European Journal of Oncology Nursing 73 (2024) 102726

Contents lists available at ScienceDirect

European Journal of Oncology Nursing

journal homepage: www.elsevier.com/locate/ejon

Supporting cancer-related fatigue self-management: A conversation analytic study of nurse counsellor and cancer survivor consultations

Oluwaseyifunmi Andi Agbejule [a,*], Stuart Ekberg [a,b], Nicolas H. Hart [a,b,c,d,e], Raymond J. Chan [a,b]

[a] Caring Futures Institute, College of Nursing and Health Sciences, Flinders University, Adelaide, SA, Australia
[b] Cancer and Palliative Care Outcomes Centre, Queensland University of Technology (QUT), Brisbane, QLD, Australia
[c] Human Performance Research Centre, INSIGHT Research Institute, University of Technology Sydney (UTS), Sydney, NSW, Australia
[d] Exercise Medicine Research Institute, Edith Cowan University, Perth, WA, Australia
[e] Institute for Health Research, University of Notre Dame Australia, Perth, WA, Australia

A B S T R A C T

Purpose: Cancer-related fatigue (CRF) is a prevalent and distressing symptom experienced by people affected by cancer. A breakdown of the clinician-patient partnership and suboptimal clinician communication has been identified as a significant barrier to implementing into clinical practice effective self-management strategies for CRF. This study examined the use and impact of communication practices employed by trained cancer nurse counsellors when providing CRF self-management support to cancer survivors.

Methods: Interactions from 41 telehealth consultations between three nurse counsellors and 23 cancer survivors in a CRF self-management support clinic in Queensland, Australia were recorded and analysed using conversation analysis methods.

Results: Analysis found that in instances where nurses established the agenda of a consultation from the outset of a session (e.g., focusing on fatigue self-management support), cancer survivors displayed clearer understandings of their self-management role, the tasks, and goals of a session; and displayed less difficulty engaging in supportive care discussions. Furthermore, clinicians used formulation practices, such as summarising dialogue, to sustain focus on fatigue during consultations, and to close discussion matters not ostensibly pertinent to fatigue self-management planning supporting the goals of the CRF SMS clinic consultations.

Conclusion: For supportive care sessions targeting fatigue management, clinicians should ideally focus discussion on CRF support early, by clearly introducing the agenda at the outset of the consultation while also asking for client agreement. Periodically summarising patient's talk allows clinicians to maintain a focus on matters relevant for self-management fatigue planning and provide support within the typically constrained timeframes allocated for addressing CRF.

1. Introduction

Cancer-related fatigue (CRF) is one of the most prevalent and distressing symptoms experienced by people affected by cancer (Weis and Horneber, 2014). CRF is different to normal fatigue in that it cannot be relieved by rest alone and can persist months to years after the cessation of cancer treatment, with studies showing that cancer survivors can experience significant general, physical, and mental fatigue 5–15 years post treatment (Biering et al., 2020; Gernier et al., 2020; Goedendorp et al., 2013). Several studies have demonstrated that the duration and intensity of CRF greatly affects the quality of life of cancer survivors during and after treatment; reducing physical, mental, emotional and social wellbeing (Aapro et al., 2017; Tao et al., 2024; Gernier et al., 2020).

Management for CRF requires the uptake of fatigue self-management behaviours such as increased physical activity, change in diet, and managing activity load (Berger, 2019; Thong et al., 2020). The successful execution of these self-management behaviours often depends on cancer survivors' understanding of the self-management strategies and their importance (Chan et al., 2016; Fitch et al., 2008). When communication between survivors and their healthcare teams is poor or ineffective, survivors may resort to managing their fatigue through trial and error, despite often having limited knowledge or misconceptions about effective strategies (Fitch et al., 2008). This breakdown in communication can lead to distrust of healthcare providers, resulting in poor adherence to or inadequate implementation of fatigue management strategies (Pertl et al., 2014; Fitch et al., 2008). Self-management support is integral in the management of CRF; however, several studies have demonstrated that health professionals often lack the confidence, knowledge, and ability to provide effective support to cancer survivors experiencing CRF which hinders the uptake of CRF management guidelines to practice (Hilarius et al., 2011; Jones et al., 2021).

* Corresponding author. Caring Futures Institute, College of Nursing and Health Sciences, Flinders University, Adelaide, SA, Australia.
E-mail address: andi.agbejule@flinders.edu.au (O.A. Agbejule).

https://doi.org/10.1016/j.ejon.2024.102726
Received 20 July 2024; Received in revised form 28 October 2024; Accepted 1 November 2024
Available online 2 November 2024
1462-3889/© 2024 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/).

Empowering cancer survivors to adopt and sustain fatigue management behaviours through self-management support requires a collaborative partnership between cancer survivors, health care teams, and local and personal communities of support, which can encompass community organisations, families, friends, and caregivers (Agbejule et al., 2022). The presence of a strong collaborative partnership or therapeutic alliance provides vital and consistent contributions to the goals (e.g., improved uptake of health management behaviours, self-management self-efficacy) of supportive care practices (Mack et al., 2009; Velasco-Durántez et al., 2023). To facilitate successful self-management, health professionals – with relevant expertise and resources – must foster productive interactions with cancer survivors (Lawn and Battersby, 2009). Difficulties in communication between cancer survivors and health professionals represent a key barrier to the implementation of CRF self-management strategies to practice and is a major contributor to cancer survivors feeling dissatisfied with the fatigue self-management support they currently receive from clinicians (Thong et al., 2020; Jones et al., 2020, 2021). A recent systematic review of self-management support interventions for CRF identified a lack of research to understand exactly how self-management support for fatigue has been and should be delivered, and emphasised that more research is needed to examine ways communication can be effective in practice (Agbejule et al., 2022). To understand the processes that may influence the quality and effectiveness of these critical interactions, it is important to identify, in detail, the communitive practices used by clinicians and cancer survivors during real-life clinical encounters.

The purpose of this study was to investigate the communication practices employed by cancer nurse counsellors when providing support to cancer survivors in managing their CRF, and the impact of these practices within consultations. This conversation analytic study was conducted to address the following questions: (1) What self-management support communication practices are used by cancer nurses during interventional consultations with cancer survivors experiencing CRF?; and (2) What are the interactional effects of these conversational practices?

2. Data and method

2.1. Context - telehealth CRF self-management support clinic

Data for this conversation analysis study comprise audio or video recordings of nurse-cancer survivor consultations conducted between 2021 and 2023 in a telehealth CRF self-management support clinic (hereinafter referred to as the T-CRF SMS clinic) in Australia (Brisbane, Queensland). These data were collected as part of the telehealth CRF pilot randomised controlled trial (RCT) of which the full intervention protocol is published elsewhere (Ladwa et al., 2022). Briefly, the T-CRF SMS clinic is a 24-week self-management support program consisting of three telehealth clinic sessions between trained cancer nurse counsellors and cancer survivors experiencing moderate-to-severe fatigue (as determined by the Brief Fatigue Inventory) (Mendoza et al., 1999). During clinic sessions, nurse counsellors: 1) provided education on fatigue management addressing aspects such as physical activity, symptom-specific and general coping mechanisms; 2) collaboratively created a fatigue management plan with up to three goals; and if indicated, 3) facilitated referrals to exercise specialists and other relevant support services. During consultations nurse counsellors used different behavioural strategies (i.e., goal setting, coaching, motivational interviewing, and cognitive behaviour therapies) to facilitate cancer survivor behaviour change (i.e., increasing physical activity) with the aim of improving CRF (Fig. 1).

