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Social Support and Its Relationship to Self-hardiness for Breast Cancer Patients

A Thesis Submitted

By

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To

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Supervised by

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بسم الله الرحمن الرحيم

﴿ مَثَلُ الَّذِينَ يُنْفِقُونَ أَمْوَالَهُمْ فِي سَبِيلِ اللَّهِ كَمَثَلِ حَبَّةٍ أَنْبَتَتْ سَبْعَ سَنَابِلَ فِي كُلِّ سُنْبُلَةٍ مِائَةُ حَبَّةٍ وَاللَّهُ يُضَاعِفُ لِمَنْ يَشَاءُ وَاللَّهُ وَاسِعٌ عَلِيمٌ ﴾

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Supervisor Certification

*I certify that this thesis, entitled (**Social Support and its Relationship to Self-hardiness for Breast Cancer Patients**), submitted by **Mohammed Mahdi Mayouf** was prepared under my supervision and guidance at the Department of Community Health Nursing, College of Nursing, University of Babylon as a partial fulfillment of the requirement for the Degree of Master in Nursing Sciences.*

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The examining committee, certify that we have read this dissertation (**Social Support and its Relationship to Self-hardiness for Breast Cancer Patients**), which is submitted by (**Mohammed Mahdi Mayouf**) from the department Community Health Nursing, and we have examined the student in its contents, and what is related to it and we decide that it is adequate for awarding the degree of (Master) in nursing Sciences and estimate of (   )

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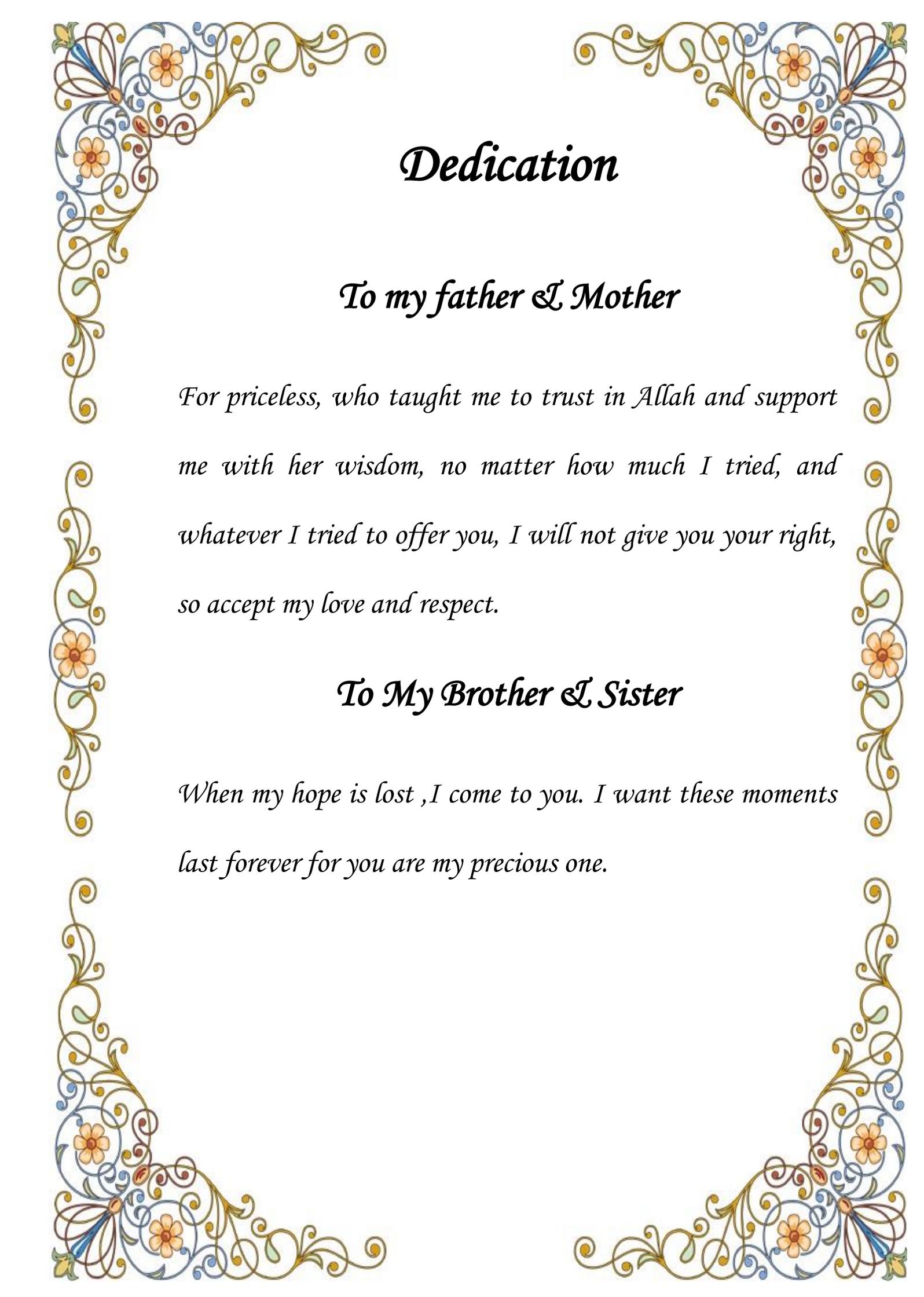
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Dedication

