The Experience of Fatigue in Turkish Patients Receiving Chemotherapy

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Fatigue is the most common symptom associated with cancer and its treatment (Curt, 2000; Curt et al., 2000; Ekfors & Peterson, 2004; Glaus, Crow, & Hammond, 1996; Lesage & Portenoy, 2002; Mock et al., 2000; Porock & Juenger, 2004). Research has shown that 70%–90% of patients with cancer and 82%–100% of patients receiving chemotherapy experience fatigue (Jacobsen et al., 1999; Maughan et al., 2002; Sitzia & Dikken, 1997; Sitzia & Huggins, 1998; Stone et al., 2000). Also, 30%–75% of patients continue to experience fatigue months and years after finishing treatment (Bower et al., 2000; Broeckel, Jacobsen, Horton, Balducci, & Lyman, 1998; Cella, Davis, Breitbart, Curt, & Fatigue Coalition, 2001), and fatigue negatively affects quality of life (Ahberg, Ekman, Gaston-Johansson, & Mock, 2003; Donovan & Ward, 2005; El-Banna et al., 2004; Lindqvist, Widmark, & Rasmussen, 2004; Mock, 2001; Ream, Browne, Glaus, Knipping, & Frei, 2003).

Fatigue is a subjective and multidimensional concept that has physical, cognitive, and affective effects on individuals. It also can affect patients’ state of wellness, ability to perform activities of daily living, relationships with family and friends, and ability to cope with the illness and endure the problems that arise with treatment (Curt, 2000). Fatigue also can affect individuals’ economic status. In their study of fatigue in a population of patients with cancer, Curt et al. (2000) identified that 75% of employed patients altered their employment status, 28% discontinued work indefinitely, 23% went on disability, and 11% used unpaid medical or family leave.

Fatigue also affects patients’ self-care activities and daily life (Meyerowitz, Sparks, & Spears, 1979). A large percentage of women receiving chemotherapy have been shown to be affected by fatigue in regard to their general activities, bathing, dressing, normal work activities, ability to concentrate, relationships with others, enjoyment of life, and moods (Jacobson et al., 1999). Cancer-related fatigue negatively affects the biopsychosocial dimensions of individuals. However, a scientific base has yet to be defined because the complete mechanism involved in these factors is not known (Andrews & Morrow, 2001; Gutstein, 2001). Ream and Richardson (1996), using concept analysis, defined fatigue as “a subjective and unpleasant symptom that incorporates total body feelings ranging from tiredness to exhaustion creating an unrelenting overall condition that interferes with the individual’s ability to function to their normal capacity” (p. 527).

Key Points . . .

➤ Fatigue is a subjective and multidimensional concept that has affective, physical, cognitive effects on individuals.
➤ Individuals must be able to cope with fatigue that negatively affects the entirety of their being.
➤ Various practices have proved to be beneficial in combating cancer-related fatigue, including exercising, effectively managing stress, and using distraction.
➤ Nurses should be educated about fatigue and work closely with patients in using strategies to help them cope with the condition.