2.2. Data collection

Audio and video recordings of telehealth nurse-led consultations were performed using the Microsoft Teams recording function. Recordings were transcribed verbatim using a professional service that stored the data securely and did not retain a copy of the recording beyond the period required for transcription. Data were collected and analysed for T-CRF SMS clinic consultations that occurred between January 2021 and September 2022. At the time of analysis, 41 distinct telehealth consultations had occurred and were included in the analysis.

2.3. Analytic approach: conversation analysis

Audio and video data were analysed using a conversation analytic approach (OAA and SE). Audio and video recordings were first examined to identify recurrent ways in which talk about self-management of CRF appear to occur. This process involved the general observation of data without seeking specific technical details or preformulated phenomena (White, 2019; Sacks, 1984). Recurring patterns or structures within conversation, including (but not limited to) turn-taking sequences, repair mechanisms for dealing with misunderstandings, preferred ways of initiating and closing topics, body organisation, and gestures, were identified and recorded. Instances of phenomena of interest were then transcribed using a specialised transcription system (Jefferson, 2004; Hepburn and Bolden, 2012) (Supplementary Table 1), to facilitate detailed analysis. Deviant cases, which represent instances within conversation that deviate from the identified patterns, were also examined to gain insights into the boundaries and limitations of any established norms and practices (Drew et al., 2001). Analysis of these deviant cases helped to revise, broaden, and confirm the patterns emerging from data analysis.

2.4. Ethics approval

The Human Research Ethics Committee of Metro South Health provided ethical approval for this study (MSH: HREC/2020/QMS/63495). Administrative approval was provided by Flinders University (Approval No: 4907). All participants provided written informed consent prior to enrolment into the study. Prior to the beginning of each nurse-led clinic, intervention nurse counsellors sought additional verbal consent from participants to record sessions.

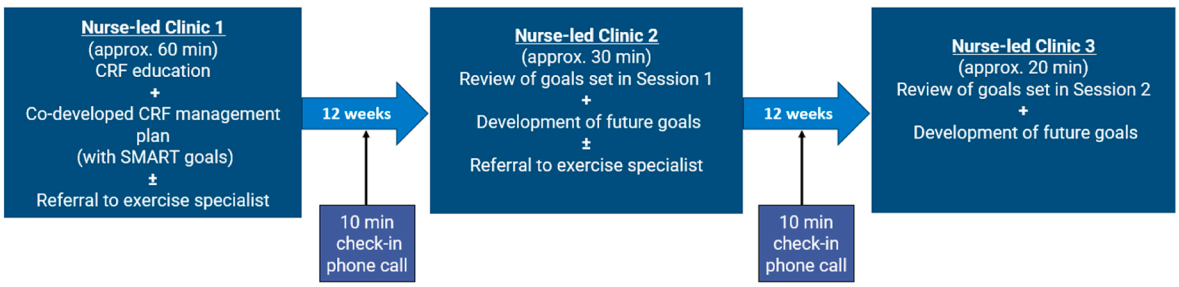

Fig. 1. The telehealth cancer-related fatigue (T-CRF) nurse consultation model.

3. Findings

Forty-one distinct audio or video recorded telehealth consultations between three nurse counsellors and 23 cancer survivors were examined. The sample comprised 10 males and 13 females, with a range of cancer types represented, including breast (n = 9), lung (n = 4), bowel (n = 3), prostate (n = 2), and various other cancers such as leukaemia, melanoma, pancreatic, rectal, and testicular cancer, each occurring in one or two individuals within the sample. T-CRF SMS clinic consultations ranged from 46 to 75 min (average duration of 52.5 min). Fragment identification codes are as follows: NC = nurse counsellor, CS = cancer survivor, 0:00 = minute:seconds)]. All names and identifiers included in transcript fragments are pseudonyms.

3.1. Case selection

The self-management support provided by the nurse counsellor is a complex multi-component process. Although a range of important topics relating to the psychosocial, physiological, and physical impact of the cancer survivor's cancer experience are discussed during a single consultation (e.g., clinical symptoms, psychological and social well-being, etc.), the primary agenda – providing support to help cancer survivors manage their cancer-related fatigue – must remain focal throughout the session. Throughout our data corpus, we observed that a recurrent way this focus was achieved and maintained by nurse counsellors was by using practices such as (1) establishing an agenda of fatigue management support from the outset of the consultation (Fragment 1); and (2) formulating a version of what a client has said in ways that maintain a focus on fatigue – by sustaining talk (Fragment 3), and re-directing talk (Fragment 4). The interactional consequences of instances where such techniques are not employed – considered here as deviant cases (Fragment 2) – are also examined. The analysis finds that structuring self-management support consultations using these practices promotes shared understanding between cancer survivors and nurse counsellors and sustains a primary focus on the agenda of managing CRF. Notably, our analysis revealed the recurrence of these conversational practices across a diverse demographic sample encompassing varying age groups, cancer diagnoses, and treatment types; suggesting external factors (e.g., cognitive impairment) are not integral to the organisation of these practice.

3.2. Analysis: establishing a focus on fatigue self-management support from the outset of the consultation

Self-management support consultations differ from medical encounters that cancer survivors may have previously experienced. For example, in a typical encounter with a general practitioner (GP), an individual usually states their medical problem, or reason for their visit, and may also provide additional information if prompted by their GP, who then delivers a clinical judgement and provides a recommendation (Robinson, 2003). In contrast to general practice, most individuals do not have experience with self-management support counselling sessions and may not know what to expect, what to do, and how to act in a consultation. Building on existing research in psychotherapy (Ekberg et al., 2016), our analysis identified that establishing the agenda of consultation from the outset of a session provides an initial opportunity for clinicians to focus the conversation on self-management support for CRF and thus manage the expectations of the cancer survivor.

