

# Fatigue Self-Management Behaviors in Patients With Advanced Cancer: A Prospective Longitudinal Survey

Raymond Javan Chan, RN, PhD, BN, MAppSc, FACN,  
Patsy Yates, RN, PhD, BA, DipAppSc, MSocSc, FACN, FAAN, and Alexandra L. McCarthy, RN, PhD

Chan is an associate professor in the Cancer Nursing Professional Precinct at the Queensland University of Technology and Royal Brisbane and Women's Hospital in Australia; and Yates is the head of the School of Nursing and McCarthy is a professor and chair of Cancer Nursing, both in the Institute of Health and Biomedical Innovation at the Queensland University of Technology in Australia.

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Chan can be reached at raymond.chan@qut.edu.au, with copy to editor at ONFEditor@ons.org.

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**Purpose/Objectives:** To explore the fatigue self-management behaviors and factors associated with effectiveness of these behaviors in patients with advanced cancer.

**Design:** Prospective longitudinal interviewer-administered survey.

**Setting:** Royal Brisbane and Women's Hospital in Queensland, Australia.

**Sample:** 152 outpatients with metastatic breast, lung, colorectal, and prostate cancer experiencing fatigue were recruited.

**Methods:** Patients were surveyed on three occasions: at baseline, four weeks, and eight weeks.

**Main Research Variables:** Fatigue self-management behavior (perceived effectiveness, self-efficacy, and frequency), medical and demographic characteristics (sites of primary cancer and metastasis, comorbidity, performance status), social support, depression, anxiety, and other symptoms were assessed.

**Findings:** The participants reported moderate levels of fatigue at baseline and maintained moderate levels at four and eight weeks. On average, participants consistently used about nine behaviors at each time point. Factors significantly associated with higher levels of perceived effectiveness of fatigue self-management behaviors were higher self-efficacy, higher education level, and lower levels of depressive symptoms.

**Conclusions:** The findings of this study demonstrate that patients with cancer, even those with advanced disease, still want and are able to use a number of behaviors to control their fatigue. Self-management interventions that aim to enhance self-efficacy and address any concurrent depressive symptoms have the potential to reduce fatigue severity.

**Implications for Nursing:** Nurses are well positioned to play a key role in supporting patients in their fatigue self-management.

Cancer-related fatigue (CRF) is a distressing symptom and is reported in about 74% of patients with advanced cancer and 88% of those who are in the last weeks of life (Solano, Gomes, & Higginson, 2006; Teunissen et al., 2007). Fatigue experiences are debilitating and can reduce the quality of life of people with advanced cancer. The understanding of the etiology and pathophysiology, patient experience, and management of this symptom has improved (Bower, 2014). However, CRF is still not well managed in a notable proportion of patients with advanced cancer (Bruera et al., 2013; Yennurajalingam et al., 2013).

The management of CRF is complex and can involve a combination of pharmacologic and nonpharmacologic strategies (Minton, Richardson, Sharpe, Hotopf, & Stone, 2010; Payne, Wiffen, & Martin, 2012). For example, maintaining sleep hygiene, conserving energy, and exercising are commonly used strategies (Minton et al., 2010). The strategies required to manage CRF often involve