Fatigue is the most frequently reported symptom of people with cancer (Winningham et al., 1994), but it has not been well studied. In a population-based survey, 78% of 419 patients with cancer experienced fatigue (Vogelzang et al., 1997). Fatigue in cancer generally is recognized as a result of the disease itself or of various treatments. Studies indicate that 65%–100% of patients receiving radiotherapy and 82%–96% of patients receiving chemotherapy report fatigue (Blesch et al., 1991; Richardson, 1995). Ninety-one percent of women with breast cancer who had undergone mastectomy and completed adjuvant chemotherapy reported fatigue (Gaston-Johansson, Fall-Dickson, Bakos, & Kennedy, 1999). The prevalence of fatigue was as high as 96% when patients were receiving chemotherapy and radiotherapy simultaneously (Irvine, Vincent, Bubela, Thompson, & Graydon, 1991). Although fatigue is an extremely prevalent condition among patients with cancer, the phenomenon is poorly understood.

The presence of fatigue in people with cancer can pose several clinical problems, such as limiting the doses of medication administered as cancer therapies (Winningham et al., 1994); leading to problems of adherence in treatment regimens (Irvine et al., 1991); disturbing mood, comfort level, and perception; and reducing capacities for attention and concentration (Irvine et al., 1991). Fatigue has adverse effects on individuals’ adherence to cancer treatments and their capacity to work, their physical and psychosocial functioning, and, ultimately, their quality of life (QOL). All of these are of interest to nursing researchers.

Varricchio (1985) recognized fatigue assessment as an important aspect of oncology nursing. By understanding the phenomenon of cancer-related fatigue (CRF), nurses can describe,