

Experience of Fatigue and Coping Strategies among Cancer Patients Receiving Chemotherapy at a Tertiary Level Hospital: A Descriptive Cross-sectional Study

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Abstract

Introduction: Among cancer patients undergoing chemotherapy, fatigue is one of the most common distressing symptoms. To deal with them, adequate coping strategies are required. This study aimed to find out the fatigue experience and coping strategies among cancer patients receiving chemotherapy.

Methods: A descriptive cross-sectional study was conducted among 162 patients with cancer, aged 20 years or above receiving at least the second cycle of chemotherapy at a tertiary care hospital, using consecutive sampling technique. Data were collected from September to October 2024, using the Fatigue Symptom Inventory and Brief Coping Orientation to Problems Experienced Inventory Scale. Ethical clearance was obtained from the Institutional Review Committee of Tribhuvan University, Institute of Medicine (Reference number 89 (6-11) E2 081/082). Data analysis was done by using chi-square, Fisher's exact and Pearson's correlation coefficient.

Results: Among 162 patients, 145 (89.50%) had clinically meaningful fatigue and 79 (48.80%) had inadequate coping strategies. Fatigue experience and coping strategies were found to be negatively correlated ($r = -0.186$, $p\text{-value} = 0.018$). Age, sex, educational status, and physical exercise were significantly associated with fatigue experience. Similarly, age, level of education, ethnicity, occupation, smoking, and Eastern Cooperative Oncology Group performance status were significantly associated with coping strategies with a $p < 0.05$.

Conclusions: Fatigue remains a major concern among patients receiving chemotherapy, with a considerable proportion of them demonstrating inadequate coping. The study found negative relationship between fatigue and coping strategies.

Keywords: adaptation; cancer patients; chemotherapy; coping strategies; fatigue.

Introduction

Cancer is a major chronic public health problem with 19.3 million new cases and almost 10 million deaths globally and 26,184 new cases in Nepal.¹ Treatment

approaches such as chemotherapy have potential physical and psychological side effects on cancer patients.²

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Cancer-related fatigue is one of the most common side effects of chemotherapy.³ It is the subjective sensation experienced by patients receiving cancer treatment therapy with physical, cognitive, and emotional effects and is difficult to articulate.⁴ To cope with these problems, patients use various coping strategies, among which active coping, acceptance, religion, and self-distraction are most commonly used.⁵ Thus, it is essential for patients to adopt these strategies to better manage the impact of treatment approaches.⁶ Despite the high prevalence of fatigue and impact of coping on fatigue, research on cancer-related fatigue and coping is limited.⁷

The study aimed to find out the fatigue experience and coping strategies among cancer patients receiving chemotherapy at a tertiary care hospital, relationship between fatigue experience and coping and their association with variables.

Methods

This descriptive cross-sectional design was reported in accordance with the STROBE Statement guidelines for cross-sectional studies. This study was conducted in Tribhuvan University Teaching Hospital, Suresh Wagle Cancer Centre over the period of four weeks, from September 8, 2024, to October 5, 2024. The ethical clearance was obtained from the Institutional Review Committee of the Tribhuvan University, Institute of Medicine (Reference number 89 (6-11) E2 081/082). Informed written consent was obtained from each respondent. One-on-one interviews were conducted in a dignified and confidential manner with liberty to discontinue interview at any point of time.

All cancer patients of age 20 years or above, receiving at least second cycle of chemotherapy in day care unit or medical oncology unit and consenting to participate were included. Patients deemed serious were excluded from the study. The sample size was calculated by using Cochran's formula for infinite populations, i.e.,

$$n = (Z^2 \times p \times q) / e^2$$

$$n = (1.96^2 \times 0.881 \times 0.119) / 0.05^2$$

$$= 161.03 = 162$$

where,

$$Z = 1.96$$

p = Prevalence of fatigue among patients receiving chemotherapy = 88.10% = 0.881⁸

$$q = 1 - p = 0.119$$

e = maximum permissible error = 5% = 0.05

n = required sample size,

The calculated minimum required sample size was 162 and all eligible participants were enrolled using consecutive sampling.

