sum, both the START-FIT and STAY-FIT programs have unique objectives for members during their participation. START-FIT is focused on restoring and improving the physiological well-being of members during cancer treatment, while STAY-FIT is focused on addressing this restoration and improvement of physiological well-being as well, but additionally emphasizes overall health maintenance and continued exercise participation long-term.

Reclaiming Oneself

STAY-FIT members vividly described their time and experiences within the START-FIT program and how their bodies felt physically, while going through treatment for cancer.

Members described a parallel connection between the mind and body and the influence exercise had on total well-being. Members perceived exercise as a way to get control of the body back, and to help reclaim strength mentally and physically following their treatment for cancer.

Mind-body connection. Treatment for cancer was described as having a significant physical toll on the body, which additionally affected one's emotional state of well-being and health. It was interesting to consider this mind-body connection described by these members, while also exploring the influence that the group exercise experience had had upon them. Many members drew a parallel between feeling physically strong and mentally strong, and therefore representing how the mental and physical domains were highly congruous.

And I'm [physically] stronger. Like it's definitely um;;; and I think it made me mentally stronger, and it definitely helped mentally having all of the people in the program around me so um, if you put mental with physical. – Nicole, final interview

I'm way [physically] stronger than I ever, ever, ever thought I would be. I've proved to myself that I can get through it. I had no idea I was this strong, no idea. [...] Mentally, mentally strong. Cancer's hard to get through. – Cheryl, final interview

There were many STAY-FIT members who acknowledged the psychological benefits of exercising while in treatment and how their mental well-being was directly influenced by this exercise.

I might have come for cancer, but it's like a one-stop-does-all place, right? No matter what you're worried about, come to STAY-FIT and you'll feel better. – Becca, initial interview.

Becca explained how merely being present at the STAY-FIT program transformed her overall mental health. There were many programmatic factors that she described as contributing to her sense of emotional health, including the social, mental, and physical components of the program. Flora shared that she believed that STAY-FIT promoted her holistic well-being, moving beyond the mere physicality of exercise. She believed that the personalized level of care would not have been available at a gym other than STAY-FIT, thereby emphasizing the importance of a targeted exercise program.

It's not just the cancer, it's your total well-being [that STAY-FIT] helps with. It's just so wonderful that they will give you this [program] to help. You wouldn't get this at a gym. It's personalized and like I said they take care of your whole well-being whether it's cancer [related] or not. – Flora, initial interview

Nicole spoke about the emotional “carryover” that exercising in STAY-FIT has had upon other aspects of her life, both while in treatment for cancer and beyond.

It's got a huge carryover, 'cause you just feel good the whole day. [...] When you're in treatment it gave you something to look forward to and it made you feel better at the time. [...] It has the best effect when you're in treatment, not to say this isn't the same. It's just as good, almost. And it carried over. It carries over to almost everything, well (laughs) we just had this conversation, exercise is amazing, right? – Nicole, final interview

The program was described and considered by members to be a way to exercise and not only feel physically strong, but also mentally strong as well. Feeling good physically appeared to directly relate to feeling good mentally for members within this program, therefore this mind-

body connection was identified as being important to members, while attending both the START-FIT and STAY-FIT programs.

“Getting control of my body back”. Cancer treatment has a tendency to subsume one’s sense of control over their own body. Some STAY-FIT members described exercising while in treatment as a way to reclaim this sense of control that cancer had taken away from them.

For me [exercise is] a way of getting control of my body back. It’s not so much that I think it’s gonna cure or keep cancer at bay, as rather I...you know because of all the side effects and the limitations I have, this is one way ‘no you’re not gonna take this from me’, that sort of rebellion (laughs) – Liz, initial interview

Similar to Liz, Cheryl spoke about exercise as a way to reclaim her body. She hinted that while some may not always view STAY-FIT as a happy place, given the omnipresence of cancer (mentioned previously in the subtheme of ‘acute pall of sadness’), this supportive group exercise environment allowed her to regain control over her body through exercise participation despite her cancer.

[STAY-FIT is] just a happy place. You wouldn’t think so because it’s cancer, but it’s maybe it’s the control that I have over cancer. Um it hasn’t taken everything, everything away from me, right? – Cheryl, final interview

Similarly, Tanya perceived exercise as one thing that you can control and use while in treatment for cancer, to keep your body healthy.

I think [STAY-FIT] is the best thing that could have helped me with my treatment...I’m very, very fortunate to have found out about it um because it forced me to exercise...I felt really good after, much better than probably if I just stayed on the couch all that day as well. And feeling like you’re doing- you’re in control of something to keep your body healthy. – Tanya, initial interview

Katherine expressed how participating in exercise helped her to feel healthy, which shifted her perception and enabled her to focus less on the side effects of neuropathy that she was experiencing.

I feel- when I come here, I feel healthy. I forget about the neuropathy and some of the other things. – Katherine, final interview

This reclaiming of the body was described as an integral part of the START-FIT program in particular, after experiencing the physical onslaught of treatment. STAY-FIT was perceived as an opportunity to return to a positive physical state similar to the one they possessed prior to their cancer diagnosis and treatment. Once again, this perception highlights the interplay between the mental and physical domains and how they interact with one another. Participation in exercise and the resulting physical benefits was ultimately described as influencing their mental well-being—reclaiming control over a body, which had been previously possessed by cancer and its aggressive treatments.

Reclaiming strength. The START-FIT program at the beginning of their cancer journey was meant to mediate the initial effects of cancer treatment through exercise, thereby minimizing the extent of overall physical impairment resulting from these treatments. Muscular strength and endurance were both described as plummeting during chemotherapy and radiation, as a result of the aggressive nature of these treatments. Most members understood the physical benefits of participation in physical activity or exercise and the potential effect this had upon rebuilding lost fitness levels and wellness as a result of their cancer treatments.

I knew that [STAY-FIT] would- it was very beneficial for me and put me back in a state where I was able to somewhat come back to physical activity. – Isaac, final interview

So the exercise is very important, it has helped me gain back strength, physically and mentally, it's more- [STAY-FIT] is more than that. – Katherine, initial interview

Liz wanted to return to a state where she no longer had to think about cancer. This is an example of how the physical strength is related to the cognitive thoughts and emotions of going through cancer treatment.

I just felt so strong. And I wanted more of that. I wanted more of that. I wanted to get back to me again, right? You just want to get back to your life where you don't have to think about cancer. – Liz, initial interview

For Heather, her perception of improved physical fitness and strength related to improvements in her mental well-being, while exercising through treatment.

I think to me [exercising] does give you a sense of well-being that like you do feel that you have some muscle strength and um...so as you age, that it gives you more I guess security in the aging process because you feel like you do still have some um physical fitness. – Heather, initial interview

Finding the motivation to exercise can be a difficult task for many, but this is especially the case when one's physical health has been compromised by the side effects of cancer treatment. Most STAY-FIT members described their decision to join START-FIT and to exercise while in treatment for cancer, as an opportunity to take control over their physical and psychological health while participating in a safe and stable exercise environment.

My biggest thing is I want to feel strong because I felt so weak having cancer and chemo. I wanted to be strong mentally because cancer takes all control of everything. So this is something I can control so mentally, it really, really helps me to be able to do something that I control. And emotionally um... I always feel good, I always feel good. – Cheryl, final interview

Feeling too ill to exercise as a result of cancer treatments was a common barrier described by STAY-FIT members and it affected their motivation to attend START-FIT on a weekly basis. However, one way in which the START-FIT program design reduced the effect of this barrier was to offer the program on a 24-class basis, rather than on a 12-week only basis. This slight adjustment by the staff acknowledges the fact that there are challenges associated with exercising while undergoing cancer treatments, and the side effects of treatment and scheduling of medical appointments can derail bi-weekly attendance.

The opportunity to exercise while in treatment was highly valued when considering the direct effects these improvements were described as having upon both the physical and mental

well-being of these members. Reclaiming oneself through this mind-body connection, the regaining of one's body, and reclaiming of one's strength, allowed STAY-FIT members to improve upon their perceived mental and physical strength, in an effort to return to pre-diagnosis levels. Through the detailed descriptions provided by these members, I believe that exercising within this group exercise program facilitated this invaluable opportunity for these individuals to feel less discouraged, depressed, and unhappy about the state of their bodies during treatment, and to focus on successfully navigating through and reclaiming some sense of control over their bodies.

The final question of the weekly journal asked participants to describe their overall experience in STAY-FIT during the reporting period. This question brought about a lot of value from an interpretive perspective, in that it explored anything that may have stood out to the participant about STAY-FIT during that particular week or was perceived to be of importance to their overall exercise experience. Words provided by the members included: energizing, happy, healthy, excellent program, helpful, routine, rewarding, amazing, motivation, well-being and supportive. None of the words provided ever reflected that of a negative group exercise experience throughout the entire four-week reporting period. Overall, the responses were inherently positive in nature and further supported and reflected the contextual, social, mental, and physical domains described among the interview findings.

In sum, all domains blend together to represent the group exercise experience among STAY-FIT members. The contextual domain is a solid foundation upon which the social, mental and physical domains seem to evolve and develop into the group exercise experience for STAY-FIT members. Member's perceptions did not appear to begin or end with an individual domain, but rather the experience was described as holistic and each component appeared to be equally

important to the others. Experiences appeared to change over time as members began in START-FIT and moved into the STAY-FIT program, where they could continue to enhance their group exercise experience and grow within each domain.

Chapter 5: Discussion/Implications/Recommendations

The existing literature with respect to cancer and exercise has a notable gap in the area of qualitative research exploring the meaning of group exercise for people who have had cancer. In conducting this research, it was my intention to contribute toward this dearth of research in order to further expand upon our understanding of this particular phenomenon. A total of 21 subthemes emerged from the data, and were included within the four key domains. The following discussion reviews the major themes and subthemes in comparison to findings in the current literature, concluding with a discussion of the novel findings from this study.

Throughout my interviews, STAY-FIT members spoke amply to how valuable the continued support from the STAY-FIT staff was to their group exercise experience. Members perceived staff as a trusted resource and expressed how they felt safe while exercising, knowing that the staff were present to watch and assist them as needed. A study of similar qualitative design by Brunet and St-Aubin (2016) found that breast cancer survivors' appreciated the access to a qualified, supportive, and motivational instructor and valued the time they took to help participants' learn exercises. Similarly, STAY-FIT members described staff as being a trusted resource that they could ask questions of or ask to modify an exercise from their individualized program, as needed. My study highlights how STAY-FIT members enjoyed having the professional staff available to provide this assistance as if they hired a personal trainer, while also affording them the opportunity to grow in their independence while exercising as they become more familiar with their individualized program. Supervised exercise programs have been previously described by cancer survivors as a facilitator to exercise (Blaney, Lowe-Stong, Rankin, Allen, & Gracey, 2010), particularly because of the educational component provided by staff on how to safely exercise (Segel et al., 2017). This was echoed throughout my findings as

members discussed the one-on-one support received during START-FIT and how this helped them to become better educated and more confident, while learning how to exercise safely. One previously noted barrier to physical activity participation among cancer survivors is a lack of confidence in knowing what exercise one can participate in safely following treatment (Robertson, Richards, Egan, & Szymlek-Gay, 2013). Both the START-FIT and STAY-FIT programs actively remove this barrier through the use of qualified staff to supervise both programs and to offer their assistance as needed, allowing for members to achieve a balance between assistance and independence while exercising.

