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Staff Education on Cancer-Related Fatigue Assessments

Tamira Walker
Walden University

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Walden University

College of Nursing

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Tamira Walker

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Review Committee

Dr. Corinne Romano, Committee Chairperson, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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Executive Summary: Staff Education Project
Staff Education on Cancer-Related Fatigue Assessments

by

Tamira Walker

BS, Concordia University, 2021

BS, Texas A&M University, 2019

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Summary

A staff education DNP project was designed and implemented with a focus on the analysis, synthesis, and application of best practices to enhance staff knowledge and performance through targeted education on fatigue assessments in cancer care. The project sought to answer the question: Does oncology nurse staff education increase knowledge of fatigue assessments in patients with cancer as compared pre to post education? The purpose of this project was to address a knowledge deficit by increasing staff knowledge on fatigue assessment in an ambulatory care setting by recognizing that cancer-related fatigue (CRF) is a complex, multifactorial symptom that often goes underassessed in oncology practice.

Prior to the intervention, participants completed a five-question baseline pre assessment to establish a benchmark for participants knowledge of CRF and validated fatigue assessment tools. Next, participants attended an in-person 30-minute educational session, which was followed by the completion of a post assessment quiz with a confidence rating to allow for direct comparison of pre-and post-education scores and confidence ratings. After the intervention, participant knowledge scores improved from a mean pre-assessment score of 74.4% to a mean post-assessment score of 81.6%, representing a 7.2 point increase, with a high mean confidence level of 4.68 out of 5 on their ability to assess CRF. It is recommended that fatigue assessment training be implemented into onboarding to become a standard part of orientation for staff. This project impacted nursing practice, inclusivity and positive social change by emphasizing the importance of equitable assessment by training staff to use standardized, patient-reported tools that reduce bias and improve patient communication.

Background

CRF is a multifactorial tiredness or exhaustion that is disproportionate to recent activity and is not completely relieved by activity and sleep (National Cancer Institute, 2024). In my healthcare organization, there is a knowledge deficit in fatigue assessments as well as no fatigue assessments in place to holistically intervene to best meet the patient's needs. Fatigue is only assessed as a general symptom of treatment through a closed-end question and not as a complex issue. According to Matsuda et al. (2024), due to the difficulties in identifying symptoms, CRF is frequently under-assessed among health care professionals.

The lack of fatigue documentation is a professional barrier that leads to a lack of supportive care referrals resulting in a system barrier (National Cancer Institute, 2024). These barriers can inhibit the appropriate management of CRF. Neglecting to properly assess fatigue can negatively impact cancer patients by reducing quality of life and may result in poor treatment outcomes. This DNP project was designed and implemented with a focus on the analysis, synthesis, and application of best practices to enhance staff knowledge and performance through targeted education on fatigue assessments.

The purpose of this project was to address a knowledge deficit by increasing staff knowledge on fatigue assessment in an ambulatory care setting by recognizing that CRF is a complex, multifactorial symptom that often goes underassessed in oncology practice. Without structured fatigue assessments, opportunities to identify reversible or treatable factors are missed, which can limit interventions that may improve patients' quality of life. The project question is Does oncology nurse staff education increase knowledge of fatigue assessments in patients with cancer as compared pre to post education? This

question directly aligns with the project's purpose by evaluating whether targeted staff education can enhance oncology nurses' ability to recognize, assess, and address fatigue more effectively. Strengthening nurse knowledge on fatigue assessments has the potential to improve patient outcomes by ensuring this critical symptom is identified and managed in a timely and evidence-based manner.

An extensive literature search was conducted and revealed 10 studies as supporting evidence for the knowledge deficit practice gap. Collectively, the evidence showed CRF affects patients and can make it difficult for them to keep up with their daily routines and activities. The evidence expressed that tailored education improves nurse engagement and real-world application of fatigue assessments. Standardized tools like the Brief Fatigue Inventory (BFI; The University of Texas at MD Anderson Cancer Center, 2025) highlighted increased assessment accuracy and align with patient reports. Lastly, it was revealed that ongoing education and certification enhance nurse confidence and symptom management skills. Of the 10 studies reviewed, one provided Level 1 evidence, five provided Level 3 evidence, and four provided Level 5 evidence.