The Fatigue Symptom Inventory (FSI) and Brief Coping Orientation to Problems Experienced Inventory Scale (Brief COPE Scale) were used with permission from respective authors. The instrument consisted of 4 parts:

Part I: Questions related to socio-demographic, behavioral and family-related variables

Part II: Questions related to disease-related variables

Part III: Questions related to Fatigue Symptom Inventory⁹

Part IV: Questions related to Brief COPE Scale¹⁰

The FSI tool included 14 items with 4 subscales, severity (4 items), frequency (2 items), diurnal variation of fatigue (1 item) and its perceived interference with the quality of life (7 items). The mean average value of 14 items was calculated and mean average score if greater than or equal to 3, considered as clinical fatigue, otherwise no fatigue.¹¹

The brief COPE scale consisted of 14 items (self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, positive reframing, planning, humor, acceptance, religion and self-blame), two questions for each item, in total 28 questions were rated in 4-point Likert scale. Scoring of responses was then summed up, and the scores greater than or equal to mean average score were categorized as adequate coping; otherwise, inadequate coping.¹⁰

The content adequacy of the tool was established by seeking opinions from author and co-author. An English version was translated into Nepali version by consulting with bilingual expert. Both the FSI and Brief COPE scale were valid and reliable tool. FSI reliability has been established with Cronbach's alpha 0.92-0.94⁹ and Brief COPE reliability with Cronbach's alpha 0.789.⁸ Pretesting of the instrument was done among 10% (16 participants) cancer patients having similar characteristics receiving chemotherapy in Shree Birendra Hospital, Chhauni, Kathmandu, Nepal. The reliability of FSI and Brief COPE Scale was calculated, i.e., Cronbach's alpha was 0.88 and 0.906.

The principal author herself was involved in data collection, and face-to-face interviews were conducted. Approximately 8 to 10 respondents were interviewed per day, each over 25-30 minutes. Efforts were made to minimize bias by using standardized and validated tools, pretesting the instrument,

and maintaining uniform procedures during data collection.

Statistical Package for the Social Sciences version 20 was used for data analysis. Descriptive statistics were used to summarize socio-demographic and other related variables, fatigue experience and coping strategies. Normality test was done to analyze the normal distribution of the study variables by using histogram and Shapiro-Wilk's test, which showed that duration of diagnosis of disease and score of coping strategies was normally distributed, so mean was used for data analysis. However, age of the respondents was not normally distributed, so median was used for its data analysis. Inferential statistics, including Pearson's correlation coefficient was used to analyze the relationship of fatigue experience with coping strategies. Chi-square test and Fisher's exact test were used to analyze association between fatigue experience and selected variables, as well as between coping strategies and selected variables. p-value of less than 0.05 was considered as statistically significant.

Results

Out of 162 respondents, 145 (89.50%) had clinically meaningful fatigue. Among them, 83 (51.23%) respondents had adequate coping strategies (Table 1).

Among the 162 respondents, 133 (82.09%) were aged >40 years, 89 (54.93%) were female, 67 (41.35%) belonged to the Janajati ethnic group, and 153 (94.44%) were married (Table 3). A total of 114 (70.37%) respondents were literate, including 39 (34.20%) with secondary-level education; 64 (39.50%) were engaged in agriculture, 69 (42.59%) had normal body mass index, 158 (97.53%) reported family support, 149 (91.97%) were non-smokers,

and 132 (81.48%) did not perform regular physical exercise (Table 3). Low haemoglobin (<12 gm/dl) was observed in 118 (72.83%) respondents, 43 (26.54%) had gastrointestinal cancer, 131 (80.86%) had a duration of diagnosis ≤12 months, 40 (24.69%) had stage IV disease, 115 (70.98%) had received ≤6 cycles of chemotherapy, and 67 (41.35%) had an Eastern Cooperative Oncology Group performance (ECOG) performance status of 1.

Table 1: Fatigue Experience and Level of Coping Strategies (n=162).

