



Perceptions about cancer-related fatigue among cancer patients using Q methodology



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ABSTRACT

Purpose: Cancer-related fatigue (CRF) is a common subjective feeling and disabling symptom complex experienced by patients with cancer. This study aimed to identify the subjective perceptions of Korean patients with cancer about CRF to help the development of basic intervention strategies for these patients.

Methods: Q methodology was used to examine the subjective perceptions of patients with cancer about CRF. Thirty-one patients with cancer, hospitalized at a university hospital in Seoul, Korea, were recruited into this study and classified 41 selected Q statements using a nine-point scale. Data were analysed using PC-QUANL for Windows.

Results: Data analysis revealed that distinct perceptions about CRF do exist among Korean patients with cancer. Three types of perceptions were identified: dominant self-reliance, positive-conformist and self-deprecating exhaustion. These three types explained 53.0% of the variance (40.2%, 8.2% and 4.6%, respectively).

Conclusions: This study identified three types of perceptions about CRF among Korean patients with cancer. These findings provide baseline data to develop customised interventions for caring strategies. This study also informs health professionals in other countries about the perceptions of Korean patients with cancer about CRF.

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1. Introduction

Cancer-related fatigue (CRF) is defined as a physical, mental, persistent and subjective sense of tiredness that is related to cancer or cancer treatment, and interferes with usual functioning (Berger et al., 2010; Piper and Cella, 2010). Fatigue is one of the most common and devastating symptoms experienced by cancer survivors (Fillion et al., 2003; Liu et al., 2012; Oh and Jung, 2011; Soltow et al., 2010; Velthuis et al., 2010), and can be chronic during cancer treatment because of side effects. In fact, 61–99% of patients who receive adjunctive therapy experience fatigue. In addition, approximately 30% of cancer survivors suffer from this lingering tiredness for several years after cessation of treatment (Brown and Kroenke, 2009; Escalante and Manzullo, 2009). Fatigue can re-

occur even when the cancer is believed to be completely gone. CRF has been reported in over 40% of patients with cancer, 65–90% of patients receiving radiotherapy and 75–90% of patients receiving chemotherapy. With the increasing number of cancer survivors, therapeutic interventions for patients with CRF are critical (de Nijs et al., 2008; Escalante and Manzullo, 2009; Hofman et al., 2007). The mechanisms of CRF are little understood, but it is believed to be caused by cancer and its side effects. In general, patients with CRF feel tiredness, weakness and lack of energy. However, CRF is not relieved by sleep or rest (Hofman et al., 2007). In fact, 47% of patients receiving palliative therapy have experienced severe fatigue, and this increased with treatment progress (40% at the first treatment, 70% at later treatments) (Peters et al., 2014). It is well known that fatigue increases over time (Escalante and Manzullo, 2009; Morrow, 2007). CRF occurs among long-term cancer survivors, and is frequently correlated with pain, depression, anxiety and sleep disorders (Bortolon et al., 2014; Escalante and Manzullo, 2009; Liu et al., 2012).

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Among emotional factors, depression and anxiety are closely related to CRF (De Vries et al., 2009; So et al., 2009). According to analysis of quality-of-life-related factors in patients with breast cancer, fatigue and family support were found to be significant predictive factors of quality of life, and fatigue was the best predictive factor (Lee et al., 2010). As CRF is closely related to quality of life in patients with cancer, active assessment and intervention are required.

In order to relieve fatigue in patients with cancer, analysis and understanding of their experiences is needed (Lindqvist et al., 2004). Hence, identifying the perceptions about CRF in hospitalised patients with cancer is essential to inform a systematic approach to promote the relief of symptoms in clinical practice.

1.1. Aim

The aims of this study were to systematically identify the perspectives of patients with cancer about CRF, to understand the structure and characteristics of perceptions based upon perspectives, and to obtain baseline data to develop interventions for CRF.

2. Methods

2.1. Research design

This study was conducted using Q methodology to explore and describe the perceptions of patients with cancer about CRF.