3.2.1. Fragment 1 [NC1CS1/0:05]

In Fragment 1, the nurse counsellor introduces herself (lines 2–3). On lines 9–13, she outlines her expectations for the cancer survivor ("Importantly, I'm interested to hear from you today and to find out more about the experience of fatigue … ") and sets the consultation agenda with the plan proposed on lines 14–26. Through this proposed agenda, the nurse counsellor orients the cancer survivor to the structure of the consultation by establishing her role (see Fragment 1). This includes explaining that she will conduct an initial assessment of the

```
01  NUR:  So, (.) lovely to have that little chat before we started the recording
02        and (.) so just to um >introduce myself,< my name is Sarah I'm one of our
03        nurse counsellors. .hhh (0.5) at the Cancer Centre. .hhh and uh >I
04        understand< you've been referr:ed uh to uh:s, because you've been (.)
05        experiencing hh a lot of fatigue. .hh(.) an:d I wanna thank you for
06        completing that questionnaire?=
07  CLI:  Yep. ((Single head nod downward))
08  NUR:  =I've hadda (.) read of that this morning, (0.3) to get >a bit of a
09        sense<[  of   ] what's been happening. Importantly, I'm I'm interested
10  CLI:        [(Cough)] ((short repeated nods, eye contact kept with NUR))
11  NUR:  to hear from you toda::y and to find out mo:re (0.3) about the experience
12        of fati:gue.=
13  CLI:  ((short repeated nods, eye contact kept with NUR))
14  NUR:  =.hhh uh so I wondered to get us started, if >would it be oka::y< if
15        (0.3) uh:: I start with some questions? [an::]d to open up our discussion?
16  CLI:                                          [ yep] ((Single head movement
17        upwards then downwards))
18  NUR:  an::d feel free at any point to add in anythi[ng that you think °might° be^
19        of relevance,=
20  CLI:  [((short repeated nods, eye contact kept with NUR))
21  CLI:  Yeh-
22  NUR:  =or that you want to share?
23  CLI:  ((short repeated nods, eye contact kept with NUR)) Yep
24  NUR:  an::d then what we can do is talk aboww:t (.) a plan, (.) of how we  might
25        be able to provi:de some support=
26  NUR:  =[to help in managing the fatigue hhh=I thni-
27  CLI:   [((short repeated nods, eye contact kept with NUR)) °Okeh°
28  NUR:  Does that aw:ll sound okay: for you? ((head nodding while gazing at
29        cancer survivor with head tilted sideways))
30  NUR:  [yeh- that (0.2)chat?]
31  CLI:  [yeah, that's good.  ]((double head movement downward, high amplitude
32        head movement))
33  CLI:  Yep=
34  NUR:  =Yep (.) great
```

Fragment 1. [NC1CS1/0:05].

cancer survivor's fatigue by asking questions, and assist the cancer survivor to come up with a plan to help manage his fatigue. She also explains the role and responsibility of the cancer survivor is to answer questions about his fatigue, provide information that he thinks is relevant to the creation of his fatigue management plan, and to co-develop a plan to manage his fatigue (Patterson, 1985). Importantly, in this early phase of the consultation, the nurse counsellor explicitly informs the cancer survivor of the agenda – to provide self-management support for CRF ("… then what we can do is talk about a plan, of how we might be able to provide some support to help in managing the fatigue", lines 24–26). The cancer survivor's verbal confirmation ("yeah that's good", line 31) and head nod (line 32) claims acceptance of the nurse counsellor's proposed plan for the consultation and establishes that the cancer survivor and the nurse counsellor have a shared understanding of the tasks and goals of the session. Overall, the nurse counsellor has established a course of activity, and the cancer survivor has aligned with this.

The alignment and collaborative partnership between the cancer survivor and nurse counsellor is further displayed by verbal and embodied conduct used by the cancer survivor throughout the fragment. The cancer survivor's use of verbal (i.e., 'yep', 'yeah') and physical responses (i.e., nodding) throughout the nurse counsellor's introductory sequence displays receipt of the nurse counsellor's talk, and subsequently possesses an understanding on the focus of the session (Kidwell, 1997). These provide feedback to the speaker on the listener's engagement with, and understanding of the conversation (Gardner, 2001). For example, the cancer survivor's head nod and verbal response on line 16 to the nurse counsellor's previous yes/no question ("is it okay if I start with some questions?") confirms the cancer survivor's willingness to start the consultation with questions (Gardner, 2001). Similarly, the cancer survivor's short, repeated nods while the nurse counsellor is speaking on lines 10, 13, 16, and 20, (in addition to his use of continuers such as 'yep' on line 23) claims to understand what the nurse counsellor is saying (Müller, 1996). In this fragment, the cancer survivor's verbal and embodied conduct along with the nurse counsellors' utterances (e.g., line 34) claim alignment about the focus for the ensuing session: fatigue and fatigue self-management.

Fragment 1 is an example of an interactional practice that was recurrently observed in the analysed data and is an example of fatigue and fatigue self-management being presented from the outset of a consultation (usually directly after introducing name and role), facilitating displays of alignment between the cancer survivor and nurse counsellor about the focus of the consultation.

The analysis identified that consultations where the nurse counsellor did not establish a clear focus on fatigue self-management from the outset were liable to problems in understanding. An example of this is seen in a deviant case presented in Fragment 2 below.

3.2.2. *Fragment 2 [NC3CS3/0:00] – deviant case analysis*

In contrast to Fragment 1, after stating her name (data not shown) the nurse counsellor does not immediately propose the agenda of the consultation (i.e., which is to provide fatigue self-management support through the joint creation of a fatigue management plan).

Rather than formulating an explicit agenda for the consultation, in Fragment 2 the nurse refers to the forthcoming interaction vaguely, describing it as 'this process' ("*thank you for being a part of this process I*

```
01  NUR:  Oh, I'm (0.7) >so pleased< to be able to get to talk to yo:u. U::m (0.6)
02        Thank you for (0.5) agree:ing to be part of this um, this process? I suppose,
03        Noah. Uh::mm hahhheh How do you feel about it? Do you know what to expe:ct
04        or? What's- what are your th[oughts] about it [hh]
05  CLI:                              [No::  ]          [I ]have absolutely no- nn no-
06        >nothing well I'mma bout< (.) to (.) find out.
07  NUR:  hahhheh Okay well, I think it's- the idea is that it's a bit of a joint thing
08        between (0.3) the two of us.
09        (0.7)
10  NUR:  uh:m [so:o]=
11  CLI:       [Yeah]
12  NUR:  =I I think we know that a lot of people (0.3) have a problem with fatigue?
13        (0.5) when they've got a cancer diagnosis? an::d, I gather from the team
14        (0.3) that (.) you've been experiencing a fair amount? Does that sound right?
15        (1.5)
16  CLI:  A fair amount of?
17  NUR:  FATIGUE.
18        (1.0)
19  CLI:  Oh yes, ye:ah.
20  NUR:  Yeah?
21        (3.0)
22  CLI:  Yeah.
23        (0.8)
24  NUR:  So:?
25  CLI:  Uh:m, (0.2) yeah probably tiyed, ya know those sorts of things?
26  NUR:  ↑Yea:h↑. And and if it's okay, what I might do, >just to get started< is (.)
27        to ask you a couple of questions (0.3) about fatigue. [Bu-  ]
28  CLI:                                                       [Sure.]
29  NUR:  I also just want to check in and make su:re (0.5) I know um ((clears throat))
30        what's been happening with you, and what's important to you, cos (0.2) the
31        idea is m[aybe there-] >look at a bit of a< plan to (0.4) hopefully help=
32  CLI:           [   mmhmmm  ]
33  NUR:  =support you, uh::m pt
34  CLI:  yeah.
35  NUR:  maybe (.) maybe get back into some of the >day to day< things? that you (0.4)
36        you might miss doing? Does that sound all right?
37  CLI:  Yeah. Well, (mbfg) (0.2) um because of the chemo I'm on
38        (0.7)
39  NUR:  mmmm?
40  CLI:  It- (0.2) it does restrict me going out.
41        (2.0)
42  NUR:  Why is that (0.2) Noah.
```

Fragment 2. [NC3CS3/ 0:00].

suppose", line 2), and begins the consultation by posing broad questions to the cancer survivor *("How do you feel about it ?"; "Do you know what to expect?"; "What are your thoughts about it?",* lines 3–4*)*. The cancer survivor's reply to the nurse counsellor's open-ended queries *("nothing, well I'm about to find out"*, line 6*)* displays his uncertainty about what to expect in the session, highlighting some of the expectations clinicians may need to manage at the outset of a self-management support consultation.

