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, Breihart, 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 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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