2.2. Q methodology

Q methodology is an integrated research approach that uses quantitative and qualitative methods to clarify a subject's point of view about an attitude, phenomenon, interest or concern. Subjective viewpoints can be defined by internal factors (e.g. interpersonal relationships, individual attitudes, impressions, perceptions, feelings and opinions) rather than external facts. As it begins from the subject's perspective, rather than the researcher's theoretical assumptions, it is appropriate as a research method to determine the inner world of human behaviour (Akhtar-Danesh et al., 2008; Brown, 1980; Kim, 2008). Q methodology involves development of a concurrence using diverse sources, production of statements known as the 'Q sample' (or 'Q set'), selection of the participants (the 'P sample' or 'P-set'), and Q sorting using a bipolar Q-sort table designed as a grid (or data collection table). Following these processes, the collected data are analysed by varimax rotation for factor analysis. Several factors are eventually identified and labelled by a team of domain experts. The participants are asked to accumulate more information about the two most agreeable, and disagreeable, Q statements to aid interpretation of the emerging factors. Q methodology is an efficient method to determine and convert subjective human perceptions into an objective outcome. Results from a Q study not only suggest how people might be approached, but can also predict the very success of the approach. To facilitate this analysis, the Q study protocol was split into three sequential steps: (1) construction of the concurrence; (2) facilitating the Q-sorting process; and (3) interpreting data from the Q sorts.

2.3. Research procedure

Practical steps in the use of Q methodology are shown in Fig. 1.

2.4. Construction of concurrence (Q population)

A concurrence is selected by reviewing the literature, interviewing research participants and collecting various sources such as

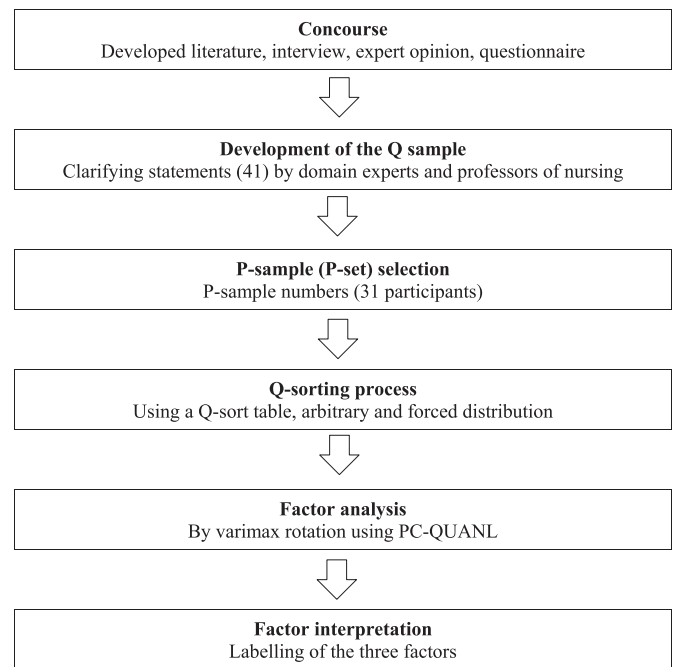


Fig. 1. Practical steps in using Q methodology.

scientific papers, books and newspapers (Fiona and Kathy, 2011). Relevant literature and previous studies about fatigue, CRF and symptoms of patients with cancer were reviewed and analysed by the researchers and four research assistants to define the Q population of statements. Subsequently, in-depth interviews were conducted to extract self-referent statements from 10 patients with cancer who were not study participants. The statements covered broad areas such as feelings, experiences and impressions about CRF. After correcting redundant and unclear statements, 182 statements were used as the Q population. The procedures for development of the Q population were accomplished by one of the researchers and domain experts involved in CRF.

2.5. Q sample

The 182 statements were reviewed by three professors of nursing and one methodologist, and classified into five categories (physical, behaviour-social, emotional, cognitive and spiritual) according to meaning and theme. In this process, a list of 99 statements was edited to 45 to avoid repetition of viewpoints and eliminate duplication. After pilot testing the statements with five participants, the statements were further reduced to four. This ensured expression of contrasting viewpoints, and involved rewording and rewriting of statements, and further elimination of superfluous statements. Through this process, 41 Q samples were identified as the most representative and distinctive, and were chosen for use in the Q-sorting process.

2.6. Selection of participants (P sample)

One of the most salient characteristics of Q methodology is the use of a small sample, which is possible because intra-individual differences rather than inter-individual differences are considered to be significant. Therefore, a sample of 35 patients with cancer, hospitalised in a university hospital in Seoul, Korea, participated in the study. Data were collected successfully from 31 participants, and four patients withdrew because they had 'changed their mind'

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