Throughout the opening sequence presented in Fragment 2, the cancer survivor's verbal responses, vocal hesitations, pauses, and gaps at his projected turn at talk (i.e., lines 18, 21, and 23) within the conversation possibly indicate a lack of alignment about the agenda and purpose of the consultation. For example, following the nurse counsellor's query on lines 12–17, there is a gap before the cancer survivor's eventual response *"Oh, yes yeah"* (line 19*)*. Work by Heritage (1998) suggests that in this context the 'oh' that prefaces the cancer survivor's response can indicate that the questions being posed to him are problematic in terms of their pre-suppositions and relevance, and that there is some lack of fit between the nurse counsellor's question and cancer survivor's answer. The cancer survivor thus claims a lack of clarity regarding the purpose and relevance of the questions being posed by the nurse counsellor, as well as the level of detail expected in his responses. Additionally, the absence of any explanation of the cancer survivor's experience of fatigue other than him merely confirming its presence ("Oh, yes yeah", line 19) appears to not align with the nurse counsellor's expected response, showcasing the 'lack of fit'. This misalignment is solidified by the nurse counsellor's additional prompts for further explanation from the client (line 20).

Difficulty in establishing a shared understanding of the consultation persists throughout the fragment. On line 20, the nurse counsellor prompts the cancer survivor for a further response when she says *"yeah?"* – making a response from him a relevant next action (Sacks et al., 1974). Again, the cancer survivor does not immediately respond to this prompt and a long gap in the conversation re-emerges (line 21). When the cancer survivor does respond, it is with a single emphasised word response *("Yeah"*, line 22*)* which in this context has been shown to imply insufficient agency and commitment to a course of action being undertaken by the other speaker (e.g., the nurse counsellor's repetitive questioning to determine if the cancer survivor experiences "a fair amount" of fatigue) (Heritage and Raymond, 2012). In doing this, the cancer survivor displays uncertainty about how to respond to the nurse counsellor's continual queries and prompts. Further, the cancer survivor's difficulty in providing a response that aligns with the nurse counsellor's need for a more detailed answer appears to be influenced by problems in understanding. The nurse counsellor again prompts the cancer survivor for a further response ("So?", line 24). The nurse counsellor's persistent pursuit displays an understanding that there is something insufficient about the client's response (Jefferson, 1981). Further, work by Raymond (2004) finds that a stand-alone "so" is a prompt often produced in environments of 'misalignment', when silences or other conduct from a recipient (in this case the cancer survivor) do not align with the response the speaker (in this case the nurse counsellor) expects should be- or could be produced. Moreover, when the nurse counsellor produces a "so" prompt, she invites the cancer survivor to reassess his prior turn at talk ("yeah", line 22) and the action it accomplishes. The cancer survivor responds to this prompt with a drawn-out vocal hesitation ("Uhm") and briefly pauses on line 25, which also delays his eventual answer *("probably, tired you know those sorts of things?"*). The use of the word "probably" at the beginning of the cancer survivor's answer claims he is unsure if he is answering the nurse counsellor correctly (in a way that the nurse counsellor expects) (Heritage, 2012). The cancer survivor's conduct suggests that not establishing an agenda at the outset of a supportive care consultation can make parties liable to misunderstanding the focus of an encounter.

The pauses and vocal hesitations exhibited by the cancer survivor in this second fragment claim he may be having difficulty producing an answer to, and thus dealing with, the nurse counsellor's queries and prompts (Pomerantz et al., 1975). The cancer survivor's difficulty may also stem from his struggle to respond relevantly to a question where the agenda has not been set. As demonstrated by Ekberg et al. (2016), when projecting the proposed agenda from the outset of a consultation, psychotherapists help their clients understand how they should contribute to the therapeutic process. Without adequate expectation management, participants have little structure to appreciate how they can contribute (Ekberg et al., 2016). Similarly, in this fragment it is evident that the cancer survivor does not appear to have a clear understanding of his role in the consultation because he has not been given a framework to understand how he can contribute. The client's apparent confusion highlights the importance of clearly establishing the agenda of the consultation at the outset for fatigue self-management consultations.

Fragment 2 is one of several instances in the data corpus that indicate similar findings about not establishing the focus on support for fatigue management at the outset of the consultation. In these cases, nurse counsellors often struggled to bring the conversation back to the fatigue management. This analysis has shown that managing expectations at the outset promotes shared understanding between cancer survivors and nurse counsellors and sustains a primary focus on the agenda of managing CRF. The next section examines one practice through which maintaining a focus on the agenda is accomplished.

3.3. Formulations

The provision of self-management support for CRF is a complex, multi-component process that involves clinicians performing several tasks. These include identifying facilitators and barriers to fatigue management, providing information and coping strategies, offering motivational interviewing, and establishing goals, all while addressing the physical and psychological risk factors and side effects of fatigue that may arise during conversations (Agbejule et al., 2023). These tasks must usually be completed within a limited timeframe. Therefore, to ensure the timely completion of these tasks, it is crucial to maintain the fatigue support agenda throughout the entire self-management support session. Our analysis found that one way nurse counsellors maintained focus on matters relevant for self-management fatigue planning was through use of formulations.

Simply put, a formulation is where one speaker summarises conversation up to that point (Peckitt and Smart, 2018; Antaki, 2008). Commonly used in clinical psychology, formulations help develop an understanding of a service user's problems and perspectives, and are used to direct conversation towards a clinician's preferred topic (Heritage and Watson, 1980). In this context, formulations are a way to introduce change or new understanding for the cancer survivor. Fragments 3, and 4 pertain to the same nurse counsellor and cancer survivor consultation at different timepoints, showing ways the nurse counsellor uses formulation practices to collect relevant information from the cancer survivor.

3.4. Analysis: Using formulations to focus on matters relevant for fatigue self-management planning

This section provides examples of how formulation practices were used to maintain focus on matters relevant for fatigue self-management planning.

3.4.1. Fragment 3 [NC1CS1/14:03]

Prior to the beginning of Fragment 3, the cancer survivor disclosed that he perceives he is less fatigued around 11 o'clock at night. He expresses that he finds this frustrating as he is a musician, and he thinks he cannot play music at this time.

