Hope is a pivotal factor in personal adjustments for patients struggling with their cancer diagnoses, particularly those newly diagnosed and receiving active treatment (Chi, 2007; Hammer, Mogensen, & Hall, 2009; Whitney, McCullough, Frugé, McGuire, & Volk, 2008). Previous investigation has revealed hope to be a significant factor for survival and a vital factor for reducing psychological distress, increasing self-esteem, and enhancing psychosocial well-being and quality of life (Felder, 2004; Herth, 2000, 2001; Lai et al., 2003; Mattioli, Repinski, & Chappy, 2008). Hope is described as having multidimensional factors (Herth, 1992; McClement & Chochinov, 2008) and generally is defined as the desire that an individual anticipates for the future (Chi, 2007). A sense of hopelessness has been proposed as a risk factor for suicide in patients with cancer (Lin, Wu, & Lee, 2009). Therefore, identifying factors influential to patients’ feelings of hope is important to better support patients by providing and maintaining their hope during the cancer treatment process.

Previous studies have examined many influential factors for hope, including demographic factors (e.g., age, gender, education level, religion, marital status) and disease-related factors (e.g., diagnosis of cancer, disease stage, time since diagnosis) (Chen, 2003; Chi, 2007; Rustøen & Wiklund, 2000; Vellone, Rega, Galletti, & Cohen, 2006). Declining functional status (Lai et al., 2003; McGill & Paul, 1993) and increasing symptom distress (Chen, 2003; Lai et al., 2003; Vellone et al., 2006) have been commonly identified as significant factors affecting the level of hope in patients with cancer. Cancer-related fatigue may play a key role in influencing a patient’s sense of hope because it profoundly affects the physical, psychosocial, and cognitive performance of patients (Dy et al., 2008; Lai et al., 2007; Miller, Maguire, & Kearney, 2007; Morrow, 2007). In addition, energy has emerged as an attribute of hope, whereas lack of energy is one of the manifestations of fatigue (Lee, 2001), indicating an important relationship between fatigue and hope. However, little attention has been given to exploring the connection between hope and cancer-related fatigue.

To the authors’ knowledge, only one study has focused simultaneously on hope and fatigue: Lee (2001) reported a

**Purpose/Objectives:** To examine the relationship between hope and fatigue (intensity, duration, and interference) in newly diagnosed patients with cancer receiving chemotherapy.

**Design:** Cross-sectional and correlational.

**Setting:** Oncology outpatient clinics of two medical centers in northern Taiwan.

**Sample:** 182 patients diagnosed with various types of solid tumors in the previous six months and receiving chemotherapy treatment.

**Methods:** Questionnaires were used to assess patients’ fatigue intensity, duration, and interference, as well as level of hope and related background information before drug administration at a chemotherapy visit. The relationship between fatigue characteristics and level of hope was verified using Pearson’s correlation analysis.

**Main Research Variables:** Hope, fatigue intensity, duration, and interference.

**Findings:** Compared to fatigue intensity, interference and its duration have a stronger association with level of hope. Further analysis of the seven individual items of fatigue interference found that interference with mood status and relations with others is significantly associated with level of hope in newly diagnosed patients.

**Conclusions:** Fatigue duration and interference caused by fatigue, particularly in mood status and relations with others, are associated with the perception of hope in newly diagnosed patients.

**Implications for Nursing:** Clinical nurses should assess intensity of fatigue as well as its interference and duration to better support patients’ perception of hope by reducing interference caused by fatigue.