To my father & Mother

For priceless, who taught me to trust in Allah and support me with her wisdom, no matter how much I tried, and whatever I tried to offer you, I will not give you your right, so accept my love and respect.

To My Brother & Sister

When my hope is lost ,I come to you. I want these moments last forever for you are my precious one.

Acknowledgements

Abstract

Social support for cancer patients can get here out of the atmosphere of the disease and inspire here with a great deal of optimism and hope and make her forget her illness even temporarily, and this contributes to strengthening the patient's ability to confront his illness from a physical, psychological and social aspect. The study aims to assess social support and its relationship to self-hardiness in women diagnosed with breast cancer, as well as to identify the associated sociodemographic variables.

A descriptive correlative study was conducted for the period from October 1st, 2021 to May 1st, 2022. An purposive sample of (200) women was conducted using the non-probability sampling approach. The validity of the questionnaire was investigated by presenting it to experts and then through a pilot study to prove its reliability. The total number of items included in the questionnaire was 16 items for social support and 21 items for self hardiness. The data was collected using the personal interview method and analyzed by applying the descriptive and inferential approach to statistical data analysis.

The results of the study indicated that (61.5%) of the women gained moderate social support and (53.5%) showed an lack of self-hardiness. There are differences in social support by women's age ($p = 0.001$), economic status ($p = 0.006$), and marital status ($p = 0.000$). There was a significant positive relationship between social support and self-hardiness in women diagnosed with breast cancer ($r = 0.386; p = 0.000$).

The study concluded that the social support of the respondents was within the average, and the self- hardness was within the poor level. The social support significantly affects self-hardness, and thus working on social support can improve self-hardiness and strengthen the patient psychologically and socially.

The study recommended the necessity of developing educational guidance programs targeting women with breast cancer, and providing them with care and social support. Also, more studies are needed to explore the needs of breast cancer patients.

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List of Abbreviations

Abbreviation	Full Term
BRCA	BReast CAncer gene
D.f	Degree of freedom
DNA	Deoxyribonucleic Acid
F	Frequency
HS	Highly significant
K	Number of items
M.S	Mean of score
No.	Number
NS	Non significant
P.	Page
p.p.	Pages
PSS	Post Psychosocial Support
P-value	Probability value
S	Significant
S.D	Standard Deviation
SPSS-XX	Statistical Package of Social Sciences 20
SSQ	Social Support Questionnaire
WHO	World Health Organization