Fatigue Experience	n (%)
Clinically meaningful fatigue (≥3)	145 (89.51)
No fatigue (<3)	17 (10.49)
Coping Strategies	n (%)
Adequate (≥2.96)	83 (51.24)
Inadequate (<2.96)	79 (48.76)

Mean±SD: 2.96±0.295

Regarding the relationship between fatigue experience and coping strategies, significant negative correlation was found between them ($r = -0.186$, $p = 0.018$) (Table 2).

Table 2: Relationship between Fatigue Experience and Coping Strategies of the Respondents.

Variables	Correlation value (r)	p-value
Fatigue Experience and Coping Strategies	-0.186	0.018*

*Correlation is significance at 0.05 (2-tailed).

Fatigue experience was significantly associated with factors age, sex, educational status and physical exercise (p values 0.008, 0.0037, 0.024 and 0.011, respectively) (Table 3).

Table 3: Distribution of fatigue experience according to respondents' characteristics (n=162).

Variables	Fatigue Experience		p-value
	Clinically Meaningful Fatigue	No Fatigue	
	n (%)	n (%)	
Age			
≤40 years	22 (75.86)	7 (24.14)	0.008 †
>40 years	123 (92.48)	10 (7.52)	
Sex			
Male	61 (83.56)	12 (16.44)	0.037 †
Female	84 (94.38)	5 (5.62)	
Educational Status			
Illiterate	47 (97.92)	1 (2.08)	0.024 †
Literate	98 (85.96)	16 (14.04)	
Education level			
Up to basic level of education	52 (92.86)	4 (7.14)	0.057 ‡
More than basic level of education	46 (79.31)	12 (20.69)	

Ethnicity				
Janajati	59 (88.06)	8 (11.94)	0.622	
Chhettri/Brahman	60 (92.31)	5 (7.70)		
Others	26 (86.67)	4 (13.33)		
Marital Status				
Married	138 (90.20)	15 (9.80)	0.240 ‡	
Unmarried	7 (77.78)	2 (22.22)		
Occupation				
Agriculture	59 (92.19)	5 (7.81)	0.368	
Other than Agriculture	86 (87.76)	12 (12.24)		
BMI				
Abnormal	86 (92.47)	7 (7.53)	0.153	
Normal	59 (85.51)	10 (14.49)		
Family Support				
Yes	141 (89.24)	17 (10.76)	>0.999 ‡	
No	4 (100)	-		
Family History				
Yes	41 (97.62)	1 (2.38)	0.075 ‡	
No	104 (86.67)	16 (13.33)		
Smoking				
Yes	11 (84.62)	2 (15.38)	0.630 ‡	
No	134 (89.93)	15 (10.07)		
Physical Exercise				
Yes	23 (76.67)	7 (23.33)	0.011 †	
No	122 (92.42)	10 (7.58)		
Hemoglobin level (gm/dl)				
≥12	36 (81.82)	8 (18.18)	0.051	
<12	109 (92.37)	9 (7.63)		

† P-value is significant at <0.05.

‡ Fisher's exact test was used for variables with expected cell frequencies <5.

Coping strategies was significantly associated with age, level of education, ethnicity, occupation, smoking and ECOG performance status (p value 0.012, 0.008, 0.049, 0.02, 0.044 and <0.01 respectively) (Table 4).

Table 4: Distribution of coping strategies according to respondents' characteristics (n=162).

Variables	Coping Strategies		p-value
	Adequate	Inadequate	
	n (%)	n (%)	
Age			
≤40 years	21 (72.41)	8 (27.59)	0.012†
>40 years	62 (46.62)	71 (53.38)	
Sex			
Male	37 (50.68)	36 (49.32)	0.899
Female	46 (51.68)	43 (48.32)	
Educational Status			
Illiterate	23 (47.92)	25 (52.08)	0.584
Literate	60 (52.63)	54 (47.37)	
Level of Education			
Upto basic level of education	22 (39.29)	34 (60.71)	0.008†‡
More than basic level of education	38 (65.52)	20 (34.48)	
Ethnicity			
Janajati	27 (40.30)	40 (59.70)	0.049†
Chhettri/Brahman	40 (61.54)	25 (38.46)	
Others	16 (53.33)	14 (46.67)	

