

RESEARCH BRIEF

Representations of Fatigue in Women Receiving Chemotherapy for Gynecologic Cancers

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Purpose/Objectives: To describe women's representations of fatigue and fatigue-related coping efforts by women receiving chemotherapy.

Design: Descriptive, correlational.

Setting: Outpatient gynecologic oncology clinic.

Sample: Women receiving chemotherapy for gynecologic cancers. Fifty-four women were recruited; 49 (91%) completed measures. This report focuses on the 27 women who identified fatigue as one of their "most noticed" symptoms and subsequently completed the fatigue representations measure.

Methods: Women completed measures of key research variables at home seven days after receiving chemotherapy.

Main Research Variables: Representations of fatigue (identity, cause, timeline, consequences, cure or controllability, and emotional representation), fatigue-related coping efforts (communication with healthcare provider, adherence, and self-directed coping strategies), and overall symptom interference with life activities.

Findings: Women reported a mean of 13.44 different symptoms. They reported a mean fatigue identity (severity) score of 6.48 on a scale of 0–10. On a 0–4 scale, women reported mean fatigue consequences of 2.21, cure or controllability of 1.58, and emotional representations (distress) of 2.16. A majority (59%) had not communicated with their healthcare providers about fatigue at their last appointments, and 56% reported never receiving recommendations for managing fatigue. Sleep or rest was the most common strategy used for managing fatigue.

Conclusions: Fatigue is a prevalent, severe symptom that is perceived as distressing and uncontrollable by women receiving chemotherapy for gynecologic cancers. These perceptions may be reinforced by a lack of recommendations from healthcare providers for managing fatigue.

Implications for Nursing: Nurses must make extra efforts to ask patients about fatigue and to provide self-care suggestions for coping with fatigue. Research efforts must continue to evaluate the efficacy of nursing interventions aimed at decreasing cancer-related fatigue.

Fatigue is the most prevalent, distressing symptom associated with cancer and its treatment (Stone et al., 2000; Winningham et al., 1994). Cancer-related fatigue is a multidimensional, subjective experience with physiologic, psychological, functional, and social consequences. Understanding patients' perceptions of fatigue is essential to developing interventions to improve management of this complex symptom. Studies have demonstrated that many patients consider fatigue to be an inevitable and unmanageable consequence of cancer and that these perceptions contribute to patients' reluctance to discuss fatigue with their healthcare providers (Curt et al., 2000; Stone et al.).

Key Points . . .

- ▶ A majority of women receiving chemotherapy for gynecologic cancers identify fatigue as one of their "most noticed" symptoms.
- ▶ Many women perceive fatigue as severe, uncontrollable, and emotionally distressing.
- ▶ Fatigue identity (severity), consequences, and emotional distress all were associated significantly with symptom interference with life activities.
- ▶ Despite the significance of fatigue in their daily lives, most women had not discussed fatigue with their healthcare providers at their last appointments, nor had they previously received recommendations for managing their fatigue.

Leventhal's Common Sense Model (CSM) serves as an excellent framework for assessing individuals' perceptions of fatigue. The CSM is a theory of self-regulation that proposes that individuals have commonsense understandings (representations) of health problems that guide how they cope with a problem. Representations consist of cognitions about the identity, cause, timeline, consequences, and cure or controllability of a health problem, as well as emotional responses to a problem (Leventhal & Diefenbach, 1991; Leventhal, Nerenz, & Steele, 1984; Ward, 1993). According to the CSM, understanding patients' representations of health problems is critical because representations influence patients' coping strategy choices, their goals for the coping strategies, and the extent to which they persist in using the strategies (Leventhal, Leventhal, & Cameron, 2001). A great deal of research supports relationships between illness representations and

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