Advances in therapies have increased survival rates for patients with breast cancer; however, therapies are often associated with physical and psychological distress that have profound effects on quality of life (QOL) (Segrin & Badger, 2014). This distress is often presented as a cluster of symptoms that includes depression, pain, and sleep disturbances (Lengacher et al., 2012). Sleep disturbances are an increasingly recognized side effect of cancer treatment among breast cancer survivors (BCSs). The prevalence of sleep disturbances ranges from 20%–70% of BCSs, which is twice that found in the general population (Fiorentino, Rissling, Liu, & Ancoli-Israel, 2011). Contributing factors of sleep disturbances include vasomotor symptoms and comorbid-related conditions, such as fatigue, depression, and anxiety (Pinto & de Azambuja, 2011). Sardar, Simard, Blanchet, Ivers, and Morin (2009) reported that 58% of BCSs who were about four years postdiagnosis reported sleep disturbances. In addition, BCSs who completed radiation therapy experienced sleep disturbances persisting for six months (Dhruva et al., 2012). Sleep disturbances persist through survivorship and are associated with increased comorbidities and early mortality among BCSs (Palesh et al., 2014).

Sleep disturbances can be measured subjectively and objectively. Subjective measures include the Pittsburgh Sleep Quality Index (PSQI) (Buysse, Reynolds, Monk, Berman, & Kupfer, 1989) and the General Sleep Disturbance Scale (GSDS) (Lee, 1992). Objective measures include polysomnography and...