Marital Status			
Married	77 (50.33)	76 (49.67)	0.497†
Unmarried	6 (66.67)	3 (33.33)	
Occupation			
Agriculture	23 (35.94)	41 (64.06)	0.002†
Other than agriculture	60 (61.22)	38 (38.78)	
BMI (Body Mass Index)			
Abnormal	48 (51.61)	45 (48.39)	0.911
Normal	35 (50.72)	34 (49.28)	
Family Support			
Yes	88 (55.35)	71 (44.65)	>0.999†
No	2 (50)	2 (50)	
Family History			
Yes	26 (61.90)	16 (38.10)	0.151†
No	57 (47.50)	63 (52.50)	
Smoking			
Yes	3 (23.08)	10 (76.92)	0.044††
No	80 (53.69)	69 (46.31)	
Duration of diagnosis			
≤12 months	67 (51.14)	64 (48.86)	>0.999†
>12 months	16 (51.61)	15 (48.39)	
ECOG performance status			
Up to ECOG status 2	79 (57.25)	59 (42.75)	<0.001†
More than ECOG status 2	4 (16.67)	20 (83.33)	

† P-value is significant at <0.05.

‡ Fisher's exact test was used for variables with expected cell frequencies <5.

ECOG = Eastern Cooperative Oncology Group; BMI = Body Mass Index

Discussion

Majority of the respondents (89.50%) had clinically meaningful fatigue, which is similar to the findings of a study conducted among outpatients' chemotherapy units in Ankara, Turkey, which showed that 88.60% patients had fatigue.¹² However, this finding contradicts the study findings of cancer patients in Cyprus, which showed that 66.90% had experienced cancer-related fatigue.² This variation may be due to difference in lifestyle factors, coping strategies, and geographical variation.

Factors such as age, sex and physical activity of respondents were significantly associated with fatigue experience. This finding is supported by the study findings in Kirkuk city, which showed age to be significantly associated with fatigue experience.¹³ Similarly, another study finding of Italy found sex to be significantly associated with fatigue with p value 0.033.¹⁴ This study showed that level of education and marital status were not associated with fatigue, which is inconsistent with the study findings conducted in Kirkuk city, which showed that education level and marital status had significant association with fatigue experience.¹³ Similarly, no significant association was found between fatigue and occupation, BMI, hemoglobin, duration of diagnosis, stage of cancer, no.

of chemotherapy cycles and ECOG status, which is in contrast to the finding of a study conducted among Jordanian patients which showed the significant negative association between hemoglobin and score of fatigue.¹⁵ This variation may be attributed to the differences in socio-demographic characteristics of the study participants, their cultural background and socioeconomic status.

The current study revealed that 51.20% of respondents had adequate coping strategies. The most adopted strategies were acceptance and emotional support, followed by the use of informational support, religion, and self-distraction, and least adopted were denial and substance abuse. Consistent finding was present in a study conducted in Chitwan, Nepal, which showed that 50.80% had adequate coping strategies, with self-distraction, use of informational support, acceptance, and emotional support being commonly adopted strategies and substance abuse being the least.¹⁶ Contrast findings were presented by a study conducted in Ghana, which showed that religion was most commonly adopted strategy, followed by emotional support with substance abuse and self-blaming being the least.¹⁷ The discrepancy in study findings may be because of different coping assessment instrument, scoring system or operational definition of coping.

The present study demonstrated that there was no significant association of coping strategies with sex and duration of diagnosis. In comparison to a study done in US, contrast finding was seen regarding sex, i.e., sex was significantly associated with coping.¹⁸ Similarly, a study in Iran found inconsistent results, reporting that longer diagnosis duration was linked to better coping strategies.¹⁹ Difference in the clinical characteristics such as cancer type and treatment regimen may contribute to this variation of findings.