The social domain keenly demonstrated how meaningful the perceived sense of social support was for STAY-FIT members during and following their treatment for cancer. One particularly salient finding within the social domain of this study was *Accountability*. This accountability was described in terms of accountability to oneself and to others, noting the particular influence that having a scheduled exercise session had upon the overall exercise adherence of members. This finding resembles that of Killingback, Tsofliou and Clark (2017) who found that the regular timing and routine of a community-based group exercise program for healthy older adults was a notable and preferred feature among members. When it comes to health-promoting behaviors such as exercise, cancer survivors have previously described the need to be held accountable or externally motivated in order to engage in the behavior (Hardcastle, Glassey, Salfinger, Tan, & Cohen, 2017). This was the case for most STAY-FIT members who shared that scheduled exercise sessions motivated them to attend STAY-FIT regularly, because they knew others in the session would notice when they were not there. This perception of accountability to others was described as a facilitator for continued participation in

the STAY-FIT group exercise program over time, and a motivating factor to engage in exercise week after week.

Some members of this study expressed that the unpredictable winter weather affected their accountability and was seen as a barrier to exercise participation, while the warmer weather was seen as a facilitator to exercise. Seasonal weather changes has previously been found as a barrier to physical activity among women with breast cancer, especially those who rely on exercising outdoors, when compared to gym-goers (Hefferon, Murphy, McLeod, Mutrie & Campbell, 2013). STAY-FIT members shared with me the fact that the winter weather creates the challenge of driving to the gym when the road conditions are poor, but in contrast, the warmer weather makes it easier to attend STAY-FIT as well as more motivating to engage in exercise outside of the program. Another barrier that affects accountability to oneself is employment status. Having a full-time job made scheduling exercise more difficult for STAY-FIT members, especially when compared to those who were retired. Work commitments can result in cancer survivors' having to shift priorities, which may then result in exercise becoming less of a priority despite their best intentions (Hefferon, Murphy, McLeod, Mutrie & Campbell, 2013).

The STAY-FIT exercise environment is a place where members can connect with others, sharing their experiences of cancer through exercise. Physical activity participation during the treatment period has been previously described as important for the purposes of social support and has also been described as an opportunity to exchange experiences among women with breast cancer during chemotherapy treatment (Backman et al., 2016). Most STAY-FIT members perceived the group exercise program as an important piece of their social network, promoting the formation of friendships and further socialization outside of the program. Both START-FIT

and STAY-FIT were described as doing an excellent job of fostering members' feelings of comfort while exercising, and providing them with the opportunity to share their cancer experiences with one another without making "cancer" the sole focus. This phenomenon of exercising alongside others in similar situations has been previously noted in the literature. Martin et al.'s (2015) study highlights how this shared experience allows for breast and prostate cancer survivors to bond and cope together, knowing they are not alone.

The same experiences of bonding and coping were found in the subtheme *Branching Out*. Members in this study perceived the dragon-boat team as a huge support system that guided them through the many challenges associated with breast cancer survival, providing these women with a knowing group to talk openly and honestly with about their experiences as breast cancer survivors. Previous literature supports this development of emotional connections and social support between breast cancer survivors who participate on a dragon-boat team (McDonough et al., 2008), and the positive contribution dragon-boating can have on their well-being by providing a support network that helps to promote normalcy (Parry, 2008). The importance of exercising with individuals who understand the cancer experience was emphasized time and time again throughout the interviews in my study, and is consistent with findings in the current literature. Individuals with cancer have previously expressed the advantage of attending a program where they do not have to constantly explain their situation, when compared to attending a standard exercise class (Emslie et al., 2007). This allows them to restore and regain some sense of normalcy once enrolled in the exercise program (Husebo et al., 2015).

A standout piece of my findings within the social domain was that only the female participants spoke about their experiences in START-FIT and STAY-FIT within the transitional theme of *Normalcy and Understanding*. Examples included members' enjoying being on the

cancer journey together, their perceptions of STAY-FIT as a support group, and their ability to discuss all aspects of the cancer experience beyond that of exercise. This gender-specific finding linked to social support has been found within previous literature on female breast cancer survivors who experienced perceived feelings of social support developed within an exercise environment (McDonough, Sabiston, & Ullrich-French, 2011; Vrazel, Saunders, & Wilcox, 2008). While this may signify a theme that is only significant to female members of the STAY-FIT program, more research would need to be conducted on participants of both genders in order to know for sure.

Female members in STAY-FIT expressed their appreciation of being surrounded by women who understand what family and friends may not, in terms of hesitations, concerns and anxiety. They described the fact that they enjoyed the exercise program being a place to talk openly, honestly, and to ask questions. These “support” aspects of the group exercise program demonstrate how emotionally impactful START-FIT/STAY-FIT is and how it is perceived as being so much more than a group exercise program, but also an important piece of the puzzle in terms of support. A group exercise study by Emslie and colleagues (2007) explored the experience of breast cancer patients enrolled in a group exercise trial and their findings touch on the comparison of a group exercise intervention serving similar purposes to that of a support group. Their findings demonstrated that support groups were often perceived by patients as being depressing, forcing one to dwell upon illness. Exercise classes, on the other hand, were perceived as being upbeat and enjoyable, allowing people to forget about their illness momentarily while still having the option to share their experiences surrounding cancer (Emslie et al., 2007). Female STAY-FIT members similarly described the supportive atmosphere of the group exercise program. They liked how they could connect with others and improve upon their health without

letting cancer become the sole focus. One member expressly stated how she purposely chose not to attend a cancer support group, but that STAY-FIT provided a positive means through which she could fulfill her need of being around people who understand the cancer experience without explicitly having to talk about cancer. My study provides further evidence towards this idea of a group exercise program serving as a type of cancer support group, encouraging further detailed exploration in this particular area of study.

The blending of the mental and physical domains helps to explain how the value of exercise changed for members, following their cancer diagnosis. Their experience of identifiable physical improvements following consistent exercise participation, was then described as resulting in a means of “reclaiming oneself” both physically and mentally, following cancer treatment. Prior studies on cancer survivors and palliative cancer patients have reported that a key motivating factor to exercise is being able to identify the perceived benefits of exercise, following diagnosis and undergoing cancer treatment (Blaney et al., 2010). While the side effects of treatment have been previously reported as a barrier to exercise (Huesbo et al. 2015; Kirkham, 2017; Sander et al. 2012;) and were reported as such by STAY-FIT members as well, having a group exercise program to engage in during treatment was perceived as a facilitator to overcoming these challenges (Blaney et al., 2010; Emslie et al., 2007; Segel et al., 2017). Members of this study also perceived exercise differently following the diagnosis of cancer, describing how it became a greater priority in their lives. Midtgaard et al. (2006) reported that group exercise can motivate individuals in treatment for cancer to exercise beyond the physical limitations of their treatment, and can in fact motivate them to join a program in the first place. Exercising in a relaxed and comfortable program atmosphere, such as START-FIT and STAY-FIT, removes the potential barrier of feeling self-conscious or reluctant to exercise, due to the

side effects of treatment and the findings of my study confirm those of Midtgaard and colleagues (2006). The availability of a group exercise program specifically designed for individuals who are undergoing treatment for cancer continues to be a safe and motivating option, facilitating exercise participation while potentially mitigating the side effects to treatment that may act as barriers to exercise.

Some STAY-FIT members described cancer's ability to subsume one's sense of control over their body. Exercise during and after treatment was described by members as one way to reclaim the body back and reclaim strength. This concept has been reflected in previous literature, exploring how physical activity participation following treatment is an incentive to return to a normal condition and to get control over the situation (Huesbo et al., 2015; Larsson, Jonsson, Olsson, Gard & Johansson, 2008). STAY-FIT members perceived weekly group exercise participation as a way to restore their body to the state prior to their cancer diagnosis and to gain strength following their treatment for cancer. These mental and physical improvements emphasize why START-FIT and STAY-FIT are valuable for mediating the effects of cancer treatment and minimizing any physical impairments resulting from treatment. My study further supports this notion that individuals are motivated to participate in exercise following treatment for cancer, in order to increase their functioning and ultimately feel like themselves again, reclaiming their body back.

Novel Findings

The main findings of my study identified four key aspects of the group exercise experience (i.e., contextual, social, mental and physical); however, these domains were also found to be interrelated. Throughout the analysis it became challenging to separate between them, and this challenge to separate the interrelatedness between themes has been previously

reported in another study exploring the experiences of members in a community-based exercise program for adults with physical disabilities (Jackson, Williams, McEachern, Latimer-Cheung, & Tomasone, 2019). Because of the interrelatedness it was difficult to determine the antecedents and outcomes of participation. For example, the program atmosphere may have been perceived as filled with fun, camaraderie, and laughter because of the connectedness between members; or the connectedness between members may have been the reason that the program atmosphere was filled with fun, camaraderie and laughter. Therefore, the experience members have within a group exercise programs (both during treatment and post treatment) are interrelated and influence one another in ways that need to continue to be explored through future research on antecedents and outcomes. One objective in the study by Jackson and colleagues (2019) was to continue to understand if experiences of adults with physical disabilities in a community based exercise program can be explained through a quality participation framework. Their findings suggested that the framework previously established by Martin Ginis and colleagues (2017) of the six experiential aspects of participation (i.e., autonomy, belongingness, challenge, engagement, mastery and meaning) could be applied to a physical activity setting. Similar to the findings of the Jackson and colleagues (2019) study, I believe that participation in the STAY-FIT program fosters all six experiential aspects of participation from the Martin Ginis framework, although members did not discuss them explicitly. The findings of my study help to further the exploration of how exercise programs can foster quality participation, while extending what is already known and looking at it from the perspective of another specialized population.

The population used within this research study was unique in that it consisted of individuals who were part of a singular, well-established exercise program. This, however, offered me the unique opportunity to explore their experiences of exercise prior to and during

treatment for cancer (from a retrospective point of view), and post treatment for cancer.

Exploration of these various time points adds to the current body of literature pertaining to cancer and exercise by providing further insight into the group exercise experience in its totality, as it is experienced by these survivors of cancer over time.