Symbol table

%	Percentage
E_i	Expected frequency
O_i	Observed frequency
σ_{ii}	Variance (not standard deviation) of item i
σ_{ij}	Estimated covariance between items i and j
$\sum$	Sum
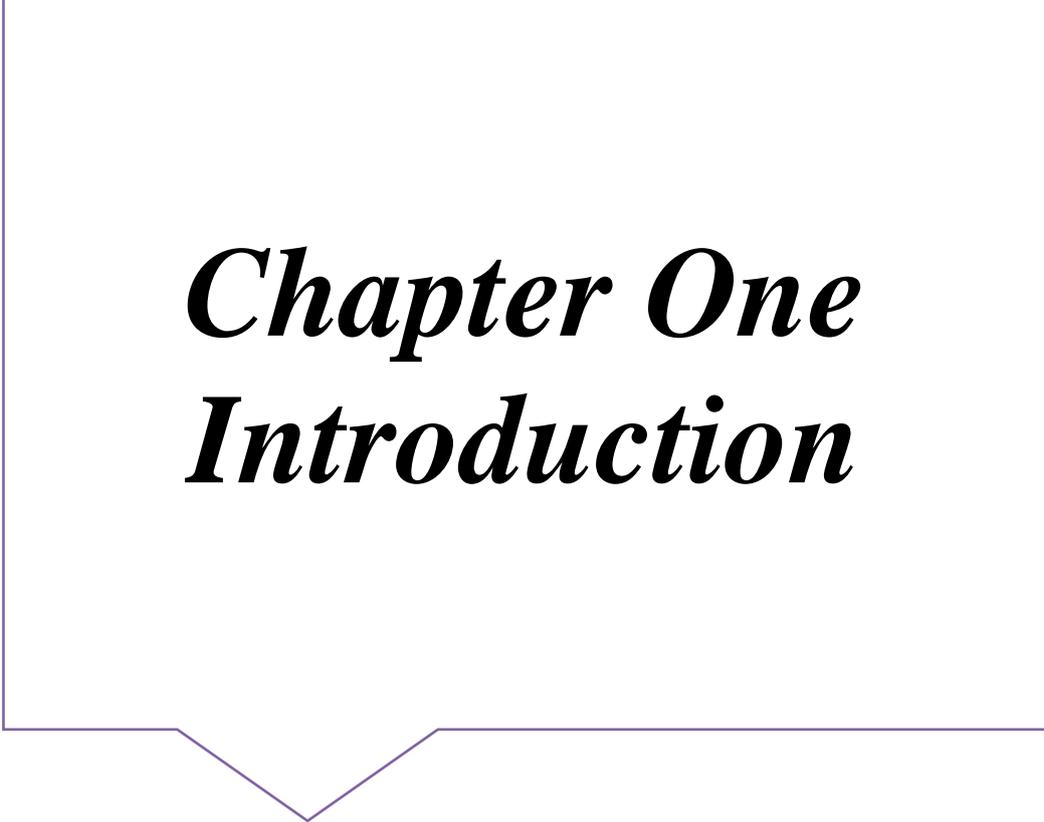
Chapter One
Introduction

Chapter One

Introduction

1.1.Background

Globally, breast cancer is the most common cancer among women, comprising 23% of the 1.1 million female cancers that are newly diagnosed each year (Nafissi et al., 2018). It is also the leading cause of cancer-related deaths worldwide, case fatality rates being highest in low resource countries (Torre et al., 2016). Approximately 4.4 million women diagnosed with breast cancer in the last 5 years are still alive, making breast cancer the most prevalent cancer worldwide (Arbyn et al., 2020).

In Iraq, breast cancer is the commonest type of female malignancy, accounting for approximately one-third of the registered female cancers according to the latest Iraqi Cancer Registry. There shows that the breast is the leading cancer location among the Iraqi population in general, surpassing even bronchogenic cancer (Azar, 2018).

In view of the developments that have occurred in human life in recent decades, those that have been dominated by the nature of civil life, and the symptoms that resulted from it and that led to exposure to modern diseases and pressures, and women are considered among the most affected by them; She is exposed to various forms of life stresses that disturb her comfort, psychological and physical health (Hanson & Gluckman, 2014).

The human body is exposed to many influences and factors that may lead to its exposure to diseases, and it is known that one of the most prevalent diseases in recent years is cancer, which has distributed in all countries of the world, but breast cancer is one of the most prevalent cancerous diseases. It affects women at a much higher rate than men (Akram et al., 2017).

The World Health Organization (WHO) has classified cancer as one of the most common diseases affecting women worldwide, without

exception. Although many prevention methods have been taken to reduce there disease, most cases are missed. It is too late for her, so do not diagnose except in the late stages of the metastasis, those stages in which the treatment does not limit much (Antoni et al., 2017).

Breast cancer lead a state of psychological instability in the affected woman, and makes her life full of fear and constant anxiety about the unknown and suffering. It is common for physical diseases to produce psychological and social responses that vary from one person to another. An indication of the strong connection between the body and the soul and an indication that each of them influences and is affected by the other (Facco et al., 2018; Villar et al., 2017).

The affected woman needs support and assistance from the family and friends around her, in addition to the importance of the role of institutions concerned with there disease, and institutions of psychological and social support. Perhaps the most important thing that the woman in there case needs is social support (Heresa et al., 2020).

Therefore, there relationship and the mutual influence between the body and the soul may lead to disturbances and difficulties, such as psychological adjustment and adaptation to the disease, but there relationship is not inevitable, as it is determined by many variables, including: the type of disease, its duration, the size of social support that the patient receives, the strength of personality, degree of self hardness. The word "cancer" itself has become a source of anxiety and fear for many, given the expected end of the patient with there disease, and the state of extreme frustration that the patient's psyche is exposed to (Vehling et al., 2011).