Staff Education Project Development

The project was conducted in an outpatient oncology clinic with a sample of 25 participants, including registered nurses (RNs) and medical assistants (MAs). Each discipline played an important role in the patient care process, making their inclusion essential for a comprehensive staff education intervention. RNs were primarily responsible for ongoing patient assessment and documentation, and MAs were often the first point of contact for patients during intake and initial symptom screening. Including

both groups ensured that the staff education on fatigue assessment aligned with the full continuum of care delivered in the outpatient oncology setting.

The project followed a structured implementation procedure designed to evaluate the impact of staff education on knowledge and practice. Prior to the intervention, participants completed a baseline pre-education assessment, which consisted of a five-question multiple-choice quiz. This step established a benchmark for participants' knowledge of CRF and validated fatigue assessment tools.

Next, participants attended an in-person 30-minute educational session. This session included a PowerPoint presentation, handouts of validated assessment tools (e.g., the BFI (The University of Texas at MD Anderson Cancer Center, 2025), the NCCN Distress Screening Thermometer (National Comprehensive Cancer Network, 2025), and the NCCN Cancer-Related Fatigue Guidelines (National Comprehensive Cancer Network, 2025), and a case study example. The participants anonymously received numbered manila envelopes with copies of presentation slides and handouts. The presentation was interactive and incorporated opportunities for discussion and practice with a clinical scenario to tailor learning to each role. Emphasis was placed on standardizing fatigue assessment practices and integrating screening into daily workflows. For example, medical assistants practiced integrating fatigue screening questions into intake procedures and nurses applied fatigue assessment tools within ongoing symptom management.

This team-based educational approach ensured consistency across disciplines and emphasized collaborative nature of fatigue assessments in oncology care. Following the session, participants completed a post-education assessment that mirrored the pre-

assessment with the addition of a confidence rating scale using a 5-point Likert measure. This allowed for direct comparison of pre- and post-education scores and confidence ratings. Multiple sources of quantitative and qualitative evidence were collected to evaluate knowledge improvement.

Multiple sources of evidence were collected to evaluate the project's effectiveness. Knowledge assessments provided quantitative measures of learning by comparing pre- and post-assessment scores across all disciplines. Confidence surveys measured changes in perceived ability to assess CRF. Post-education discussion allowed participants to share qualitative insights on applicability of the education to their specific roles, barriers to implementation, and recommendations for sustaining practice changes. Evidence analysis combined quantitative and qualitative approaches. Pre- and post-education knowledge and confidence scores were anonymously collected and compared to determine gains in understanding and self-efficacy. Qualitative feedback was synthesized to highlight common themes and inform recommendations for sustaining and scaling the intervention.

The evaluation process focused on determining whether the intervention achieved its goal of increasing knowledge and improving fatigue assessment practices among all participants. The primary outcome measure was the 7.2% increase in pre- and post-assessment scores from 74.4% to 81.6%, reflecting knowledge gain. Secondary measures included increased confidence in CRF assessment, understanding where to document assessment in patient charts, and evidence of interdisciplinary collaboration in fatigue management. By incorporating oncology nurses and medical assistants, the evaluation demonstrated improvements across the full spectrum of the care team. This

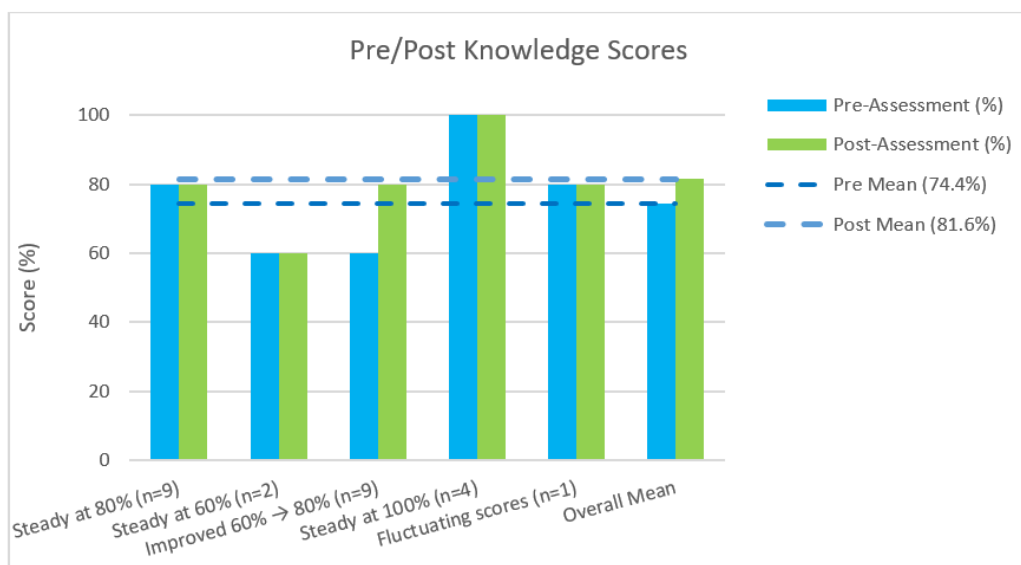
comprehensive team-based approach validated the effectiveness of targeted education in strengthening the quality and consistency of CRF screening in outpatient oncology care.