Existing literature for cancer and exercise includes a variety of unsupervised home-based exercise interventions and health club supervised exercise interventions that resulted in exercise shaping physical, psychological, and social well-being (Bulmer et al., 2012; Husebo et al., 2015). Much of the previous literature that has explored group exercise participation has been limited to interventions consisting of a specific number of weeks, sessions, or trials. What was unique about the STAY-FIT/START-FIT population was that I could explore their current experiences of exercise within the graduate group exercise program, but I could also retrospectively capture these participants' experiences from the 12-week program they completed while in treatment for cancer. My study was designed to add to the current body of literature by exploring this lived experience over time, without having the limitation of a final time cut-off. Further, this study also emphasizes the value of having a 12-week exercise program to attend while in treatment for cancer, followed by the option of continuing into a graduate program. One study found that women with breast cancer enrolled in a 12-week group exercise program felt classes ended too abruptly and some felt abandoned after the weeks of support (Emslie et al., 2007). Having the option of a graduate program to attend not only increases exercise participation for cancer survivors, but also provides a place of continued support throughout their cancer journey.

My study expanded beyond the current body of literature to include individuals from an exercise program who had various types of cancer, rather than focusing solely on breast cancer. Past studies that are similar in design (Backman et al., 2016; Bulmer et al., 2012; Huesbo et al.,

2015) have tended to focus solely on women with breast cancer, rather than casting the net wider. Through the deliberate study of a more varied population, I was hoping to expand upon the current knowledge base of group exercise programs for individuals with cancer in general, and to discover whether the type of cancer may or may not have had an influence on their experience of the group exercise program. I did not find differences between cancer type and one's experience of the group exercise program and my findings support previous literature that has focused exclusively on one or two types of cancer. In particular, my study supports prior findings with respect to staff support, accountability, fostering connections, finding normalcy and understanding, reclaiming oneself, and barriers and facilitators to exercise. My study is able to add to the current literature by providing additional support for prior findings (using a more diverse sample) and in encouraging future researchers to continue to explore this important relationship between the lived experience of cancer and group exercise from a qualitative perspective, including individuals with a wide variety of different types of cancer. Similar to those that have been conducted in the past, my study did have a larger contingent of women with breast cancer, therefore I may not have had enough diagnosis variability to confidently say whether or not cancer type has an influence on one's experience of the group exercise program, but it is a step in the right direction towards determining this. Further detailed study exploring cancer type and group exercise is warranted, to determine the degree to which different diagnoses may differentially affect this experience.

A novel finding within my study is the depth to which participants acknowledged the importance of the *Energy in the Atmosphere* in particular, throughout their interviews. Members' perceptions of the program atmosphere were that it was fun, filled with camaraderie and laughter, while being comfortable and welcoming. This cheerful experience encouraged

members to return week after week, by looking forward to exercising with people whom they had developed connections and friendships. Members often compared their experience at START-FIT/STAY-FIT to their past experiences in commercial gyms. The reportedly intimidating environment of a commercialized gym was found as a barrier to exercise and seen as hindering motivation to participate in exercise. Exercising with a specialized population was described as a facilitator because it eliminated feelings of self-consciousness, and the presence of qualified staff provided comfort for members, especially those unfamiliar to strength training exercise. Additionally, the contextual subtheme of an *Occasional Pall of Acute Sadness* was found to be a critical atmospheric component in my study and it was, ironically enough, juxtaposed alongside perceptions of fun and comfort.

The contextual domain also included the sub-theme of *Continued Staff Support*. This study established that the staff support provided at both programs was highly valued by members, and was regarded as a significant contextual component of both programs. In fact, a unique component of the START-FIT and STAY-FIT programs, as identified by these members, was the fact that they are given a new individualized exercise program designed by the kinesiologists every 6-weeks. This was described as a feature that participants particularly enjoyed, and was one that they viewed as a key facilitator in their attendance. Given the perceived importance of this particular programmatic feature, as identified by its members, this is an aspect of the STAY-FIT program that could be valuable for other group exercise programs to incorporate and one that could help with the adherence rates and overall enjoyment of their exercise programs as well.

Members' described the cost of STAY-FIT as being a potential financial barrier for some members. UW does not charge for their START-FIT program, but if members choose to

continue with the STAY-FIT program there is a \$245 per 15-week term fee. This cost was often compared to the number of sessions you get in comparison to the unlimited number of times you can go to a regular gym per month. However, members described enjoying the continued staff support and individualization and change of programming they receive and stated they were willing to pay for the STAY-FIT program because they knew they would not get the same attention or have the same motivation at a regular gym.

As previously mentioned, the theme of *Accountability* has been explored in similar group exercise studies across a variety of populations. My study reported that members of this group exercise program held both accountability to themselves and to others, as being potentially key factors to long-term exercise adherence. They described how having a regularly scheduled exercise session established routine and this may be a useful strategy to promote long-term exercise adherence among individuals who had cancer. Another benefit of having regularly scheduled exercise sessions was that it motivated members to attend because of the perception that “people notice when you’re not here,” unlike the regular gym environment where one is typically not held accountable. I believe the attentiveness to the absence(s) of members is a novel finding of this study and further informs researchers about the influence a group exercise program may have upon exercise accountability and adherence.

Additionally, offering the flexibility to attend a session on a different day, if a member is unable to attend one of their scheduled sessions, acts as a facilitator to ensuring members’ adhere to their two exercise sessions per week. As previously mentioned, side effects of cancer treatment was a barrier to exercise participation and some members expressed feeling too ill to exercise as a result of treatments. This physical state occasionally affected their motivation to attend START-FIT on a weekly basis. START-FIT offers the program on a 24-class basis, rather

than on a 12-week only basis, which helps reduce the effect of this particular barrier and to motivate members to attend exercise when they have both the time and energy to do so. Both options reportedly further influenced their sense of dedication, commitment, and accountability to the program.

The subtheme of *Branching Out* into different activities was another novel finding of my study. Members became involved with social activities that were an extension of the relationships they had built while participating in the START-FIT and STAY-FIT group exercise environments. The program staff or program itself did not have any influence on the promotion of social gatherings beyond the walls of the program, other than displaying a poster with information about the dragon-boat team. Post-exercise coffee was described as something that became a great incentive for many members to attend their weekly exercise sessions, and was another opportunity for members to connect with one another as part of a completely different social experience. These social opportunities were described as an important piece of the group exercise experience for many members, as their friendships flourished and grew outside of the facility as well, over time. This finding is important because it demonstrates that the social support perceived within the group exercise environment had carryover to activities beyond the walls of STAY-FIT and was described as essential to the connectedness they felt from within the program.

As previously mentioned, this study was able to explore the element of time in a unique way. I could explore the current experience of exercise in the STAY-FIT program, but also retrospectively explore participant experiences throughout the START-FIT program. As discovered through my interviews, the length of time within the program allowed for more opportunities for members to form deeper connections with one another, which then influenced

their overall perceptions of STAY-FIT as a piece of their social network. This theme was similarly reported by Killingback et al. (2017) who noticed that it took time for people to get to know one another and build friendships through creating meaningful connections in long-term community-based group exercise programs for healthy older adults. As time progressed, members reported having more opportunities to interact and to form meaningful connections with other members in the STAY-FIT program. These social connections were also described as being particularly influential on overall adherence to exercise, and were additionally perceived as a motivating factor to encourage weekly attendance at the exercise sessions.

Lastly, this study contributes toward deepening the understanding of motivations to participate in exercise following a cancer diagnosis. The theme *Value of Exercise* describes how STAY-FIT members' reported prioritizing exercise, following their cancer diagnosis. This is an interesting finding because we know from the literature that physical activity rates typically drop following treatment for cancer (Kampshoff et al., 2014; Schmidt et al. 2017). Alternatively, it has been reported elsewhere that supervised exercise trials have been demonstrated to increase adherence rates to upwards of 70% during treatment for cancer (Courneya et al., 2008). We might extrapolate from these findings that the sheer availability of a group exercise program may be a key facilitator to increase exercise during treatment and beyond. For some in my study, making exercise a priority in their lives was seen as a barrier. Aside from understanding these adherence rates though, my study helps to address other motives and perceptions of exercise following a cancer diagnosis, and attempts to understand why members decided to continue into the graduate program after completing their initial 12-weeks in START-FIT.

Members described understanding that exercise participation kept their body and brain healthy, and so they reported making exercise a greater priority, following the completion of

their treatment. Additionally, the stability of a week-to-week group exercise program was perceived as facilitating members' desire to self-initiate the design of exercise goals and to make physical improvements week after week in the STAY-FIT program. Membership in a supervised group exercise program for individuals with cancer may be exactly what people need in order to increase their exercise adherence following a cancer diagnosis and to continue this exercise well into survivorship. The many key features of STAY-FIT have been described as positively influencing members' perceived importance of exercise participation as part of this program and beyond its walls, but in order to further understand this relationship a longitudinal study would be helpful.

Overall, this study provided me with a unique opportunity to listen to these members share their personal experiences and stories from within the walls of both the START-FIT and STAY-FIT programs. It allowed me to explore the cancer and group exercise connection as it occurs over time and as it relates to perceived social support, barriers and facilitators, and well-being, as well as any influence it may have on overall adherence and physical activity participation. Findings from my study were comparable to and support those of previous studies, but also include some novel findings that I feel make a significant contribution to the current body of literature on cancer and group exercise research, hopefully providing a springboard for future valuable study in this area.

Limitations & Future Research

There are a number of limitations to this study that need to be addressed. Firstly, this study exclusively explored the lived experiences of individuals who had previously had cancer and were enrolled in the STAY-FIT group exercise program at University of Waterloo. Although these participants were recruited using a modified version of maximum variation/heterogeneous

sampling (which attempts to maximize demographic characteristics on a number of different variables), there was no variation in terms of ethnicity (all participants were Caucasian). It would be advantageous to recruit people from a variety of different ethnic backgrounds to further explore any potential differences in lived experiences while engaged in the program. I suspect that it might have a significant effect on how people perceive the support within the program, considering culture differences in terms of social norms. In addition, I suspect this study may have been limited in socioeconomic status variation as well, although I have no concrete data to support that this is indeed the case. I would, however, assume that the higher cost of STAY-FIT (from that of a regular gym) may result in the majority of participants being among the middle-upper class. Despite these limitations, my sample was indeed representative of the participants who typically attend this program. It is still important to note, however, that the experiences of all STAY-FIT members, regardless of ethnicity and socioeconomic status, are multifaceted and I have made every attempt to represent this within my findings varying on age, cancer diagnosis, cancer prognosis, treatment type, marital status, employment status, family life, and physical activity history.

Additionally, most of the STAY-FIT members were recruited from morning exercise sessions on the same day and during the same time period. Only one of the sixteen participants attended an evening exercise session. There are, however, only two evening sessions to begin with, so we would expect the majority of participants to attend the morning sessions anyway. This similar class recruitment was a result of the recruited participants discussing my study amongst other class members, who then self-identified and became participants in the study. As a result of this, it is possible that the perspective of these members may not have been representative of those members attending evening classes. In order to know for sure, future

research could focus on exploring an equal number of participants between both types of classes to see if there are any notable differences in the findings. I expect that there would likely be few differences, since the program parameters would remain the same in terms of supervision and ratios, however it would be important to see if this is truly the case. What you might find though, is that more people who work full or part-time are attending these evening classes and this could influence the findings somewhat, but it is difficult to say this definitively without actually studying it.