The finding of this study showed that there was significant correlation ($r = -0.186$, $p\text{-value} = 0.018$) between fatigue experience and coping strategies, which indicated that respondents who had high fatigue experience tended to have inadequate coping strategies and vice versa. This finding is supported by the result of a study conducted among cancer patients in BPKMCH, Chitwan, which showed the negative correlation between fatigue and coping ($r = -0.490$).¹⁶ Fatigue impacts the daily activities of the cancer patients, particularly those undergoing various forms of therapy, which can be reduced by encouraging them to choose various forms of coping strategies, ultimately improving the quality of life.²⁰ Similarly, the fatigue scores were found to be reduced with recognition and adaptation of coping strategies.²¹

The limitation of this study is that data collection was done from sample of single center over the period of 4 weeks only, thus reducing its generalizability. Another limitation is that the sample consisted solely of chemotherapy patients irrespective of the cancer type and stages, which could have confounded effect on the results requiring a more cautious interpretation of the results. Similarly, the sample size was calculated using a prevalence formula rather than a formula for assessing the association between fatigue experience and coping strategies. Therefore, the study may have been underpowered or overpowered for detecting the observed association, and the findings should be interpreted with caution.

Conclusions

This study found that fatigue is common among patients receiving chemotherapy, while coping strategies vary across individuals. An inverse relationship between fatigue and coping suggests that better coping may be linked to lower fatigue. These findings support routine assessment of fatigue and the incorporation of interventions that strengthen adaptive coping as part of comprehensive supportive care during chemotherapy.

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Conflict of interest: None

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References

1. World Health Organization. Cancer. Geneva (CH): World Health Organization; 2025 Feb 3. Available from: <https://www.who.int/news-room/fact-sheets/detail/cancer>
2. Charalambous A, Kouta C. Cancer related fatigue and quality of life in patients with advanced prostate cancer undergoing chemotherapy. *Biomed Res Int*. 2016;2016(1):3989286. DOI: [10.1155/2016/3989286](https://doi.org/10.1155/2016/3989286)
3. Kang YE, Yoon JH, Park NH, Ahn YC, Lee EJ, Son CG. Prevalence of cancer-related fatigue based on severity: a systematic review and meta-analysis. *Sci Rep*. 2023 Aug 7;13(1):12815. DOI: [10.1038/s41598-023-39046-0](https://doi.org/10.1038/s41598-023-39046-0)
4. Álvarez-Bustos A, de Pedro CG, Romero-Elías M, Ramos J, Osorio P, Cantos B, et al., Martín S. Prevalence and correlates of cancer-related fatigue in breast cancer survivors. *Support Care Cancer*. 2021 Nov;29(11):6523-34. DOI: [10.1007/s00520-021-06218-5](https://doi.org/10.1007/s00520-021-06218-5)
5. Vadsaria K, Jabbar A, Syed IA, Rizvi S, Haider G, Naqvi H. Coping styles and depression among patients with solid organ cancers attending two tertiary care hospitals of Karachi: a cross-sectional study. *Open J Epidemiol*. 2017;7(1):69. DOI: [10.4236/ojepi.2017.71007](https://doi.org/10.4236/ojepi.2017.71007)
6. Polat U, Arpacı A, Demir S, Erdal S, Yalcin Ş. Evaluation of quality of life and anxiety and depression levels in patients receiving chemotherapy for colorectal cancer: impact of patient education before treatment initiation. *J Gastrointest Oncol*. 2014 Aug;5(4):270. DOI: [10.3978/j.issn.2078-6891.2014.034](https://doi.org/10.3978/j.issn.2078-6891.2014.034)