Social support is one of the important topics that have received the attention of researchers and psychologists, due to its role and impact on social life, workplaces and educational environments, which researchers

call social resources and capabilities, while others define it as social supplies (Lent & Brown, 2013).

Self-hardness is one of the most important personality traits that helps the individual to deal well with stress and maintain mental and physical health, and not be exposed to psychological disorders resulting from stress (Salim et al., 2015).

The self hardiness of a cancer patient is one of the most important elements of here recovery and the success of here treatment, and that the will to heal within here is the main factor that digs the immune system inside here in order to confront and eliminate there disease. The cancer patient's feeling of defeat and despair from here lips negatively affects the central nervous system, especially the hypothalamus, which sends and receives permanent signals to the immune system that in turn negatively affect the main immune weapons that fight cancer (Salah, 2019).

1.2.Important of Study

As social support is an important source of security that a person needs from the world in which her lives, when her feels that there is something threatening her life and health, from here energy has been exhausted and stressed, so her needs aid and assistance from outside, represented in the various directions around here, with the aim of strengthening Intrinsic toughness, which attracted the attention of many researchers when they found the important positive effects in the patient's overcoming of many stressful situations and psychological stress, and what it does in relieving the results of stress and difficult situations (Tuzovic & Kabadayi, 2018).

The interest in the issue of social support is also due to its being an important factor in determining the nature of the daily relationships and interactions of the individual with those around here in the various areas of life, which are considered among the factors of psychological and social

compatibility at the personal and societal levels through its social support, when the individual obtains information or assistance There makes her feel the social support and care of those around here, which enhances the feeling of the individual, who is one of the components of the social network, of belonging to the group, and all of there plays an important role in maintaining the unity of the body and the psychological health of the individual (Collado et al., 2017).

Several previous studies have indicated the importance of the role of social support in. Overcoming the crisis and alleviating the negative psychological state experienced by cancer patients in general, and breast cancer in women in particular, and it is one of the strong props that increase the ability of women to resist the disease (Al Rujaibi & Hammoud, 2018; Almutairi, 2017; Yusoff, 2012)

That is, the social support provided to the individual by others, gives here the ability to resist psychological disorders and solve here problems; As social support has a great role in relieving those who are under psychological pressure, and the help may be with kind words, advice, advice, providing useful information, meeting needs, or providing money, while we find that the absence or low level of social support especially from the family and the group of friends, it can lead to many problems that appear in the form of negative responses in the face of psychological pressures and bad attitudes to which the individual is exposed, which may lead to a decrease in the degree of resistance to disease and the level of self-hardness of the patient.

The importance of the current study lies in the importance of the aspect it addresses; It seeks to study the degree of social support and self-hardness and the relationship between them among breast cancer patients in the province of Babylon. In theoretical, there study is a response to the need of the Iraqi society, which suffers from a steady increase in cases of

breast cancer among women in particular, who are in dire need to receive permanent and organized services in the areas of social support and social assistance.

There study is a serious attempt to examine some of the social aspects related to breast cancer patients in Babylon Governorate, through which some recommendations and suggestions can be made for the development of psychological and social counselling services for there category in light of the extracted results.

Practically, it can be useful in providing some data and information about the nature of the relationship between the variables of self-hardness and social support with its different dimensions and various sources among breast cancer patients, and it can also be useful in achieving the following:

To draw the attention of institutions and concerned authorities to the importance of providing social assistance and counselling to cancer patients in order to raise the level of their psychological hardiness in resisting disease, and to improve and strengthen relationships. The social conditions that motivate them to advance themselves, adapt them to illness, and achieve their existence on their own. psychological and social levels.

Planning counselling or treatment programs with the aim of providing social assistance and support to individuals suffering from breast cancer.

1.3.Statement of the Problem

Social Support and its Relationship to Self-hardiness for Breast Cancer Patients.

As social support is necessary to face stressful life events, so how if the person suffers from a serious disease such as cancer, then he needs support that relieves here psychological and social stress, and that works to improve here level of self-hardiness in the face of those stress. Social

support is what her needs most. Cancer patient in light of the stress emanating from that condition that the patient is going through.