Memory bias may have been a limitation with respect to recollections of the START-FIT program. As mentioned, average length of membership in the program was 6 years; therefore, STAY-FIT members may have interpreted their experience in the START-FIT program differently than how they actually experienced it. However, I do not believe this was the case as members were able to explain their START-FIT experiences in detail and if they did not remember something, they explicitly told me so. In any event, this potential for memory bias does not invalidate what members had to say with regards to their group exercise experience in the START-FIT program. I think it would have been interesting to have the perspectives of those STAY-FIT members who had only recently begun the STAY-FIT program. Ten participants had been in the program for five years or greater, therefore the cohort could be described as being under-representative of those participating in the program five years or less. It is unclear whether or not this would have significantly changed the findings, but interesting to note nonetheless. I believe that it is possible that participants' perceptions of social support may differ for those entering the program more recently (i.e., months rather than years), as they would have had less time and opportunity to build upon any meaningful connections with other members in the

program and therefore, this could lead to different perspectives on social support. Further exploration into this particular lived experience could also provide some interesting findings.

Another limitation addressed throughout the findings chapter is the ratio of male to female participants. Of the sixteen participants recruited, only three were male members of STAY-FIT. As such, the male perspective was underrepresented when compared to the female perspective. This may also have been a result of the overall gender ratio of this population, as well as notable study participation disparities among men and women. At the time of recruitment for my study there were currently 124 females enrolled in the STAY-FIT program, and only 38 males (i.e., from January-April 2019, B. Godkin, personal communication, Feb 5, 2020). While it is possible that the male perspective may not have changed from what I have discussed herein, it would have added to the robustness of the findings and allowed for more definitive conclusions to be addressed along gender lines. Future research of this specific population could work to recruit more male participants, in order to explore whether or not their perceptions of the group exercise environment does contrast with any aspects of the female perspective, particularly as it relates to the social experience. As mentioned within the discussion, only female participants spoke to the theme of *Normalcy and Understanding*; therefore, future research could explore how the emotional support of a group exercise program may differ between male and female participants. It could also further explore the notion of how males and females may differentially perceive the environment as a support group, in addition to an exercise group.

One limitation to the online weekly journals was with emailing the Qualtrics links to participants. Some participants complained of the journal invitation email getting automatically sent to their junk mail folder on their email account, therefore, they missed answering the journal at the consistent one-week mark. In addition, the participant who was given the paper copy did

not return the copy and I failed to reach her via a phone-call follow-up. Another limitation to the journals was that not every participant elaborated upon their particular rating for their response on well-being or motivation, and therefore their answers were only relative to their ratings over the four-week period. The information gathered via these journals contributed toward my understanding of this STAY-FIT experience as it was occurring, reflecting on how it may have fluctuated over the course of this four-week reporting period. For those participants who did answer, factors such as physical well-being, motivation, and satisfaction ratings were very similar among participants week-after-week, which may be a result of the short time period between journals and could be viewed as a limitation. Although these weekly journals were useful during the four-week period between both interviews, future research could look at increasing the length of time in number of weeks during which they are completed, as this may provide a better opportunity to understand how week-to-week perceptions in STAY-FIT may have changed over a longer period of time.

Future researchers could also explore the differences between individuals who perceived their exercise participation as increasing following their cancer diagnosis, and those who perceived their exercise participation as having decreased following their cancer diagnosis. George was the only participant who described his physical activity participation as having decreased following his cancer diagnosis. I think this would be an interesting point to further explore if there were others who felt similarly to him, regarding their feelings of boredom with the program. He presented here as a negative case when discussing the fun, camaraderie and laughter subtheme. It is possible that a decrease in physical activity participation following a cancer diagnosis could affect other perceptions such as one's well-being, adherence, and barriers to exercise, but I would need more participants who had a similar experience, in order to explore

this idea more thoroughly. The negative case of George is a great example of how STAY-FIT can utilize his perceptions and try to engage other individuals within the population who have similar perceptions surrounding certain aspects of the program. One way to better access these voices is to design a recruitment poster that addresses members whose physical activity levels have decreased significantly and have not returned to the same level prior to diagnosis. This may encourage members to feel as though their perceptions are just as valuable as those individuals who find camaraderie and connectedness within the STAY-FIT program. The value in engaging this population in a separate study is to learn how certain components of the program can be modified and become more interesting for individuals whose physical activity may have decreased following their diagnosis.

I think it would be interesting for future researchers to explore the perception of exercise as an alternative form of a traditional cancer support group. Previous literature has vaguely touched on this topic, and findings from my study have also provided some support for this notion. My study participants described just how valuable the group exercise environment was as an extended support system, seeing people twice a week and being part of a network of individuals to lean on for information, emotional support, and friendship. Members seemed to feel at ease in a program where they could interact with others who were navigating the cancer experience, and having people to talk to about it, if they wished to do so. An exercise environment may be a lighter and more relaxed way to feel supported, without feeling the pressure to sit together and talk about cancer. It could be a way for members to feel supported without having to dwell on the illness but still provide the opportunity to talk openly with others about their concerns or emotions surrounding their cancer journey, but more research needs to be done to determine if this perception is the case.

My final suggestion for future research is to recruit participants from within the START-FIT program, and then to follow them longitudinally into the STAY-FIT program, in order to more accurately explore how the programs differ within real time. This would also give the researchers a deeper understanding of how the perceptions on social, physical, and cognitive aspects of well-being may change between these programs using a real-time perspective, rather than relying on retrospective data.

It is my sincere hope that this study will act as a stepping-stone for other researchers to further explore cancer and group exercise from a qualitative perspective. The social component of the group exercise environment was keenly prominent within my findings and is unique to a group-based exercise program for cancer survivors as a commonality. Although there were a few limitations of my study, I believe it is a great starting point from which to further explore START-FIT and STAY-FIT, as well as other programs similar to them, in order to further understand the lived experiences of individuals with cancer/cancer survivors and any benefits accrued from participating in group exercise programs.

Implications

This study contributes toward the current qualitative literature on cancer and exercise participation as it relates specifically to group exercise programs. This is particularly important as cancer diagnosis rates continue to rise, and individuals are searching for new ways to combat the physical and psychological effects of treatment. With this, individuals who have been diagnosed with cancer/cancer survivors need a positive outlet, and exercise has comprehensive benefits that can reform and restore physical and psychological health.

Further, this study provides the Centre for Community, Clinical and Applied Research Excellence (CCCARE) with a deeper understanding of the lived experience of some of its

members within the STAY-FIT exercise program and may help to inform program design that will ultimately maximize the physical, psychological and social benefits of this particular group exercise environment. Many individuals discussed how participation in STAY-FIT influenced many other aspects of their lives, extending well beyond the physical element of exercise and influencing the social and cognitive as well. The team at CCCARE is able to use the information from this study to analyze and re-evaluate its current programs with this newfound understanding of its effectiveness from the perspective of some of its participants. This study supports the efforts of previous research on established barriers and facilitators to group exercise program participation, but with a more specific lens that includes cancer and exercise participation within a long-term (greater than 12-week period). My study will help UW WELL-FIT learn more from its members, hopefully helping to optimize the exercise programs they develop in the future.

Additionally, this study is of importance for other health-driven research centers whose focus is on optimizing the health of different chronic disease populations. STAY-FIT is a unique program in that it is supported by a wealth of multidisciplinary research and expertise, and has been guided by high quality leadership for many years. Based in the University of Waterloo's Faculty of Applied Health Sciences, CCCARE strives to develop new programs through advanced research, educational opportunities, and promoting health in the community (UW WELL-FIT, n.d.). This group exercise experience may not necessarily be transferable to other programs in existence, but certainly provides somewhat of a *modus operandi* of what other programs could strive for within their respective programs. This study aims to convey the importance of such programs as START-FIT and STAY-FIT. The STAY-FIT program in particular, demonstrates how having the commonality of a similar diagnosis can help to foster strong connections among members and may then double as both an exercise experience and as a

support group of sorts. The STAY-FIT program design of providing scheduled weekly exercise sessions, but offering independent exercise programs rather than a traditional group exercise class, was a key feature that was preferred by members in this study. These study findings support the notion of learning from participants what in particular influences their exercise adherence, and how a well-designed group exercise environment can encourage exercise adherence over time and promote physical activity outside of the program and beyond. Providing the option for individuals to participate in such supervised exercise at START-FIT while in treatment for cancer was one that facilitated their long-term adherence, and the comfortable and welcoming atmosphere was one of the key perceived facilitators that encouraged their continued attendance.

Finally, an implication of this study is to bring awareness to the exercise programs that UW WELL-FIT has designed. STAY-FIT members expressed that the group exercise program has become much more than a place to exercise but also a place where they feel normal, understood, and connected with others who are going through similar experiences. The stories shared by members recognize how this group exercise environment encompasses much more than the expected physical improvements upon their symptoms, but that the experience goes well beyond into enhancements within the social and mental domains of well-being as well.

Concluding Thoughts

This study provided an in-depth exploration of the lived experiences of the STAY-FIT group exercise graduate program, and a retrospective look into their experiences of exercising during treatment for cancer while enrolled in the START-FIT program. The group exercise environment was described as encompassing four interrelated domains that worked together to optimize the quality of the exercise experience among members within the program.

In conclusion, this study uncovered the lived experiences of the group exercise program for individuals who previously had cancer, and helped to illuminate the significance and meaning this experience held from the beginning of their cancer journey well into survivorship. It was clearly evident from these findings that the group exercise experience extends well beyond the exercise itself into the social, mental and physical domains of well-being, while the environment provides a safe space for members to make connections, find normalcy and understanding, and ultimately for some, a “home away from home.” My hope for this study is that the findings will provide information to CCCARE about their members’ experiences of both group exercise programs, but more importantly, I hope this study provides the necessary vehicle to advocate the overwhelming need for such group exercise programs to be offered for individuals who are living through the experience of cancer and searching for a place to be physically, mentally and socially well. I conclude with a quote from Tanya, who says it best:

My husband calls [STAY-FIT] my world. This is my little world. My cancer world (laughs)...So to tell somebody that's heading into this, as I said before, I'd 100% say look into STAY-FIT. It's so good for you during chemo and it's good for you after. If uh you can keep up with it after it's, yeah, invaluable. – Tanya, final interview

APPENDIX A

DO YOU WANT TO HELP RAISE AWARENESS ABOUT THE GROUP EXERCISE EXPERIENCE FOR INDIVIDUALS WITH CANCER?

The purpose of this study is to explore the perceptions of a group exercise environment among individuals with cancer and/or cancer survivors enrolled in the University of Waterloo STAY-FIT group exercise program.

The researcher is looking for men or women...

- ★ Who have previously been diagnosed with cancer (any type, any stage)
- ★ Who have participated in the 12-week START-FIT exercise program; and
- ★ Who are currently enrolled in the STAY-FIT program at UW

Over the course of the study, you will be asked to complete the following research tools:

- Two, face-to-face, semi-structured interviews at two different time points (initial interview and a follow-up, four weeks later).
- Four, online journal entries total (one being completed each week for four weeks)
- One final member check review, to comment on the researcher's preliminary themes and whether or not they are representative of your experiences.

