

# The Experience of Fatigue in Turkish Patients Receiving Chemotherapy

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**Purpose/Objectives:** To determine the experience of fatigue in Turkish patients receiving chemotherapy.

**Design:** Descriptive.

**Setting:** Outpatient unit in a large university hospital in Ankara, Turkey.

**Sample:** 100 patients randomly chosen from those who were undergoing chemotherapy at the outpatient unit.

**Methods:** Data were collected using a personal information form developed by the investigator and a visual analog scale for fatigue.

**Main Research Variables:** Measures taken by patients to cope with fatigue, fatigue experienced by individuals affecting their daily activities, age and gender, disease and treatment factors, and symptoms related to the chemotherapy.

**Findings:** The majority of patients (86%) experienced fatigue, and 73% stated that they coped with fatigue by decreasing their activities and resting more. Age was not a statistically significant factor affecting the level of fatigue, but gender was found to have an effect. Length of illness, number of chemotherapy courses, and the patients' symptoms affected level of fatigue.

**Conclusions:** The majority of patients experienced fatigue, and most of the measures used to cope with fatigue were not effective. Fatigue affected patients' daily activities.

**Implications for Nursing:** A need exists for more and better interventions to help patients cope with chemotherapy-related fatigue.

## 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.

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 (Jacobsen 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).

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Fatigue is the most common symptom associated with cancer and its treatment (Curt, 2000; Curt et al., 2000; Ekfors & Petersson, 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 (Ahlberg, 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,