7. Chalise P, Pandey RA, Chalise HN. Self-care practices and their perceived effectiveness among fatigued cancer patients in Nepal. Asia Pac E-J Health Soc Sci. 2012;1(2):30-39. Available from: https://www.academia.edu/download/32393591/Self_Care_Practices_and_Their_Perceived_Effectiveness_among_Fatigued_Cancer_Patients_in_Nepal-1.pdf
8. Yahaya NA, Subramanian P, Bustam AZ, Taib NA. Symptom experiences and coping strategies among multi-ethnic solid tumor patients undergoing chemotherapy in Malaysia. Asian Pac J Cancer Prev. 2015;16(2):723-30. DOI: [10.7314/APJCP.2015.16.2.723](https://doi.org/10.7314/APJCP.2015.16.2.723)
9. Hann DM, Jacobsen PB, Azzarello LM, Martin SC, Curran SL, Fields KK, et al. Measurement of fatigue in cancer patients: development and validation of the Fatigue Symptom Inventory. Qual Life Res. 1998 May;7(4):301-10. DOI: [10.1023/A:1008842517972](https://doi.org/10.1023/A:1008842517972)
10. Carver CS. You want to measure coping but your protocol' too long: Consider the brief cope. Int J Behav Med. 1997 Mar;4(1):92-100. DOI: [10.1207/s15327558ijbm0401_6](https://doi.org/10.1207/s15327558ijbm0401_6)
11. Donovan KA, Jacobsen PB, Small BJ, Munster PN, Andrykowski MA. Identifying clinically meaningful fatigue with the Fatigue Symptom Inventory. J Pain Symptom Manage. 2008 Nov 1;36(5):480-7. DOI: [10.1016/j.jpainsymman.2007.11.013](https://doi.org/10.1016/j.jpainsymman.2007.11.013)
12. Ökten Ç, Bedük T. The problems faced by outpatients after gastrointestinal cancer chemotherapy and the methods they use to cope with these problems. Nurs Pract Today. 2017;4(3):125-33. Available from: <http://npt.tums.ac.ir/index.php/npt/article/view/245/213?>
13. Hussein DA, Sameen FY. Fatigue level and contributing factors among cancer patients receiving chemotherapy. J Pioneering Med Sci. 2023 Dec 29;12:52-6. DOI: [10.61091/jpms202312412](https://doi.org/10.61091/jpms202312412)
14. Di Marco M, Rubbi I, Baldi A, Di Lorenzo R, Magnani D, Cremonini V, et al. Evaluation of fatigue in patients with pancreatic cancer receiving chemotherapy treatment: a cross-sectional observational study. Acta Biomed. 2018;89(4):18. DOI: [10.23750/abm.v89i4-S.7063](https://doi.org/10.23750/abm.v89i4-S.7063)
15. Obead KA, Yaser S, Khatatb M, Al-badaynah F, Saqer L, Al-dosouqi N. Fatigue in early stage among Jordanian patients with cancer receiving chemotherapy. Middle East J Cancer. 2014 Feb;5(2): DOI: [10.5742/MEN.2014.92469](https://doi.org/10.5742/MEN.2014.92469)
16. Dahal A, Meheta RK. Fatigue experience and coping strategies among cancer patients receiving chemotherapy. J Nepal Health Res Coun. 2018 Oct 30;16(3):285-90. DOI: [10.3126/jnhrc.v16i3.21425](https://doi.org/10.3126/jnhrc.v16i3.21425)
17. Boatemaa Benson R, Cobbold B, Opoku Boamah E, Akuoko CP, Boateng D. Challenges, coping strategies, and social support among breast cancer patients in Ghana. Adv Public Health. 2020;2020(1):4817932. DOI: [10.1155/2020/4817932](https://doi.org/10.1155/2020/4817932)
18. Dev R, Agosta M, Fellman B, Reddy A, Baldwin S, Arthur J, et al. Coping strategies and associated symptom burden among patients with advanced cancer. Oncologist. 2024 Feb 1;29(2):166-75. DOI: [10.1093/oncolo/oyad253](https://doi.org/10.1093/oncolo/oyad253)
19. Derakhshanpour F, Nezhadi S, Shahini N, Salimi Z. Investigating stress coping strategies in cancer patients undergoing chemotherapy. Fundam Mental Health. 2020;22(4):217-23. DOI: [10.22038/jfmh.2020.16936](https://doi.org/10.22038/jfmh.2020.16936)
20. Lou Y. Self-management of cancer treatment-related fatigue, nausea, vomiting and oral mucositis in Chinese cancer patients [doctoral dissertation]. Brisbane (AU): Queensland University of Technology; 2011. Available from: https://eprints.qut.edu.au/44127/1/Yan_Lou_Thesis.pdf
21. Lee YH, Tsai YF, Lai YH, Tsai CM. Fatigue experience and coping strategies in Taiwanese lung cancer patients receiving chemotherapy. J Clin Nurs. 2008 Apr;17(7):876-83. DOI: [10.1111/j.1365-2702.2007.02021.x](https://doi.org/10.1111/j.1365-2702.2007.02021.x)

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