The total time commitment for this study will be approximately three hours over the course of two months. Participants will receive a **\$25 gift card to Indigo Chapters** to thank you for your time and dedication to the project.



If you meet the above criteria and are interested in participating in this study, please contact Olivia Jones, MKin Student (supervised by Dr. Schneider & Dr. Mourtzakis) at **jone2880@mylaurier.ca** or **(519) 884-0710, ext. 4214**

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee and the Wilfrid Laurier University REB (**REB#23229**)

APPENDIX B

WILFRID UNIVERSITY INFORMED CONSENT STATEMENT

The Lived Experience of Group Exercise Participation for Individuals Who Have Lived With Cancer

Investigators:

Olivia Jones, MKin Student, Department of Kinesiology & Physical Education
Dr. Margaret A. Schneider PhD, Department of Kinesiology & Physical Education
Dr. Marina Mourtzakis PhD, Department of Kinesiology, University of Waterloo

You are invited to participate in a qualitative research study. The purpose of this research study is to explore the perceptions of a group exercise environment among individuals with cancer and/or cancer survivors enrolled in the University of Waterloo STAY-FIT group exercise program. For the purposes of the study, this experience of group exercise participation will be generally defined as including your perceived well-being, adherence, barriers and facilitators during the program, and perceived social support throughout the program, specifically noting how these perceptions may change over time.

INFORMATION

It is expected that there will be approximately 10-15 participants taking part in this study. Upon consenting to participate, the researcher will contact you to set up a time to complete the following:

1) Upon consenting to participate, the UW-WELL FIT Assessment that was completed during your transition to the program will be reviewed by the researcher. This assessment data will provide the researcher with valuable information regarding your health status, type of cancer and treatment being received (or that was received in the past. Review of this data will take place at the BMH/LHS building in Dr. Mourtzakis' research lab, using data encrypted computers. Personal and medical information including age, diagnosis date (MM/YY), stage, type of treatment, comorbidities, body composition, medications, current physical activity, previous physical activity, cancer specific symptoms, signs & symptoms of the disease, and present medications will all be recorded. Information obtained from the FACIT-F responses and Godin Leisure-Time Exercise questionnaire will be recorded for the purpose of this study.

2) You will be asked to complete an online (or paper & pencil) journal entry, weekly (for the duration of four weeks) on a date and time of your choosing. An email will be sent out prior to these submissions, to remind you to complete these entries. The journals will be used to understand any potential week-to-week changes in overall physical health, motivation levels, physical activity participation, and overall experience of the group exercise environment. If you

have chosen to complete this journal entry via paper and pencil, you will then return these entries to the investigators in the self-addressed, postage-paid envelopes provided.

3) You will be asked to complete two separate, 30-45 minute interviews (four weeks apart) to discuss your experiences of the group exercise environment and its impact on your perceived well-being, adherence, barriers and facilitators during program, noting how these perceptions may change over the course of time. The interview will take place at the facility at a time of your choosing, preferably prior to or after your exercise session (in order to be of most convenient for you). All interviews will be audio recorded in order to ensure that your account of this experience is accurately documented. These recordings will then be transcribed verbatim by the researcher. The researcher will also maintain field notes reporting on various aspects of the interview. These notes will be used to provide contextual references in the final analysis of the data. These notes could include such things as the location of the interview; any distractions that were present; your perceived comfort level with the questions, etc.

4) You will be asked to participate in a process of transcript verification (upon the completion of each, individual interview), as well as conduct a final review of the preliminary themes (called a member check), following the completion of the preliminary analysis. The transcript verification process will provide you with the opportunity to read your transcripts and make any clarifications you feel are necessary to what was said. You may also remove any statements you do not wish to be included in the final analysis. In addition to this, the researchers may add questions/comments in the margins that they would like you to answer/clarify. Likewise for the member check, you will be asked to provide feedback on the themes identified during the preliminary analysis of the data. Following the completion of each of these tasks, you will return these member checks in the same manner that they were originally sent to you (i.e., via email or in the self-addressed, postage-paid envelopes provided).

RISKS

The interview portion of this study will ask you to discuss details surrounding your experience with cancer in relation to the group exercise program, which may be a sensitive topic for you. Interviews may raise risk of emotional distress from answering sensitive questions regarding the cancer experience (some examples include: Can you describe in as much detail as possible what it was like for you, when you first started your treatment for cancer?; How was your emotional reaction to this event? What are some signs and symptoms you presently experience? What is your current level of social support? Can you describe for me what your current social support network looks like?) To minimize this risk, the interviews will be conducted in a supportive and non-judgmental environment in which you are not obligated to discuss any experiences or answer any questions that you do not wish to discuss. In the event you do wish to stop the interview, the tape recorder will be turned off and you may discontinue it altogether.

You will be completing a portion of this study through an online survey platform operated by Qualtrics. When information is transmitted or stored on the internet privacy cannot be

guaranteed. There is always a risk your responses may be intercepted by a third party (e.g., government agencies, hackers). Qualtrics temporarily collects your [company/contributor] ID and computer IP address to avoid duplicate responses in the dataset but will not collect information that could identify you personally.

BENEFITS

This research study will provide you with the opportunity to contribute to an area of research that is sorely lacking in the literature, while potentially assisting others who have navigated similar experiences. These findings may also help to guide future decision making at the START-FIT program and STAY-FIT program, allowing staff and faculty to make these decisions in an evidence-based manner, reflective of the population they intend to assist. Above all, your participation in this research study will help raise awareness about group exercise for individuals with cancer, and how it may affect perceived well-being, exercise adherence, social support, and their daily lives in general.

REMUNERATION

You will receive a \$25 gift certificate to Indigo Chapters immediately following the completion of the final interview, as a small token of thanks for your time and effort. Should the participant choose to withdraw prior to the completion of the study, their gift card will be mailed to them after such time that they withdraw

CONFIDENTIALITY

Your name will be removed from any/all data sources and replaced with a code number in order to ensure confidentiality. All information will be kept in password protected files on the investigators' computers. Olivia Jones, and Drs. Schneider and Mourtzakis will be the only people who will have access to the raw data. Any paper materials will be kept in a locked cabinet in Dr. Schneider's research space at Wilfrid Laurier University. All raw data (either digital or hard copy) will be stored for a minimum of one year and a maximum of five years, after which time it will be destroyed by the researchers. The results of this study will be used in written publications. These publications may contain quotations from your interview, however there will be no information revealing your identity in any of the quotations used.

CONTACT

If you have any questions at any time about the study and its procedures, or you experience adverse effects as a result of participating in this study, you may contact Olivia Jones at (519) 884-0710 extension 4214 or jone2880@mylaurier.ca or Dr. Margaret Schneider mschneider@wlu.ca at any time throughout this process. This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE #23229) and the Laurier Research Ethics Board (REB #5826). If you have questions for the Committee please contact University of Waterloo Office of Research Ethics, at 1-519-888-4567 ext. 36005 or ore-ceo@uwaterloo.ca. or Wilfrid Laurier University Contact: Jayne Kalmar, PhD, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970, extension

3131 or REBChair@wlu.ca

PARTICIPATION

Your participation in this study is completely voluntary; you may decline to participate without penalty. You may withdraw your consent to participate and have your data destroyed by contacting us by April 30th, 2019. At this time, your data will be destroyed and your information will be removed from the master list linking your name with your research ID. After this date, it is not possible to withdraw your consent to participate as we have no way of knowing which responses are yours. Additionally, you will not be able to withdraw consent once papers and publications have been submitted to publishers.

FEEDBACK & PUBLICATION

The results of this study will be disseminated via conferences and written in other publications. An executive summary will also be provided to interested parties, such as University of Waterloo STAY-FIT. You may obtain a copy of the results by contacting either of the researchers at the email addresses stated above. It is estimated that the final copy of the results will be made available after July 2019.

CONSENT

By signing this consent form, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

YES NO I agree to the release of all personal information collected by STAY-FIT staff, over the course of my participation in the program.

YES NO I agree to the audio recording of my personal interviews.

YES NO I agree that anonymous quotations from my personal interviews may be used.

I have read and understood the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature _____

Date _____

Investigator's signature _____

Date _____

APPENDIX C

Initial Interview Guide:

Time I

(Note: This guide is flexible and additional probes may be added dependent on the participant's responses to the questions)

Introductory statement to the interview process (as a whole):

First of all, I'd like to thank you for taking the time out of your busy schedule to meet with me today, to discuss your experiences of breast cancer and exercise, pertaining specifically to the STAY-FIT group exercise program. I understand that with your past diagnosis comes many challenges, and I value and greatly appreciate you taking the time to share your experiences with me today.

I would like to make this experience as comfortable as possible for you. To do so, I'll quickly outline the types of questions I will be asking in this **initial** interview. I will begin by asking some simple, warm-up questions, followed by questions pertaining to the start of your cancer journey, your past and present physical activity experiences, any facilitators/barriers you presently experience in relation to physical activity, perceived social support, any expectations you may have for the group exercise program, ending with some questions specific to your session for today.

Please feel free to stop me at any point throughout the interview, if you have any questions, comments and/or concerns. Also, you are free to say 'no' to answering any specific questions or you may choose to stop the interview altogether, at any time. If you feel like you need to do so, please speak up and let me know.

Before we begin, do you have any questions for me? (Pause for response.) Is it okay for me to turn the recorder on? (Wait for affirmative response.) Okay, let's begin.

Warm-up question

1. Can you tell me about where you currently are, in terms of your breast cancer journey?

Probes:

- Treatments you are/used to actively taking/receiving
- Nature of the signs and symptoms you previously/or currently experience, in relation to treatments
 - Frequency
 - Severity
- How are you feeling today?

Start of your cancer journey:

(These questions will be used to ascertain current sense of well-being)

2. Can you describe in as much detail as possible what it was like for you, when you first started your treatment for breast cancer?

Probes:

- How was your emotional reaction to this event?
- How did your body respond?
- Did it depend on the type of treatment?
 - Chemotherapy
 - Radiation
 - Hormone therapy
 - Surgery
- How did you manage any signs & symptoms you experienced following these initial treatments?
- Has your perception of these signs & symptoms changed over time?
- Has your management of these signs & symptoms changed over time?

Physical activity experiences

(These questions will be used to ascertain past & current participation in physical activity)

3. Can you describe for me, in as much detail as possible, how you would personally define physical activity and exercise?

Probes:

- Can you provide me with specific examples of things that would qualify, according to your definition?
- In light of this definition, what role (if any) do you feel physical activity or exercise currently plays in your life?
- Can you provide me with any specific examples of physical activities you currently participate in? Have participated in, in the past?
- Has this changed over time (i.e., does it play a different role in your life now than it has in the past)?