On lines 19 to 28, the cancer survivor shares that he has been unable to play musical instruments because of difficulty using his fingers and hands (see Fragment 3). He then relays that this inability to use his

```
01  CLI: I'm a musician, (0.6) [you know I can't] play music at [eleven o'clock].
02  NUR:                       [  Ah:h oka:ay   ]               [Yeah,   yeah? ]
03  NUR: okay, yeah yeah.  what >sort of< um (0.2) musician, (.) what <instrume::nt>=
04  CLI: oh-
05  NUR: =or:r >instruments< or:r? he-
06  CLI: There's- there's pretty much not an instrument I can't pla:y.
07       (0.4)
08  NUR: Yeah oka[y, wow]
09  CLI:         [I've  ] been doing this for years, [so-  ]
10  NUR:                                            [Yeah,] (.) yeah
11  CLI: and I miss that.
12       (0.5)
13  NUR: Yeah
14  CLI: Um:mm (0.3)
15  NUR: Yep
16  CLI: It's not so much because I don't have the energy?
17       (0.3)
18  NUR: mmm
19  CLI: but because my hands have been damaged? [through the immunotherapy], and it makes
20  NUR:                                        [      mm:mhm  mmhm      ]
21  CLI: it very hard↑ (1.0) to use my fingers and hands,=
22  NUR: =[ mmmmm.  ]
23  CLI: =[I can't  ] explain they're=
24  NUR: mmm.
25       (.)
26  NUR: mmm.
27       (0.9)
28  CLI: =some-times almost unusable. [Like ] I can barely pick a cup.
29  NUR:                           [↑Okay↑]
30  NUR: Yeah, (.) okay, (.) yeah
31  CLI: And so (.) that's pretty common.
32  NUR: mmhm mm-
33  CLI: ↑Temperature↑ (0.5) has a >hell of a lot< to do with everything.
34  NUR: mmhmm mmhm[mm]
35  CLI:           [If] I get cold,(2.0) and that can happen in minutes.
36  NUR: ↓mmmm↓
37  CLI: Um like if I were to go outside now, (1.0) and uh >in the wind<
38  NUR: uh huh?
39  CLI: ee- five minutes (0.2) and I would pay for it for about three- three-
40  three or four hours.
41  NUR: Okay. Yeah. Ye[ah.       ]
42  CLI:               [(An' not-)] Temperature changes, (1.5) that's a bi:g one. (0.3) Yeah
43  NUR: Okay, so with temperature change, (.) what does that trigger? What tends
44       to happen wh[en you] pay for i- for that-
45  CLI:              [pain  ]
46  NUR: So pain.
47       (.) [okay, yeah]
48  CLI:     [pain, yeah]
49  NUR: Yeah, yeah, okay, [yes ]
50  CLI:                   [lots] of it [yeah]
51  NUR:                                [yeah]
52  NUR: Okay pain? So, you've really got to consider your environment [and whether]to when=
53  CLI:                                                               [absolutely ]
54  NUR: =to go [outside,] okay
55  CLI:        [Yes     ]
.   ((20 seconds omitted, cancer survivor describes how spending 5 or 10 minutes in an air-
.   conditioned shop, can cause him four hours pain))
58  NUR: So Ben, it's like you're doing a balancing act.
59  CLI: Yeah=
60  NUR: =You're weighing up, is it worth (.) while doing that=
61  CLI: yep
62  NUR: =or going out [because  of   the] ramifications.
63  CLI:               [that's exactly it]
64  CLI: yeah
65  NUR: and and that's really tough when [you're needing to do that].
66  CLI:                                  [(                      )]
67  NUR: Yeah yeah, And I can hear you're motivated. You've got this real motivation to
68       engage with life, with people.
```

Fragment 3. [NC1CS1/ 14:03].

hands is triggered by temperature changes when he goes outside (lines 37 to 42). After prompting from the nurse counsellor *("ok, with the temperature change, what does that trigger? What tends to happen when you …"*, lines 43–44*)* the cancer survivor states the underlying factor is that temperature changes cause him pain. The nurse counsellor then produces a formulation *("So, you've really got to consider your environment and whether to-, when to go outside"*, lines 52–54*)*. This formulation reframes and creates a version of the cancer survivor's preceding talk on lines 21 to 50, as he did not explicitly articulate being mindful of when and where he goes outside. Through her formulation the nurse counsellor highlights an important consideration that could impact the fatigue management strategies offered to the cancer survivor (i.e., an outdoor environment could influence the cancer survivor's ability to engage in fatigue management activities). In presenting the formulation to the cancer survivor, the nurse counsellor gives him the option to agree or disagree with her reframed summary (Heritage and Watson, 1980).

The formulation produced by the nurse counsellor is accepted by the cancer survivor (*"Yes"*, line 55). This is consistent with evidence that shows formulations generally project agreement, which the speaker must either actively provide (as seen on lines 49 and 53–55) or reject (Antaki, 2008; Heritage and Watson, 1980). Notably the nurse counsellor's formulation does not use any of the cancer survivor's exact

words, but rather selects the components of his talk that ostensibly align with her self-management support agenda (to determine potential barriers to the cancer survivor undertaking fatigue self-management activities and use this information to inform his fatigue management plan, as indicated by the nurse counsellor's consultation checklist). The nurse counsellor uses this formulation later in the consultation when developing a fatigue management plan, where she prescribes specific times in the day for physical activity and advises the cancer survivor to wear gloves and long-sleeve clothes during outdoor activities.

Fragment 3 presents an example of how nurse counsellors used formulations to sustain talk that is ostensibly relevant in co-creating a cancer survivor's fatigue self-management plan. The next section examines another way formulations can be used to maintain a focus on matters relevant for fatigue self-management support.

3.5. Analysis: Using formulations to close matters not relevant for fatigue self-management planning

When providing specific symptom support (such as support for CRF), there are situations where a clinician may need to refocus conversations to maintain focus on the primary agenda of fatigue support. This section demonstrates how formulations can be used to momentarily redirect talk that is not ostensibly relevant (at least, not at the moment) in the creation of the fatigue management plan; and subsequently progress the conversation in direction that aligns with the agenda of providing self-management support for fatigue.

3.5.1. Fragment 4 [NC1CS1/19:55]

Prior to the beginning of this fragment, the cancer survivor explains that he writes lists for himself that consist of tasks that he must complete each day. He describes that these daily lists used to be "big" but he "found that would just make [him] depressed" (data not shown) as he couldn't complete everything. Directly prior to the beginning of Fragment 4, the cancer survivor recounted that something as simple as cleaning his fish tank which is 15 min work, is difficult for him and no matter how hard he tries he cannot do it.

