With advances in early detection and treatment, the five-year relative survival rate for women with breast cancer has improved from 63% in the early 1960s to 90% in 2010 (American Cancer Society, 2010). However, side effects of cancer treatments, such as chemotherapy, radiation therapy, surgery, and hormone therapy, may contribute to symptoms that affect quality of life (QOL) for these patients (Mustian et al., 2007; Stone, Richards, A'Hern, & Hardy, 2001). Among potential side effects, cancer-related fatigue (CRF) was considered to be the most distressing cancer symptom and side effect of treatment, and it may persist for months or years after completion of breast cancer treatment (Bower et al., 2000; Patrick et al., 2004). Byar, Berger, Bakken, and Cetak (2006) asserted that CRF experience is a subjective and multidimensional concept that cannot be explained by only the physiologic aspect: physical, psychological, social, and spiritual aspects all are associated with CRF. From patients’ perspectives, fatigue is more than just being tired in a way that they had not expected (Wu & McSweeney, 2007). Compared with typical fatigue, CRF is more rapid in onset, more...