4. Do you believe your perceptions of the role physical activity plays in your life has changed at all, specifically in relation to your diagnosis?

Probes:

- If you feel these perceptions have changed, can you provide specific examples of how they've changed?
- If you don't feel they have changed, can you provide specific examples of what has remained the same?
- Do you anticipate these perceptions changing in the future? If so, how?

5. Can you describe to me any similarities or differences while exercising in treatment vs. out of treatment?

Probes:

- Similarities/differences?
- Challenges?
- START-FIT VS. STAY FIT?

6. Describe for me a typical week in your life, in relation to physical activity. More specifically if I were to shadow you for a week, what would I see you doing?

Probes:

- Types of activities
- Time spent in these activities
- Do you believe your weekly routine has changed at all?
- Do you anticipate changes to this routine in the future?

7. Can you describe for me a particularly memorable experience you have had recently participating in physical activity?

Probes:

- How did it make you feel...physically, mentally, emotionally, etc.
- Do you anticipate your exercise habits will change with your diagnosis and ongoing treatments?

Facilitators/barriers:

(These questions will be used to ascertain any perceived facilitators & barriers to physical activity participation)

8. Can you describe in as much detail as possible, anything that you feel makes it easier for you to participate in physical activity, on a regular basis?

Probes:

- Can you think of a specific example of a time when you felt particularly free in your participation in physical activity?

9. Can you describe in as much detail as possible anything that you feel makes it more difficult for you to participate in physical activity on a regular basis?

Probes:

- Can you think of a specific example of a time when you felt particularly restricted from participating in physical activity?

Social support:

(These questions will be used to ascertain what sorts of social supports these women currently feel they have)

10. Can you describe for me what your current social support network looks like?

Probes:

- Who provides you with support?
 - Spouse
 - Children
 - Other family members
 - Friends
 - Other women with breast cancer
 - Co-workers
- What types of support do they provide?
- Has your support network changed in any way since your diagnosis?
- Do you have any unmet needs in terms of support?

Group exercise

(These questions will be used to ascertain what sort of influence they feel the STAY-FIT program has had on their experience)

11. What are your continued? expectations for the STAY-FIT program?

Probes:

- Do you have set goals?
- Are you looking to make friends?
- Do you plan to discuss your experience beyond exercise with others?
- How do you feel about participating in the group exercise environment?
- Are you planning to continue with it indefinitely or is there a certain point after which, you plan to discontinue your involvement?

12. After completion of the 12-week START-FIT program, why did you choose to continue with STAY-FIT?

Probes:

- Has it helped with exercise adherence?
- Do you see any influence on your physical health?
- Influence on social support?

13. Can you speak to what it was like exercising in the START-FIT program compared to now exercising in the STAY-FIT program?

Probes:

- Similarities/differences
- Likes/dislikes
- Environment
- Social support

Closing Question

14. What do you hope to get out of your exercise session today?

Probes:

- Challenge
- Improvement
- Strength
- Goals

APPENDIX D

Concluding Interview Guide:

Time II

(Note: This interview guide will be heavily reliant on the responses from the *Initial Interview* at Time I. This guide is meant as an approximation of the general line of questioning, but is expected to change as necessitated by prior responses provided by each participant.)

Introductory Statement

This is our follow-up interview. I want to thank you again for taking the time to meet with me today to discuss your experiences with group exercise. I appreciate the significant time commitment you have made over the course of the project, and for sharing your experiences with me.

Just a reminder that if at any time throughout the interview, you have any comments or concerns, please feel free to stop me at any point. Also, remember that you are allowed to say 'no' to answering specific questions, or you may choose to stop the interview altogether. If you feel like you need to do so, please speak up and let me know.

Before we begin, do you have any questions for me? (Pause). Okay, let's begin.

Warm-up questions:

1. How are you feeling today?

Probes:

*only asked if they are still receiving treatment

- Any changes in your health since we last talked?
- Treatments you are actively taking/receiving*
- Nature of the signs & symptoms you presently experience, in relation to current treatments*

Your cancer journey and exercise

(These questions will be used to ascertain perceived well-being and participation in physical activity over the past reporting period)

2. Can you describe in as much detail as possible your experiences at the group exercise program over the past 4 weeks? (The specific participant's online journal entries and past responses will be used to guide this line of questioning)

Probes:

- Can you provide me with specific examples of things you've liked? Disliked?
 - Can you describe any specific examples of how you've been affected by the program thus far? Physically? Emotionally? Mentally?
 - Has your illness intervened in any way over the past reporting period?
3. Can you describe for me a typical week in your life right now, in relation to physical activity? More specifically, if I were to shadow you for a week, what would I see you doing?

Probes:

- Has this changed at all from our first interview?
 - Has this changed since starting programs at CCCARE?
 - Types of activities
 - Time spent in these activities
 - Do you believe your weekly routine has changed at all?
 - Do you anticipate changes to this routine in the future?
4. Can you describe for me a particularly memorable experience you have had recently, while participating in the STAY-FIT program?

Probes:

- How did it make you feel...physically, mentally, emotionally, etc.
 - Have your exercise habits changed/continue to change with your completion of treatment?
5. Can you describe for me a particularly memorable experience you have had recently participating in physical activity outside of the program?

Probes:

- How did it make you feel...physically, mentally, emotionally, etc?

Facilitators/barriers:

(These questions will be used to ascertain any perceived facilitators & barriers to physical activity participation, over the past reporting period)

6. Can you describe in as much detail as possible, anything that you feel has made it easier for you to consistently participate in the STAY-FIT program, over the past four weeks?

Probes:

- Can you think of a specific example of a time when you felt particularly free in your participation at STAY-FIT, over the past reporting period?
- Is there anything in particular that you enjoy about the exercises themselves?
- What keeps you going to the program, week after week?

7. Can you describe in as much detail as possible anything that you feel has made it more difficult for you to consistently participate in the STAY-FIT program, over the past four weeks?

Probes:

- Can you think of a specific example of a time when you felt particularly restricted in your participation at STAY-FIT?,
- Is there anything in particular that you dislike about the exercises themselves?

8. Have you noticed any changes to your health, since starting the program?

Probes:

- Improvements/decline
- Decrease/increase in signs and symptoms?
- More/less fatigue/energy?

Social Support

(These questions will be used to ascertain what sorts of social supports these women currently feel they have, during the past reporting period)

9. Can you describe for me what your current social support network looks like?

Probes:

- Has it changed at all since we last talked?
- Who provides you with support?
 - Spouse
 - Children
 - Other family members
 - Friends
 - Other women with breast cancer
 - Co-workers
 - Co-participants
- What types of support do they provide?
- Do you have any unmet needs in terms of support?

10. Does participation in STAY-FIT play a role in your social support network?

11. Can you think of a specific example of a positive interaction you've had with a participant and/or staff member while participating at STAY-FIT, over the past four weeks?

12. Can you think of a specific example of a negative interaction you've had with a participant and/or staff member while participating at STAY-FIT, over the past four weeks?

Group exercise

(These questions will be used to ascertain any sort of influence they feel the START-FIT program has had on their experience, over the reporting period)

13. Can you describe for me in as much detail as possible whether or not you feel the group exercise environment has influenced your perspective on physical activity overall, since beginning at STAY-FIT?

Probes:

- Do you feel the program has influenced your well-being during the one hour session, two days a week?
- Do you feel the program has influenced your well-being beyond these sessions? At home? At work? In your interactions with others?

14. What continued expectations do you have for the STAY-FIT program?

15. Do you feel supported by the people around you during the program?

Probes:

- Can you think of specific examples describing how they have supported you?
- Can you think of specific examples where you did not feel well-supported?

Closing Questions

16. Have you learned anything new about yourself, since having started the STAY-FIT program?

17. What do you hope to get out of your exercise session today?

Probes:

- Challenge
- Improvement
- Strength
- Goals

18. If you could share one thing that you valued most about this group exercise experience, with other women with breast cancer, what would it be?

19. Is there anything else you would like to add about your group exercise experience?

20. Do you have any questions for me?

APPENDIX E

Weekly Journal Entry

Welcome to the Weekly STAY-FIT journal!

Thank you for taking the time to complete your weekly journal entry for the reporting period (DD/MM/YY) to (DD/MM/YY). These journal entries will be used to understand any potential week-to-week changes in perceived overall physical health, motivation levels, physical activity participation, and overall experience of the group exercise environment. The survey will take no longer than 5-10 minutes of your time to complete, but will prove invaluable in my data analysis.

The purpose of this study is to explore the perceptions of a group exercise environment among women with breast cancer and/or breast cancer survivors enrolled in the University of Waterloo STAY-FIT group exercise program. The focus is to understand the experience of group exercise participation and to explore perceived well-being, adherence to the exercise program, perceived social support and motivation, barriers and facilitators during the exercise program, and noting how these perceptions may change over the course of time.

Potential Risk:

You will be completing the study by an online survey operated by Qualtrics. When information is transmitted or stored on the internet, privacy cannot be guaranteed. There is always a risk your responses may be intercepted by a third party (e.g., government agencies, hackers, etc.). Qualtrics temporarily collects your ID and computer IP address to avoid duplicate responses in the dataset, but will not collect information that could identify you personally.

Contact:

If you have any questions at any time about the study and its procedures, or you experience adverse effects as a result of participating in this study, you may contact Olivia Jones at (519) 884-0710 ext.4214 or jone2880@mylaurier.ca or Dr. Margaret Schneider mschneider@wlu.ca at any time throughout this process.

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE #23229) and the Laurier Research Ethics Board (REB #5826). If you have questions for the Committee please contact University of Waterloo Office of Research Ethics, at 1-519-888-4567 ext. 36005 or ore-ceo@uwaterloo.ca. or Wilfrid Laurier University Contact: Jayne Kalmar, PhD, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970, extension 3131 or REBChair@wlu.ca

Reporting period (DD/MM/YY) to (DD/MM/YY):

Please indicate your responses to the questions below, in reference to the reporting period (as indicated by you, above).

Question 1:

In terms of your overall physical wellbeing, how are you feeling today (1-being “your poorest possible physical health” to 5-being “your best possible physical health”)?

Rate 1 2 3 4 5

If you'd like to expand on your response, please do so here.

Question 2:

How would you rate your motivation to participate in physical activity or exercise today (1-being “not at all motivated” to 5-being “extremely motivated”)?

Rate 1 2 3 4 5

If you'd like to expand on your response, please do so here.

Question 3:

How satisfied are you with the group exercise environment (1-being “not at all satisfied” to 5-being “extremely satisfied”)?

Rate 1 2 3 4 5

If you'd like to expand on your response, please do so here.

Question 4:

How many sessions did you attend during this reporting period?

0 1 2 3+

Question 5:

Did you face any particular challenges that you feel **made it harder for you to attend STAY-FIT** during this reporting period?

Yes No

If so, please expand on your response here.

Question 6:

Did you experience anything in particular that you feel may have **made it easier for you to attend STAY-FIT**, during this reporting period?

Yes No

If so, please expand on your response here.

