

A New Way of Thinking About Fatigue: A Reconceptualization

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This article has been chosen as particularly suitable for reading and discussion in a Journal Club format. The following questions are posed to stimulate thoughtful critique and exchange of opinions, possibly leading to changes on your unit. Formulate your answers as you read the article. Photocopying of this article for group discussion purposes is permitted.

1. Is this article research based? Can we assess the level of evidence being presented?
2. To what extent do our patients complain of fatigue? Where on the continuum detailed in this article do many of them fall?
3. What therapies do we administer that are associated with the side effect of fatigue?
4. How do we assess fatigue? How can we improve?
5. What sorts of patient teaching do we provide about fatigue? Should we consider adjusting our teaching based on this article?

At the end of the session, take time to recap the discussion and make plans to follow through with suggested strategies.

Purpose/Objectives: To present a reconceptualization of fatigue.

Data Sources: Studies indexed in CINAHL®, MEDLINE®, PubMed, PsycINFO, SPORTDiscus, and CancerLit from 1995–2004; studies included in the bibliographies of indexed articles; and five qualitative studies conducted by the author.

Data Synthesis: Tiredness and exhaustion are conceptually distinct from fatigue. All three concepts are located along an adaptational continuum in a manner consistent with stress theory.

Conclusions: Interventions should focus on the elimination or reduction of stressors and the increase of patients' resistance to stressors.

Implications for Nursing: Interventions that prevent or delay progression from tiredness to fatigue will be different from those that prevent or delay progression from fatigue to exhaustion.

Key Points . . .

- Tiredness, fatigue, and exhaustion are hypothesized to be behavioral markers for degrees of adaptation to stressors.
- Interventions should focus on reducing stressors and increasing patients' abilities to resist stressors.
- The nursing interventions for the prevention or at least the delay of fatigue are likely to be different from those for the prevention or at least the delay of exhaustion.
- Recovery from exhaustion to fatigue and from fatigue to tiredness is possible but very difficult in the context of advanced cancer. Nevertheless, interventions that may achieve these objectives should be included in cancer rehabilitation programs.

Nursing colleagues initially identified the lack of fit between clinical observations and existing conceptualizations of fatigue in an outpatient oncology setting. In response to queries about how they were feeling, patients told nurses that they were "so tired." Some withdrew from potentially curative treatment, saying that they were "too tired." The author conducted a review of the conceptualizations of cancer-related fatigue, summarized in this article, in an attempt to identify factors that might distinguish individuals who withdrew from treatment because of fatigue from those who did not report fatigue and were able to continue treatment as planned.

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