Cancer is a significant problem that influences all aspects of a patient’s life (de Moor et al., 2013; Siegel, Miller, & Jemal, 2017). Most patients with a new diagnosis of cancer will partake in aggressive treatment (chemotherapy, hospitalization), regardless of their prognosis (Setoguchi et al., 2008). Cancer treatment is often lengthy and requires numerous visits to healthcare facilities. In addition, a majority of patients with cancer are hospitalized during the last month of life (Dartmouth Atlas of Health Care, 2012; Earle et al., 2003, 2004). Patients with cancer experience significant stress related to cancer treatment and hospitalization (Effendy, Vissers, Tejawinata, Vernooij-Dassen, & Engels, 2015).

Health-related quality of life (HRQOL) is one of the most critical factors in determining cancer prognosis and the survival of a patient with cancer (Dharma-Wardene et al., 2004; Li et al., 2012). For this study, HRQOL is defined as the “subjective perception of the impact of health status, including disease and treatment, on physical, psychological, and social functioning, and well-being” (Leidy, Revicki, & Geneste, 1999, p. 114). HRQOL is a multidimensional construct that addresses the physical, psychological, social, and spiritual aspects of life perceived by individuals (Bush et al., 2010; Ferrell, Dow, & Grant, 1995; Hermann & Looney, 2011). All four of these aspects can be affected in some way by the diagnosis of cancer and its treatment (McNulty & Nail, 2015; Yabroff, Lawrence, Clauser, Davis, & Brown, 2004). Many patients with cancer never return to their pre-illness functional status (Effendy et al., 2015). For example, frequent physical hindrances related to cancer include alterations to mobility, self-care and routine tasks, and fatigue-related limitations. In terms of psychological functioning, patients with cancer may exhibit anxiety, depression, fear of recurrence, and guilt related to their experiences (Hamdan-Mansour,