Question 7:

Did you participate in any type of physical activity **outside of the STAY-FIT program**, during this reporting period?

If so, please expand on your response here.

Question 8:

Please think of **one word** (or short phrase) you would use to describe your **overall experience of the STAY-FIT program**, during this reporting period.

**Thank you for taking the time to complete this journal entry.
Your time and information is greatly appreciated!**

APPENDIX F

<DATE>

Dear <NAME>:

Please find enclosed a copy of your verbatim interview transcript from your initial/final interview on <DATE>. Although your copy includes the actual names of people mentioned, please be advised that these names have been replaced with pseudonyms in my personal copy.

The reason I am sending you this transcript is to provide you with the opportunity to review, clarify, and add or remove any of the issues discussed throughout the interview. You may decide whether or not you feel the issues discussed require any further clarification. If you do decide to make comments, you may write them directly on the margins of the transcript [or through track changes on the electronic transcript], but do not make any editorial changes to the data itself. You may also remove anything that you do not wish to be analysed, simply by drawing a line through it on the transcript [or making a comment on the emailed electronic transcript]. These statements will then be removed altogether. All written comments on the transcript will be considered in the final analysis.

Please return the transcript via email at jone2880@mylaurier.ca or in-person by <DATE>. If you are unable to hand-in or email the transcript to me by this day, please call me at 519-884-0710, ext. 4214 and let me know, otherwise I will assume that you accept the transcript as is. If you'd prefer to speak directly with me about any clarifications or changes, please phone me prior to the date listed above. If you have any questions at any time, please do not hesitate to contact me.

Sincerely, Olivia Jones (MKin student)

APPENDIX G

<DATE>

Dear <NAME>:

Please find enclosed a copy of your verbatim interview transcript from your initial/final interview on <DATE>. Although your copy includes the actual names of people mentioned, please be advised that these names have been replaced with pseudonyms in my personal copy.

The reason I am sending you this transcript is to provide you with the opportunity to review, clarify, and add or remove any of the issues discussed throughout the interview. You may decide whether or not you feel the issues discussed require any further clarification. If you do decide to make comments, you may write them directly on the margins of the transcript [or through track changes on the electronic transcript], but do not make any editorial changes to the data itself. You may also remove anything that you do not wish to be analysed, simply by drawing a line through it on the transcript [or making a comment on the emailed electronic transcript]. These statements will then be removed altogether. All written comments on the transcript will be considered in the final analysis.

Please return the transcript via email at jone2880@mylaurier.ca or in-person by <DATE>. If you are unable to hand-in or email the transcript to me by this day, please call me at 519-884-0710, ext. 4214 and let me know, otherwise I will assume that you accept the transcript as is. If you'd prefer to speak directly with me about any clarifications or changes, please phone me prior to the date listed above. If you have any questions at any time, please do not hesitate to contact me.

Sincerely, Olivia Jones (MKin student)

APPENDIX H

Prevalence	Number
A couple of STAY-FIT members	2
A few STAY-FIT members	3-5
Some STAY-FIT members	6-9
Most STAY-FIT members	10-14
All STAY-FIT members	15/16

APPENDIX I**Transcription Conventions**

Example	Meaning
“ <u>Underlined word</u> ”	Emphasis on word during interview
[...]	Removed middle section of quote due to irrelevance
[STAY-FIT is]	Word enclosed to clarify meaning, provide context, or remove actual names
;;;	Extend/Drag on word

APPENDIX J

Number of sessions attended during all reporting periods

Number of Sessions Attended	Total Number of Responses	Percentage
2	39	79.6%
1	7	14.3%
0	3	6.1%

Any particular challenges to exercise

Response	Total Number of Responses	Percentage
No	36	73.5%
Yes	11	22.4%
Did not respond	2	4.1%

Anything that made it easier to exercise

Response	Total Number of Responses	Percentage
No	30	61.2%
Yes	17	34.7%
Did not respond	2	4.1%

Motivation to participate in physical activity that day

Rating	Number of responses
1 - "not motivated at all"	1
2	4
3	6
4	24
5 - "extremely motivated"	12
Total:	47

References

- Alfano, C. M., Day, J. M., Katz, M. L, Herndon J. E., Bittoni M. A., Oliveri J. M.,...Paskett E. D. (2009). Exercise and dietary change after diagnosis and cancer-related symptoms in long-term survivors of breast cancer. *Psychooncology*, *18*(2) 128-133. DOI: 10.1002/pon.1378
- Backman, M., Browall, M., Sundberg, C. J., & Wegstrom, Y. (2016). Experiencing health – physical activity during adjuvant chemotherapy treatment for women with breast cancer. *European Journal of Oncology Nursing*, *21*(1), 160-167.
<http://dx.doi.org/10.1016/j.ejon.2015.09.007>.
- Barbaric, M., Brooks, E., Moore, L., & Cheifetz, O. (2012). Effects of physical activity on cancer survival: a systematic review. *Physiotherapy Canada* *62*(1), 25-34.
DOI:10.3138/physio.62.1.25.
- Baxtor, G. D., Liu L., Petrich, S., Spontelli-Gisselman, A., Chapple, C., Anders, J. J., & Tumilty, S. (2017). Low-level laser therapy (photobiomodulation therapy) for breast cancer-related lymphedema: a systematic review. *BioMed Central Journal* *17*,(1) 833-846.
DOI:10.1186/s12885-017-3852-x.
- Blaney, J., Lowe-Strong, A., Jane, R., Campbell A., Allen, J., & Gracey, J. (2010). The cancer rehabilitation journey: barriers to and facilitators of exercise among patients with cancer-related fatigue. *Physical Therapy*, *90*(8), 1135-1147. <https://doi.org/10.2522/ptj.20090278>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Brinkmann, S., & Kvale, S. (2015). *Interviews: Learning the craft of qualitative research interviewing* (3rd ed.). CA: Thousand Oaks: Sage Publications, Inc.

- Browall, M., Mijwel, S., Rundqvist, H., & Wengstrom Y. (2018). Physical activity during and after adjuvant treatment for breast cancer: an integrative review of women's experiences. *Integrative Cancer Therapies, 17*(1), 16-30. DOI: 10.1177/1534735416683807.
- Brunet, J., Love, C., Ramphal, R., & Sabiston, C. (2014). Stress and physical activity in young adults treated for cancer: the moderating role of social support. *Supportive Care in Cancer, 22*(3), 689–695. <https://doi.org/10.1007/s00520-013-2023-0>
- Brunet J., & St-Aubin, A. (2016). Fostering positive experiences of group-based exercise classes after breast cancer: what do women have to say? *Disability and Rehabilitation, 38*(15), 1500-1508. DOI: 10.3109/09638288.2015.1107633.
- Buchowski, M., Choi, L., Majchrzak, K., Acra, S., Mathews, C., & Chen, K. (2009). Seasonal changes in amount and patterns of physical activity in women. *Journal of Physical Activity & Health, 6*(2), 252–261. <https://doi.org/10.1123/jpah.6.2.252>
- Bulmer, S. M., Howell, J., Ackerman, L., & Fedric, R. (2012). Women's perceived benefits of exercise during and after breast cancer treatment. *Women & Health, 52*(8), 771-787. DOI: 10.1080/03630242.2012.725707.
- Canadian Cancer Society. (2019). *Canadian cancer statistics 2019*. Retrieved from Cancer.ca/Canadian-Cancer-Statistics-2019-EN.pdf
- Canadian Society for Exercise Physiology Guidelines. (2017). *Canadian 24-hour movement guidelines*. Retrieved from <http://csepguidelines.ca>.
- Charmaz, K. (2006). *Constructing grounded theory : a practical guide through qualitative analysis* . London ;: SAGE.

- Cheifetz, O., Park Dorsay, J., Hladysh, G., Macdermid, J., Serediuk, F., & Woodhouse, L. (2014). CanWell: meeting the psychosocial and exercise needs of cancer survivors by translating evidence into practice. *Psycho-Oncology*, *23*(2), 204–215.
[phttps://doi.org/10.1002/pon.3389](https://doi.org/10.1002/pon.3389)
- Clifford, B. K., Mizrahi, D., Sandler, C. X., Barry, B. K., Simar, D., Wakefield, C. E., & Goldstein, D. (2018). Barriers and facilitators of exercise experienced by cancer survivors: a mixed methods systematic review. *Support Care Cancer*, *26*(3), 685-700.
<https://doi.org/10.1007/s00520-017-3964-5>.
- Creswell, J. (2015). *A concise introduction to mixed methods research*. Thousand Oaks, California: SAGE.
- Courneya, K. S. (2003). Exercise in cancer survivors: an overview of research. *Medicine and Science in Sports and Exercise*, *35*(11),1846-1852. DOI:
 10.1249/01.MSS.0000093622.41587.B6.
- Courneya, K., Segal, R., Gelmon, K., Reid, R., Mackey, J., Friedenreich, C., ... Mckenzie, D. (2008). Predictors of supervised exercise adherence during breast cancer chemotherapy. *Medicine and Science in Sports and Exercise*, *40*(6), 1180–1187.
<https://doi.org/10.1249/MSS.0b013e318168da45>
- Courneya, K. S., Friedenreich, C. M., Reid, R. D., Gelmon, K., Mackey, J. R., Ladha, A. B., . . . Segal, R. J. (2009). Predictors of follow-up exercise behavior 6 months after a randomized trial of exercise training during breast cancer chemotherapy. *Breast Cancer Research and Treatment*, *114*(1), 179-187. DOI:10.1007/s10549-008-9987-3.
- Creswell, J.W. (2015). *30 essential skills for the qualitative researcher*. Thousand Oaks: Sage Publications, Inc.

- Davies, N. J., Batehup, L., & Thomas, R. (2011). The role of diet and physical activity in breast, colorectal, and prostate survivorship: a review of the literature. *British Journal of Cancer, 105*(1), 52-73. DOI:10.1038/bjc.2011.423.
- Emslie, C., Whyte, F., Campbell, A., Mutrie, N., Lee, L., Ritchie, D., & Kearney, N. (2007). 'I wouldn't have been interested in just sitting round a table talking about cancer'; exploring the experiences of women with breast cancer in a group exercise trial. *Health Education Research, 22*(6), 827-838. DOI: 10.1093/her/cy1159.
- Esterberg, K.G. (2002). *Qualitative methods in social research*. Boston: McGraw-Hill.
- Farrance, C., Tsofliou, F., & Clark, C. (2016). Adherence to community based group exercise interventions for older people: A mixed-methods systematic review. *Preventive Medicine, 87*, 155–166. <https://doi.org/10.1016/j.ypmed.2016.02.037>
- Furmaniak, A. C., Menig, M., & Markes, M. H. (2016). Exercise for women receiving adjuvant therapy for breast cancer (review). *Cochrane Database of Systematic Reviews, 9*. DOI: 10.1002/14651858.CD005001.pub3.
- Guba, E. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Technology Research and Development, 29* (2), 75-91.
- Hardcastle, S., Glassey, R., Salfinger, S., Tan, J., & Cohen, P. (2017). Factors influencing participation in health behaviours in endometrial cancer survivors. *Psycho-Oncology, 26*(8), 1099–1104. <https://doi.org/10.1002/pon.4288>
- Harrison, S., Hayes, S. C., & Newman, B. (2009). Level of physical activity and characteristics associated with change following breast cancer diagnosis and treatment. *Psycho-Oncology 18*(4), 387-394. DOI: 10.1002/pon.1504.