On lines 2–6 and 8–13 the nurse counsellor begins a formulation, and in doing so reframes the cancer survivor's description of his frustration (*"I just can't do it, I can't"*, line 1*)* into *"I wonder if ..myself and someone who's close to you was to see that list and what you achieved … that was really significant what you achieved that day" …"But I can hear what you're saying at the same time, I guess it can be confronting for you or disappointing-"*. In this instance, the nurse counsellor uses her formulation to acknowledge the cancer survivor's distress and define a topic of concern to both parties – that the client is frustrated at not being able to complete daily tasks and that this is confronting for him. This step of 'defining the topic' is important in fatigue support planning as it offers context about the impact of the cancer survivor's fatigue and any potential risk factors contributing to it (Agbejule et al., 2023). Further, this information will guide the nurse counsellor's decision-making regarding the cancer survivor's fatigue management plan. The cancer survivor subsequently accepts this formulation on line 12 (*"it can be yeah")*, then continues to voice frustration at not being able to undertake what he considers to be simple tasks (e.g., *"it's sort of like each day is worth nothing … I didn't achieve anything … I didn't contribute" …* line 17, lines 19–20). Instead of immediately launching into an inquiry of the cancer survivor's comments, the nurse counsellor expands the formulation she began on line 8, and focuses on the identified facilitator ("*whereas, at the same time, I can really hear that those lists have been really helpful, …because they give you a goal. And sometimes small achievable tasks are most helpful",* lines 23–24; lines 26–28*)*. The cancer survivor's account of his apprehensions is valuable to the nurse counsellor and her support planning as it provides insight into how the fatigue is impacting his quality of life (Berger, 2019). As the nurse counsellor has already acknowledged and noted the cancer survivor's apprehensions in her formulation on lines 8 to 13, she uses the remainder of her formulation to momentarily close that direction of talk as spending extra time discerning it (during this history taking stage), is not ostensibly useful to the creation of the fatigue management plan. In this instance, the use of formulations to close down a matter not relevant for fatigue support planning emerges from the contingencies of the interaction, rather than something that was projected from the outset of the nurse counsellor's initial formulation. Notably, the cancer survivor agrees with the nurse counsellor's formulation (on lines 25, 27, 29) and does not continue with his talk about his perceived inability to cope, which subsequently allows the conversation to progress in a different direction towards the intended goal of the

```
01  CLI:  I just can't do it, I can't.
02  NUR:  And I wonder if, (0.3) let's say for instance, myself or someone who's
03        close to you was to see that list and see what you've achieved, that we
04        would notice that uhh (0.2) you know, given (.) what you're going
05        through, what you've experienced and the impact of all of this, that (.)
06        that was actually really significant what you achieved in your day.
07  CLI:  Yea:h
08  NUR:  But I can hear what you're saying=
09  CLI:  Yeah
10  NUR:  =at the same time it's it's at ti:mes. It can be: (0.5), I guess,
11        confronting for you (.) or: uh=
12  CLI:  It can be yeah
13  NUR:  =or disappointing or-
.   ((18 seconds omitted. The cancer survivor mentions that the 'simple' tasks he
.   tries to undertake are no longer "getting done". This causes him to feel that
.   he didn't contribute or achieve anything.))
17  CLI:  it's sort of like each day is worth nothing.
18  NUR:  mmhmm
19  CLI:   I didn't achieve anything. I didn't (1.0) I dunno I guess I didn't
20        contribute.
21  NUR:  mmm mmm
22  CLI:  I dunno (1.0) um
23  NUR:  mmm whereas- whereas, at the same time, I can uh really hear that those
24        lists have been really helpful=
25  CLI:  oh yeah
26  NUR:  =because they give you a goal. And sometimes small achievable=
27  CLI:  Yeah
28  NUR:  =tasks and goals are most helpful.
29  CLI:  Yep
```

Fragment 4. [NC1CS1/ 19:55].

consultation and allows the nurse counsellor to continue providing support for CRF.

This 'conversation management' (i.e., the technique of effectively managing the flow and direction of communication) was particularly useful for nurse counsellors to obtain a comprehensive view of the cancer survivor's fatigue first (i.e., determining his fatigue severity; fatigue interference on daily living; risk factors for fatigue occurrence; presenting characteristics; self-management capabilities; etc.) while leaving time to collaboratively provide solutions to matters raised. Moreover, when conducting her formulation, the nurse counsellor does not completely dismiss the cancer survivor's concerns but addresses his apprehensions at later stages in the consultation. For instance, later in the session she offers counselling support, refers the cancer survivor to external psychology services, and considers his frustrations when creating goals for his fatigue management plan. Antaki (2008) describes this practice as '*formulating the trouble away*' and suggested that its purpose was to keep a client's descriptions 'non-therapisable' until the assessment stage of a session was complete. Similarly, in this instance the nurse counsellor is using her formulations to control the flow and progress of the consultation by redirecting certain avenues of talk, and choosing the parts of the cancer survivors talk that ostensibly aligns with her agenda of providing fatigue support (e.g., setting small realistic goals gives the cancer survivor a sense of achievement); while seemingly being attentive to something in the cancer survivor's own words *("I always look to make sure to put a line through at least one* [list item], *And that way I feel like I've done something*" [data not shown]). Analysis of the entire data corpus found that in consultations where this 'conversation management' did not occur, conversation was liable to shifting onto matters not directly related to managing CRF (e.g., extended personal accounts about family life and upcoming holidays; prolonged treatment-related talk about chemotherapy and/or opinions on other past their medical teams etc.). This often left insufficient time for the provision of supportive management strategies and action planning for fatigue. This fragment demonstrates how the nurse counsellor used formulation practices to maintain focus on fatigue support provision, allowing her the time to acknowledge the other themes or activities that arise in the consultation in a more productive way.

4. Discussion

This study responds to the need for evidence-based explanations of how self-management support practices for CRF can be, or have been, effectively integrated and delivered in clinical care at the interactional level (Agbejule et al., 2022, 2023). This study is the first attempt to identify, in detail, the communicative practices used by clinicians and cancer survivors during real-life supportive sessions for CRF. Overall, this study presents two observable practices nurse counsellors use in their work with cancer survivors to enhance self-management support for CRF: (1) introducing the agenda at the outset of the consultation, and (2) formulations.

Self-management support encounters in cancer care are notably complex as the organisation of supportive care visits and tasks are generally unfamiliar to cancer survivors, meaning cancer survivors must navigate the challenges of understanding what a clinician is doing and what is expected of them (i.e., what to say and when) (Sterponi et al., 2019). In their recent review on factors influencing clinician engagement in self-management support, Kantilal et al. (2022) identified that for productive supportive sessions to occur, clinicians and patients must be clear about their respective roles in self-management and create a sense of shared responsibility. The findings of this conversation analytic study offer a potential resolution to this complexity by identifying that when clinicians focus on fatigue support by clearly introducing an agenda at the outset of a consultation, cancer survivors have a clear understanding of their role, and the tasks and goals of a session. Further, the analysis indicated that managing expectations in this manner produced shared alignment, consequently strengthening the focus on CRF. Studies have shown that lack of explanation or poor management of expectations can hinder patient understanding of treatment; and can result in a lack of consensus between clinicians and cancer survivors, as well as therapeutic failure (DiMatteo, 1998; Ha and Longnecker, 2010; Ardito and Rabellino, 2011). Fitzpatrick et al. (2006) provide further insight into the mechanisms of a collaborative patient-provider partnership in their own qualitative study identifying that establishing shared understanding of therapeutic tasks and goals in the early stages of support provision produces an upward spiral which launches cancer survivors into an exploratory process that supports more productive therapeutic work. This is consistent with other qualitative findings which indicated that cancer survivors often withhold information (i.e., reporting of fatigue severity and impact of their fatigue on daily living) from their health care teams if they feel they are rushed or if they perceive there is little time to discuss CRF with their treating clinician (Jones et al., 2021).

Sterponi et al. (2019) identify significant complexities of health care encounters in cancer care, including; 1) much of the supportive care tasks conducted during a consultation depends on information that the clinician acquires from the cancer survivor during the course of the session, and as such support tasks are unpredictable; 2) the extent of attention to be devoted to each support task cannot be fully determined in advance but requires clinicians to exercise ongoing judgement; and 3) the timeframe of supportive care encounters are generally limited. Qualitative research on the provision CRF support has identified that clinicians often attempt to bypass these challenges by completely ignoring patient enquiries and concerns, dismissing patient concerns they consider irrelevant, and sometimes avoiding initiating fatigue support discussions with their patients altogether, all in an attempt to provide quick support (Jones et al., 2020, 2021; Bootsma et al., 2020; Borneman et al., 2011). This contributes to cancer survivors feeling misunderstood and discouraged to discuss fatigue with their healthcare teams, which has been shown to contribute to the breakdown of the patient-provider partnership essential for successfully managing CRF. This study makes a significant contribution in addressing the above challenges, by identifying that employing formulation practices can allow clinicians to: select ostensibly useful parts of a cancer survivor's accounts as they occur and reframe them in format that is suitable for supportive tasks whilst remaining attentive; maintain a focus on matters relevant for support tasks and self-management fatigue planning; link divergent conversation back to support for CRF; and subsequently provide support within limited time frames. During the provision of symptom support, there may be several instances where clinicians need to redirect and refocus conversations to ensure productive and timely supportive care is provided; formulations act to facilitate this process in a less abrupt manner compared to the other reported methods above. As suggested by Antaki (2008) closing, or redirecting conversation using formulation techniques "promotes the sense that one has listened to the other speaker and has extracted something that they themselves might have said" and allows clinicians to maintain respectful and attentive communication.

