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 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 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.

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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.