

In Their Own Words: Using the Common Sense Model to Analyze Patient Descriptions of Cancer-Related Fatigue

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Purpose/Objectives: To describe cancer-related fatigue (CRF) from the perspective of individuals experiencing it and examine the fit of their descriptions with the concepts from the Common Sense Model (CSM).

Design: Exploratory, qualitative design.

Sample: A convenience sample of eight patients with cancer known to be experiencing fatigue from the outpatient clinic.

Methods: Content analysis of data obtained from focus groups.

Findings: All statements describing CRF could be classified using the major constructs of the CSM: representation, coping, and appraisal. The majority of statements were classified as representations of fatigue (67%), with smaller proportions classified as coping (26%) and appraisal (7%).

Conclusions: This study provides evidence to support the validity of the CSM constructs as an organizing framework in the conduct of research.

Implications for Nursing Practice: This study demonstrates the usefulness of the model in clinical assessment of patient representations of CRF as well as coping strategies for managing it. The model is particularly useful in targeting knowledge deficits and inaccuracies.

Key Points . . .

- ▶ Living with a symptom, such as cancer-related fatigue (CRF), imparts to the individual a core of information that may be termed “experiential knowledge” or “know-how.”
- ▶ The Common Sense Model (CSM) is an information-processing model built on the proposition that individuals create their own “common sense” interpretations of symptoms to guide their coping efforts.
- ▶ All of the focus group participants’ statements could be classified using constructs of the CSM, thereby suggesting that this model appropriately described how patients make sense of the symptom of fatigue.
- ▶ Given the current state of the knowledge about the ineffectiveness of passive strategies and the effectiveness of active strategies, such as exercise, in managing CRF, the CSM could be useful in providing a framework for evaluating knowledge deficits and inaccurate information about this symptom.

perspective of these individuals and examine the fit of their descriptions with concepts from the Common Sense Model (CSM) (Keller, Ward, & Baumann, 1989; Ward, 1993).

The CSM was selected to guide the study because of its emphasis on the examination of symptoms from individual perspectives. This information-processing model is built on the proposition that individuals create their own “common

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Cancer-related fatigue (CRF) is the most common, as well as the most disruptive, symptom that individuals with cancer will experience (Winningham et al., 1994). CRF is a subjective experience that can be understood best from the perspectives of those who experience it. Living with a symptom imparts to the individual a core of information that may be termed “experiential knowledge” or “know-how.” However, few studies have tapped this core of experiential knowledge gained by individuals who experience CRF. Most research has focused on quantifiable attributes of CRF, including intensity, duration, and outcomes, and its objective association with other factors. The study reported here used focus groups to gather descriptions of CRF from individuals who currently were experiencing it. Content analysis was used to describe CRF from the