- Hefferon, K., Murphy, H., Mcleod, J., Mutrie, N., & Campbell, A. (2013). Understanding barriers to exercise implementation 5-year post-breast cancer diagnosis: a large-scale qualitative study. *Health Education Research, 28*(5), 843–856.
<https://doi.org/10.1093/her/cyt083>
- Hennessy, E. M., Stevinson, C., & Fox, K. R. (2005). Preliminary study of the lived experience of exercise for cancer survivors. *European Journal of Oncology Nursing, 9*(2), 155-166. DOI: 10.1016/j.ejon.2004.08.003.
- Henriksson, A., Arving, C., Johansson, B., & Igelstrom H. (2016). Perceived barriers to f facilitators to being physically active during adjuvant cancer treatment. *Patient Education and Counseling, 99*(7), 1220-1226. DOI: 10.1016/j.pec.2016.01.019.
- Huesbo, A., Karlsen, B., Allan H., Soride, J. A., & Bru, E. (2014). Factors perceived to influence exercise adherence in women with breast cancer participating in an exercise program during adjuvant chemotherapy: a focus group study. *Journal of Clinical Nursing, 24*(3-4), 500-510. DOI: 10.1111/jocn.12633.
- Irwin, M., Cartmel, B., Harrigan, M., Li, F., Sanft, T., Shockro, L., ... Ligibel, J. (2017). Effect of the LIVESTRONG at the YMCA exercise program on physical activity, fitness, quality of life, and fatigue in cancer survivors. *Cancer, 123*(7), 1249–1258.
<https://doi.org/10.1002/cncr.30456>
- Jackson, J., Williams, T., McEachern, B., Latimer - Cheung, A., & Tomasone, J. (2019). Fostering quality experiences: Qualitative perspectives from program members and providers in a community-based exercise program for adults with physical disabilities. *Disability and Health Journal, 12*(2), 296301.
<https://doi.org/10.1016/j.dhjo.2018.11.008>

- Kampshoff, C., Jansen, F., van Mechelen, W., May, A., Brug, J., Chinapaw, M., & Buffart, L. (2014). Determinants of exercise adherence and maintenance among cancer survivors: a systematic review. *International Journal of Behavioural Nutrition and Physical Activity, 11*(1), 80. <https://doi.org/10.1186/1479-5868-11-80>
- Kirkham, A. A., Bonsignore, A., Bland, K. A., McKenzie D. C., Gelmon K. A., & Van Patten, C. L., & Campbell, K. L. (2018). Exercise prescription and adherence for breast cancer: one size does not FITT all. *Medicine & Science in Sports & Exercise, 50*(2) 177-186. DOI: 10.1249/MSS.0000000000001446
- Koopman, C., Hermanson, K., Diamond, S., Angell, K., & Spiegel, D. (1998). Social support, life stress, pain and emotional adjustment to advanced breast cancer. *Psycho-Oncology, 7*(2), 101–111. [https://doi.org/10.1002/\(SICI\)1099-6111\(199803/04\)7:2<101::AID-PON299>3.0.CO;2-3](https://doi.org/10.1002/(SICI)1099-6111(199803/04)7:2<101::AID-PON299>3.0.CO;2-3)
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills: Sage Publications.
- Littman, A. J., Tang, M., & Rossing, M. (2010). Longitudinal study of recreational physical activity in breast cancer survivors. *Journal of Cancer Survivorship, 4*(2), 119-127. DOI: 10.1007/s11764-009-0113-2
- Martin, E., Bulsara, C., Battanglini, C., Hands B., & Naumann, F. (2015). Breast and prostate cancer survivor response to group exercise and supportive group psychotherapy. *Journal of Psychosocial Oncology, 33*(6), 620-634. DOI: 10.1080/07347332.2015.1082166
- McLellan, E., Macqueen, K., & Neidig, J. (2003). Beyond the Qualitative Interview: Data Preparation and Transcription. *Field Methods, 15*(1), 63–84. <https://doi.org/10.1177/1525822X02239573>

- McNeeley, M. L., Campbell, K. L., Rowe, B. H., Klassen, T. P., Mackey, J. R., & Courneya, K. S. (2006). Effects of exercise on breast cancer patients and survivors: a systematic review and meta-analysis. *Canadian Medical Association Journal*, *175*(1), 34-41. DOI: 10.1503/cmaj.051073.
- Morse, J. (2015). Critical Analysis of Strategies for Determining Rigor in Qualitative Inquiry. *Qualitative Health Research*, *25*(9), 1212–1222.
<https://doi.org/10.1177/1049732315588501>
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications, Inc.
- Mustian, K. M., Griggs, J. J., Morrow, G. R., McTiernan, A., Roscoe, J. A., Bole, C. W., . Issell, B. F. (2006). Exercise and side effects among 749 patients during and after treatment for cancer: a university of Rochester cancer center community clinical oncology program study. *Support Care Cancer*, *14*(7) 732-741. DOI: 10.1007/s00520-005-0912-6.
- Mutrie, N., Campbell, A., Whyte, F., McConnachie, A., Emslie, C., Lee L., . . Ritchie, D. (2007). Benefits of supervised group exercise program for women being treated for early stage breast cancer: pragmatic randomized controlled trial. *British Medical Journal*, *333*(7592), 517-520. DOI: 10.1136/bmj.39094.648553.AE.
- National Cancer Institute. (2018). *Breast cancer – Health professional version*. Retrieved from <https://www.cancer.gov/types/breast/hp>.
- Padhila, C. S., Marinello, P. C., Galvao, D. A., Newton, R. U., Borges, F. H., Frajacomo, F., & Deminice, R. (2017). Evaluation of resistance training to improve muscular and body composition in cancer patients undergoing neoadjuvant and adjuvant therapy:

- a meta-analysis. *Journal of Cancer Survivorship*, 11(3), 339-349. DOI: 10.1007/s11764-016-0592-x
- Parry, D. (2008). The Contribution of Dragon Boat Racing to Women's Health and Breast Cancer Survivorship. *Qualitative Health Research*, 18(2), 222–233. <https://doi.org/10.1177/1049732307312304>
- Patton, M.Q. (2002). *Qualitative research & evaluation methods: Integrating theory and practice* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Patton, M.Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Pearson, J., Nelson, P., Titsworth, S., and Harter, L. (2006). *Human Communication* (2nd ed.). Boston, MA: McGraw Hill.
- Rojas-Guyler, L., Weber A., King K., Swoboda C., & Vidourek R. (2016). Examining the relationship between diagnosis factors, perceived social support, internal control and quality of life among female breast cancer survivors. *American Journal of Health Studies*, 3(1), 23-41.
- Sander, A., Wilson, J., Izzo, N., Mountford, S., & Hayes, K. (2012). Factors that affect decisions about physical activity and exercise in survivors of breast cancer: a qualitative study. *Physical Therapy*, 92(4), 525-536. DOI: 0.2522/ptj.20110115.
- Schmidt, M. E., Wiskemann, J., Ulrich, C. M. Schneeweiss, A., & Steindorf, K. (2017). Self-reported physical activity behavior of breast cancer survivors during and after adjuvant therapy: 12 months follow-up of two randomized exercise intervention trials. *Acta Oncologica*, 56(4), 618-627. DOI: 10.1080/0284186X.2016.1275776.

Schmitz, K. H., Courneya, K. S., Matthews, C., Galvao, D. A., Pinto, B. M., Irwin, M. L.,

Schwartz, A. L. (2010). American College of Sports Medicine Roundtable on Exercise Guidelines for Cancer Survivors. *Medicine & Science in Sports & Exercise*, 43(1) 1409-1426. DOI: 10.1249/MSS.0b013e3181e0c112.

Schwandt, T.A. (2015). *The SAGE dictionary of qualitative inquiry* (4th ed.). Thousand Oaks: Sage Publications, Inc.

Segal, R., Zwaal, C., Green, E., Tomasone, J. R. Loblaw, A., Petrella, T., & Exercise for People with Cancer Guideline Development Group. (2017). Exercise for people with cancer: a systematic review. *Current Oncology*, 24(4), 290-315.
<https://doi.org/10.3747/co.24.3619>.

Sweet, S., Perrier, M., Saunders, C., Caron, J., & Dufour Neyron, H. (2019). What keeps them exercising? A qualitative exploration of exercise maintenance post-cardiac rehabilitation. *International Journal of Sport and Exercise Psychology*, 17(4), 381–396.
<https://doi.org/10.1080/1612197X.2017.1362458>

Tracy, S. (2010). Qualitative Quality: Eight “Big-Tent” Criteria for Excellent Qualitative Research. *Qualitative Inquiry*, 16(10), 837–851. <https://doi.org/10.1177/1077800410383121>

Tremblay, M., Warburton, D., Janssen, I., Paterson, D., Latimer, A., Rhodes, R., . . . Duggan, M. (2011). New Canadian Physical Activity Guidelines. *Applied Physiology, Nutrition, and Metabolism*, 36(1), 36–46. <https://doi.org/10.1139/H11-009>

Tsai, E., Robertson, M., Lyons, E., Swartz, M. C., & Basen-Engquist, K. (2018). Physical activity and exercise self-regulation in cancer survivors: a qualitative study. *Psycho-Oncology*, 27(2), 563-568. DOI: 10.1002/pon.4519.

UW Fitness (n.d) *UW well-fit*. Retrieved from

<https://uwaterloo.ca/uw-fitness/uw-well-fit>.

van der Leeden, M., Huijsmans, R. J., Geleijn, E., de Rooij, M., Konings, I. R., Buffart, L. M., .

Stuiver, M. M. (2018). *Disability and Rehabilitation*, 40(4), 486-496.

<http://dx.doi.org/10.1080/09638288.2016.1260647>.

van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London, ON: The Althouse Press.

World Health Organization. (2018). *Cancer*. Retrieved from

<https://www.who.int/news-room/fact-sheets/detail/cancer>

Voege, P., Bower, J. E., Stanton, A. L., & Ganz, P. A. (2015). Motivations associated with physical activity in young breast cancer survivors. *Psychology, Health & Medicine*, 20(4), 393-399. <http://dx.doi.org/10.1080/13548506.2014.955033>.

Yasunaga, A., Togo, F., Watanabe, E., Park, H., Park, S., Shepard R. J., & Aoyagi, Y. (2008). Sex, age, season and habitual physical activity of older Japanese: the Nakanoji study. *Journal of Aging and Physical Activity*, 16, 3-13. <https://doi.org/10.1123/japa.16.1.3>