4.1. Strengths and limitations

This study generated direct observational evidence for understanding the communication practices used by clinicians when providing CRF self-management support; and is the first study to examine the impact of these practices within consultations. This study analysed interactions between cancer survivors and specialist nurses who received training in supportive care counselling procedures. Notably, not all health professionals are readily trained in this practice. As such, a limitation of this work is that it did not observe the extent to which clinicians who are not specialist trained can successfully operationalise these practices (i.e., introducing the agenda at the outset, producing formulations). Despite this, these findings have significant implications for research and training. For example, while beginning clinical interactions with open-

ended question formats can sometimes be valuable to solicit a patient's chief complaint (e.g., in a primary care consultation) (Robinson et al., 2016), the analysis indicated that in situations that are task-focused and that have a specific agenda – such as in self-management support consultation – opening with broad questions can be problematic as these question types can communicate different things; and thus can be understood, and responded to, differently (Robinson, 2006). This is also supported by findings from Jones and colleagues' recent qualitative study in which cancer survivors reported that being asked general, open-ended questions was insufficient when discussing CRF with their healthcare teams (Jones et al., 2021). Several studies have indicated that fostering communication and consultation skills can improve clinician confidence in engaging cancer survivors in support discussions about symptom self-management (Kantilal et al., 2022). This conversation analytic study is an initial step in identifying the required training to facilitate this process.

5. Conclusions

A breakdown of clinician-provider partnerships has been identified as a significant barrier to the translation of fatigue management strategies to clinical practice and contributes to the underreporting and under-management of CRF (Jones et al., 2021; Kantilal et al., 2022). During supportive care sessions, where fatigue management is being targeted, clinicians should focus discussion on fatigue self-management support early, by clearly introducing the agenda from the outset of the consultation and asking for client agreement. Periodically formulating or summarising patient's talk allows clinicians to maintain a focus on matters relevant for self-management fatigue planning; link divergent conversation back to support for CRF; and subsequently provide support within limited time frames.

CRediT authorship contribution statement

Oluwaseyifunmi Andi Agbejule: Writing – review & editing, Writing – original draft, Project administration, Investigation, Formal analysis, Data curation. **Stuart Ekberg:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Formal analysis, Conceptualization. **Nicolas H. Hart:** Writing – review & editing, Supervision, Resources, Investigation. **Raymond J. Chan:** Writing – review & editing, Supervision, Resources, Project administration, Funding acquisition, Conceptualization.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: the Princess Alexandra Research Foundation (Award Number: RSS_2020_095). RJC and NHH are supported by National Health and Medical Research Council (NHMRC) Fellowships (APP1194051 and APP2017080).

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Raymond Chan reports financial support was provided by Princess Alexandra Research Foundation. The other authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

We acknowledge cancer survivors who dedicated their time and insights to this study. Their participation was invaluable, and this research would not have been possible without them.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.ejon.2024.102726.

References

Aapro, M., Scotte, F., Bouillet, T., Currow, D., Vigano, A., 2017. A practical approach to fatigue management in colorectal cancer. Clin. Colorectal Cancer 16, 275–285.
Agbejule, O.A., Hart, N.H., Ekberg, S., Chan, R.J., 2023. Development of a self-management support practice framework for addressing cancer-related fatigue: a modified Delphi study. J. Cancer Surviv, 18, 972-982.
Agbejule, O.A., Hart, N.H., Ekberg, S., Crichton, M., Chan, R.J., 2022. Self-management support for cancer-related fatigue: a systematic review. Int. J. Nurs. Stud. 129, 104206.
Antaki, C., 2008. Formulations in Psychotherapy. Cambridge University Press.
Ardito, R., Rabellino, D., 2011. Therapeutic alliance and outcome of psychotherapy: historical excursus, measurements, and prospects for research. Front. Psychol. 2.
Berger, 2019. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Cancer-Related Fatigue.
Biering, K., Frydenberg, M., Pappot, H., Hjollund, N.H., 2020. The long-term course of fatigue following breast cancer diagnosis. J Patient Rep Outcomes 4, 37.
Bootsma, T.I., Schellekens, M.P.J., Van Woezik, R.a.M., Van Der Lee, M.L., Slatman, J., 2020. Experiencing and responding to chronic cancer-related fatigue: a meta-ethnography of qualitative research. Psycho Oncol. 29, 241–250.
Borneman, T., Koczywas, M., Sun, V., Piper, B.F., Smith-Idell, C., Laroya, B., Uman, G., Ferrell, B., 2011. Effectiveness of a clinical intervention to eliminate barriers to pain and fatigue management in oncology. J. Palliat. Med. 14, 197–205.
Chan, R., Yates, P., Mccarthy, A.L., 2016. Fatigue self-management behaviors in patients with advanced cancer: a prospective longitudinal survey. Oncol. Nurs. Forum 43, 762–771.
Dimatteo, M.R., 1998. The role of the physician in the emerging health care environment. West. J. Med. 168, 328–333.
Drew, P., Chatwin, .J, Collins, S., 2001. Conversation analysis: a method for research into interactions between patients and health-care professionals. Health Expect. 4 (1), 58–70.
Ekberg, S., Barnes, R.K., Kessler, D.S., Malpass, A., Shaw, A.R.G., 2016. Managing clients' expectations at the outset of online Cognitive Behavioural Therapy (CBT) for depression. Health Expect. 19, 557–569.
Fitch, M.I., Mings, D., Lee, A., 2008. Exploring patient experiences and self-initiated strategies for living with cancer-related fatigue. Can. Oncol. Nurs. J. 18, 124–140.
Fitzpatrick, M.R., Janzen, J., Chamodraka, M., Park, J., 2006. Client critical incidents in the process of early alliance development: a positive emotion–exploration spiral. Psychother. Res. 16, 486–498.
Gardner, R., 2001. When Listeners Talk: Response Tokens and Listener Stance.
Gernier, F., Joly, F., Klein, D., Mercier, M., Velten, M., Licaj, I., 2020. Cancer-related fatigue among long-term survivors of breast, cervical, and colorectal cancer: a French registry–based controlled study. Support. Care Cancer 28, 5839–5849.
Goedendorp, M.M., Gielissen, M.F., Verhagen, C.A., Bleijenberg, G., 2013. Development of fatigue in cancer survivors: a prospective follow-up study from diagnosis into the year after treatment. J. Pain Symptom Manag. 45, 213–222.
Ha, J.F., Longnecker, N., 2010. Doctor-patient communication: a review. Ochsner J. 10, 38–43.
Hepburn, A., Bolden, G.B., 2012. The Conversation Analytic Approach to Transcription. In: The Handbook of Conversation Analysis, 1. John Wiley and Sons, pp. 57–76.
Heritage, J., 1998. Oh-prefaced responses to inquiry. Lang. Soc. 27, 291–334.
Heritage, J., 2012. Epistemics in conversation. In: The Handbook of Conversation Analysis. John Wiley and Sons, pp. 370–394.
Heritage, J., Raymond, G., 2012. Navigating epistemic landscapes: acquiescence, agency and resistance in responses to polar questions. In: De Ruiter, J.P. (Ed.), Questions: Formal, Functional and Interactional Perspectives. Cambridge University Press, Cambridge.
Heritage, J., Watson, R., 1980. Formulations as conversational objects. Semiotica 3, 245–262.
Hilarius, D.L., Kloeg, P.H., Van Der Wall, E., Komen, M., Gundy, C.M., Aaronson, N.K., 2011. Cancer-related fatigue: clinical practice versus practice guidelines. Support. Care Cancer 19, 531–538.
Jefferson, G., 2004. Glossary of transcript symbols with an introduction. In: Lerner, G.H. (Ed.), Conversation Analysis: Studies from the First Generation. John Benjamins Publishing Company, Philadelphia.
Jefferson, G.D., 1981. The Abominable Ne? : an Exploration of Post-response Pursuit of Response.
Jones, G., Gollish, M., Trudel, G., Rutkowski, N., Brunet, J., Lebel, S., 2021. A perfect storm and patient-provider breakdown in communication: two mechanisms underlying practice gaps in cancer-related fatigue guidelines implementation. Support. Care Cancer 29, 1873–1881.
Jones, G., Rutkowski, N., Trudel, G., St-Gelais, C., Ladouceur, M., Brunet, J., Lebel, S., 2020. Translating guidelines to practice: a training session about cancer-related fatigue. Curr. Oncol. 27, e163-e170.
Kantilal, K., Hardeman, W., Whiteside, H., Karapanagiotou, E., Small, M., Bhattacharya, D., 2022. Facilitating healthcare practitioners to deliver self-management support in adult cancer survivors: a realist review. Res. Soc. Adm. Pharm. 18, 3870–3883.