Results

Following the implementation of the staff education intervention, participant knowledge scores improved from a mean pre-assessment score of 74.4% to a mean post-assessment score of 81.6%, representing a 7.2 point increase, as seen in Figure 1. In addition, participants reported a high mean confidence level of 4.68 out of 5 on their ability to assess CRF. These results demonstrate that the education session successfully increased staff knowledge and reinforced confidence in the use of the validated fatigue assessment tools.

Figure 1

Pre/Post Knowledge (N=25)



The project positively impacted the organization by increasing staff competence in symptom management and promoting consistency in fatigue screening practices.

Improved knowledge and confidence are expected to translate into more frequent and accurate use of standardized tools, such as the BFI, within routine workflows. Enhanced documentation and patient-centered assessment not only improve quality of care but also align with the organization's priorities of evidence-based practice, accreditation standards, and patient satisfaction metrics. Furthermore, involving both nurses and support staff fosters an interdisciplinary approach, ensuring that fatigue assessment is embedded at multiple points in the care process.

Several limitations influenced the outcomes of this project. First, the small sample size of 25 limits generalizability. Second, knowledge improvement was modest, suggesting that a single educational intervention may not be sufficient for long-term retention. Lastly, discrepancies between high confidence ratings and less-than-perfect knowledge scores highlight a potential misalignment between self-perceived competence and actual accuracy. Although knowledge gains were modest and confidence at times exceeded accuracy, the intervention demonstrated that education can positively influence clinical practice when integrated into routine workflows. These limitations suggest the need for ongoing education, reinforcement strategies, and longitudinal evaluation.

Even though this project was conducted within a single outpatient oncology clinic, the project has broader implications for oncology care and nursing practice. Disseminating these findings supports the larger goal of advancing symptom management, improving patient outcomes, and promoting best practices across oncology care nationally.

Conclusions

The project had a meaningful impact on the outpatient oncology clinic by strengthening staff knowledge and confidence in assessing CRF. Through structured education and practice using validated tools, staff demonstrated measurable improvements in knowledge and maintained consistently high confidence scores. This translates into greater standardization of fatigue screening practices, improved documentation, and more reliable symptom monitoring. For the organization, these changes support enhanced patient-centered care, improved quality outcomes, and alignment with evidence-based oncology guidelines.

There are several recommendations that can be considered to sustain and expand the impact of this project. Ongoing education is recommended to incorporate refresher sessions and annual competencies to reinforce knowledge. Fatigue assessment training can be implemented into onboarding to become a standard part of orientation for staff. Designating a peer champion to model best practices and mentor peers could sustain adherence over time. Lastly, embedding fatigue screening into the electronic medical record can ensure routine documentation and follow up.

This project reinforces the essential role of nurses in holistic symptom management. Routine and accurate fatigue assessment allows for earlier interventions, improved patient communication, and more effective interdisciplinary care planning. Although fatigue is a universal symptom, its recognition and management can be influenced by cultural, linguistic, and socioeconomic factors. This project emphasizes the importance of equitable assessment by training staff to use standardized, patient-reported tools that reduce bias and ensure all voices are heard. Embedded CRF assessment across

diverse patient populations promotes equity in care delivery, as patients who might otherwise be overlooked receive validated opportunities to report and address their symptoms. On a broader scale, this project advances social change by supporting a healthcare culture that prioritizes patient well-being, inclusivity, and advocacy for those experiencing treatment-related burdens. Through normalizing fatigue in oncology care, staff can advocate for symptom relief and enhance overall quality of life for patients with cancer.

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