

Development and Implementation of a Clinical Survey for Cancer-Related Fatigue Assessment

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Patients with cancer can experience multiple symptoms related to the disease and treatment; the successful management of the symptoms is one of the hallmarks of cancer nursing. Fatigue is the most common and distressing symptom associated with cancer and cancer therapies (Winningham, 1996).

For patients with cancer, fatigue is different from the feeling of tiredness that is experienced by healthy individuals (Cella, Davis, Breitbart, Curt, & Fatigue Coalition, 2001) in that it persists despite adequate rest and sleep (Ream & Richardson, 1999). When patients with cancer complain of fatigue, they describe an exhaustion that is debilitating or interferes with an essential aspect of their lives (Curt et al., 2000; Ferrell, Grant, Dean, Funk, & Ly, 1996). Nurses must be proactive in initiating early assessment of cancer-related fatigue (CRF) so that interventions can be planned and implemented.

Although oncology nurses are inherently concerned about symptoms that significantly affect the lives of patients with cancer, they may not always recognize CRF as a critical symptom or they may be unsure about its management. An assessment guide to enable nurses to quickly determine whether patients have CRF, with information on contributing factors, would be helpful (Nail, 1997).

Several reliable and valid instruments already exist to thoroughly assess for CRF; however, they rarely are used on a routine

In recent years, fatigue has been recognized as a prevalent and often debilitating symptom for patients with cancer. Despite the increased recognition of cancer-related fatigue (CRF), it often is not assessed adequately in the clinical setting. This article reports the results of a feasibility test to evaluate the utility and relevance of the Quick Fatigue Assessment Survey (QFAS), a brief fatigue assessment technique for determining the onset, intensity, and duration of fatigue and for identifying known factors that contribute to the experience and severity of fatigue. Patients from four outpatient oncology clinics, with a variety of cancer diagnoses, participated in the test of the QFAS. The overwhelming majority (96%) of patients who completed the QFAS reported experiencing CRF. The nurses who administered the survey subsequently evaluated its utility in clinical practice. Ninety-six percent of the nurses found the QFAS helpful in providing a quick assessment of patient fatigue. The majority (92%) also believed that the QFAS helped identify contributing factors associated with CRF, and 74% responded that the QFAS assisted them in planning for interventions to minimize CRF. A fatigue assessment technique that is relevant and useful in the clinical setting may be a helpful first step in addressing the problem of CRF.

basis in the clinical setting. Such instruments are important and may be used more readily by nurses once CRF is identified in conjunction with additional assessment data that focus on the potential causes of fatigue. For example, the Schwartz Cancer Fatigue Scale is a multidimensional measure of the intensity of CRF, which could increase understanding of patients' experiences with the symptom

(Schwartz, 1998). In addition, the Revised Piper Fatigue Scale (PFS) is a popular multidimensional tool that focuses on the patient's subjective experience of fatigue (Piper et al., 1998; Wu & McSweeney, 2001). Although the PFS is the only validated scale that assesses the causes of fatigue and strategies to relieve it (Piper et al.; Wu & McSweeney), it has only one question to guide nurse assessments toward contributing factors. Therefore, a clinically relevant and practical assessment technique clearly would be an adjunct to facilitate nurses' initial and routine assessment of CRF as well as the assessment of potential contributing factors.

Assessment of Factors Contributing to Fatigue

The Quick Fatigue Assessment Survey (QFAS) was designed as a technique to initially assess patients for CRF and to identify potential contributing factors. Winningham's Psychobiologic-Entropy Model of Functioning (see Figure 1) demonstrates the relationships among fatigue, other symptoms, and decreased functioning (Winningham, 2000).

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