Kidwell, M., 1997. Demonstrating Recipiency: Knowledge Displays as a Resource for the Unaddressed Participant. Issues in Applied Linguistics 8. https://doi.org/10.5070/L482005258.
Ladwa, R., Pinkham, E.P., Teleni, L., Hanley, B., Lock, G., Nixon, J., Agbejule, O.A., Crawford-Williams, F., Jones, L., Pinkham, M.B., Turner, J., Yates, P., Mcphail, S.M., Aitken, J.F., Escalante, C.P., Hart, N.H., Chan, R.J., 2022. Telehealth cancer-related fatigue clinic model for cancer survivors: a pilot randomised controlled trial protocol (the T-CRF trial). BMJ Open 12, e059952.
Lawn, S., Battersby, M., 2009. Capabilities for Supporting Prevention and Chronic Condition Self-Management: a Resource for Educators of Primary Health Care Professionals. Flinders University. Australian Government Department of Health and Ageing, Adelaide.
Mack, J.W., Block, S.D., Nilsson, M., Wright, A., Trice, E., Friedlander, R., Paulk, E., Prigerson, H.G., 2009. Measuring therapeutic alliance between oncologists and patients with advanced cancer. Cancer 115, 3302–3311.
Mendoza, T.R., Wang, X.S., Cleeland, C.S., Morrissey, M., Johnson, B.A., Wendt, J.K., Huber, S.L., 1999. The rapid assessment of fatigue severity in cancer patients: use of the Brief Fatigue Inventory. Cancer 85, 1186–1196.
Müller, F.E., 1996. Affiliating and disaffiliating with continuers: prosodic aspects of recipiency. In: COUPER-KUHLEN, E., SELTING, M. (Eds.), Prosody in Conversation: Interactional Studies. Cambridge University Press, Cambridge.
Patterson, C.H., 1985. The Therapeutic Relationship: Foundations for an Eclectic Psychotherapy. Brooks/Cole, Monterey, Calif.
Peckitt, K., Smart, C., 2018. Conversation analysis of psychological formulation discussions in adult learning disabilities teams. In: Smart, C., Auburn, T. (Eds.), Interprofessional Care and Mental Health: A Discursive Exploration of Team Meeting Practices. Springer International Publishing, Cham.
Pertl, M.M., Quigley, J., Hevey, D., 2014. 'I'm not complaining because I'm alive': barriers to the emergence of a discourse of cancer-related fatigue. Psychol. Health 29, 141–161.
Raymond, G., 2004. Prompting action: the stand-alone "so" in ordinary conversation. Res. Lang. Soc. Interact. 37, 185–218.
Robinson, J.D., 2003. An interactional structure of medical activities during acute visits and its implications for patients' participation. Health Commun. 15, 27–59.
Robinson, J.D., 2006. Soliciting patients' presenting concerns. In: Maynard, D.W., Heritage, J. (Eds.), Communication in Medical Care: Interaction between Primary Care Physicians and Patients. Cambridge University Press, Cambridge.
Robinson, J.D., Tate, A., Heritage, J., 2016. Agenda-setting revisited: when and how do primary-care physicians solicit patients' additional concerns? Patient Educ. Counsel. 99, 718–723.
Sacks, H., 1984. Notes on methodology. S. 21-27. In: Maxwell Atkinson/John, J. (Ed.), Heritage (Hrsg.), Structures of Social Action. Cambridge University Press, Cambridge.
Sacks, H., Schegloff, E.A., Jefferson, G., 1974. A simplest systematics for the organization of turn-taking for conversation. Language 50, 696–735.
Sterponi, L., Zucchermaglio, C., Fatigante, M., Alby, F., 2019. Structuring times and activities in the oncology visit. Soc. Sci. Med. 228, 211–222.
Tao, L., Lv, J., Zhong, T., Zeng, X., Han, M., Fu, L., Chen, H., 2024. Effects of sleep disturbance, cancer-related fatigue, and psychological distress on breast cancer patients' quality of life: a prospective longitudinal observational study. Sci. Rep. 14, 8632.
Thong, M.S.Y., Van Noorden, C.J.F., Steindorf, K., Arndt, V., 2020. Cancer-related fatigue: causes and current treatment options. Curr. Treat. Options Oncol. 21, 17.
Velasco-Durántez, V., Mihic-Góngora, L., Coca-Membribes, S., Galán-Moral, R., Fernández-Montes, A., Castillo-Trujillo, O.A., Sorribes, E., Quilez, A., Puntí-Brun, L., Jiménez-Fonseca, P., Calderon, C., 2023. The relationship between therapeutic alliance and quality of care in patients with advanced cancer in Spain. Curr. Oncol. 30, 3580–3589.
Weis, J., Horneber, M., 2014. *Cancer-Related Fatigue,* Tarporley. Springer Healthcare Iberica, United Kingdom.
White, SJ, 2019. Conversation analysis: an introduction to methodology, data collection, and analysis. In: Liamputtong, P (Ed.), Handbook of research methods in health social sciences. Springer, Springer Nature, Singapore, pp. 471–490.