The researcher believes that the individual who enjoys social support from others and enjoys a high degree of self-hardiness, becomes a self-confident person, able to provide social comfort to others, becomes less vulnerable to psychological disorders, more able to resist and overcome frustrations, and is able to solve here problems in a way healthy positive. Therefore, we find that social support increases the individual's ability to resist frustration, reduces a lot of here psychological suffering, and then raises here level of self-hardiness.

1.4.Objectives of Study

1. To assess the social support and self-hardiness for breast cancer patients.

2. To investigate the relationship between social support and socio-demographic information.

3. To investigate the relationship between self-hardiness and socio-demographic information.

4. To find out the association between social support and self-hardiness among breast cancer patients.

1.5.Definition of terms

1.5.1.Social Support

Theoretical Definitions

The emotional, material, and performance support that the individual receives from others around here, and the extent to which the individual accepts and perceives there support (Lin et al., 2013).

Operation Definitions

The degree to which patients receive social support from family, friends, nurses and physician.

1.5.2.Self-hardiness

Theoretical Definitions

A pattern of psychological contract that an individual commits to hereself, here goals, here values, and others around here (Lee et al., 2008).

Operation Definitions

It is the degree obtained by the respondent on the self-hardness scale used in the study.

1.5.3.Breast Cancer

Theoretical Definitions

A malignant tumour that results from the random and abnormal proliferation of a group of cells in the breast, which leads to other places in the body destroying the original tissue and then invading the surrounding tissue (de Koning et al., 2018).

Operation Definitions

Is a diagnosed by oncology specialists through laboratory tests and analyzes.

Chapter Two
Review of Literature

Chapter Two

Review of Literature

2.1. Overview

Cancer is one of the biggest medical dilemmas in the world, and represents a source of constant fear and concern for human health in the modern era, as it provoked scientists, doctors, and even the average individual scientifically and healthily, and attracted the attention of all scientific and international institutions, where the word cancer became a source of terror in the heart of everyone Say it or hear it, and the tragic suffering of the patient and his family members, the patient expects death at any moment of his life (Buckman, 2017).

Cancer is a group of diseases with more than a hundred diseases combined by a set of common factors, all types of cancers result from a disturbance in the programming of cells and the DNA in its function controls their growth and reproduction. This disease has also become a source of fear and panic, due to the Due to the increasing numbers in infection rates, it is considered the second largest killer disease in the world after cardiovascular disease, as approximately 14 million individuals are affected annually by it, and it may exceed heart disease as a cause of death in the coming years (WHO, 2016).

The terms cancer was initially used to describe different types of tumors, and although it is often believed that cancer is a single disease, in fact it is an expression used to describe more than 200 different diseases (Bae & Park, 2011).

For many people, the word "cancer" corresponds to the word "death sentence," based on the principle that a person with this disease cannot be cured, this wrong opinion that settled in people's minds in the past due to the lack of treatment possibilities, and the neglect of the initial symptoms of the disease, except that the progress of medicine Public awareness has

led to the discovery of the disease in its initial stages, and the provision of good possibilities for recovery from it (Moser et al., 2021).

One out of four patients with this disease could be cured, and today it is possible to cure it. (41%) of patients, and it is also possible for half of patients in all stages of the disease to be completely and completely cured by means of early detection and annual periodic examination. Waiting for the appearance of pain or disturbing symptoms may mean wasting the chance of recovery, and it is known that (61%) of cancer injuries in women and (40%) of them in travellers arise in places of envy that are very easy to detect, and cases diagnosed in the initial stage have the possibility of The cure rate is between (85%-90%) as is the case with breast and uterine cancer in women, and they are the most common types of cancer they have (Hammoudeh et al., 2017).

Cancer cells arise when there is an imbalance or damage to the normal cells' ribonucleic acid, known in short (DNA). Metabolism, reproduction and growth processes, so when a defect occurs in the DNA, it results in a reversal in the cells of a tissue in the body to become uncontrollable, grow and multiply without control, and thus become out of control and depart from the line of growth and natural change, and instead of dying in its final phase, it continues to growth and multiplication is formed and produced by new strong cells, and cancer cells multiply, forming enlarged masses called tumor (Fu et al., 2012).

When its growth progresses, it compresses and displaces neighboring tissues, and it can invade and destroy normal cells, with the exception of some types, such as: leukemia cells, which are not tumor masses, but arise in blood-producing organs such as the bone marrow and the lymphatic system and move through it to some tissues and other vital organs Some tumor cells can emerge from their surroundings and move to other parts of the body, to continue their abnormal, abnormal and out of

control growth, where they settle and reproduce themselves to form similar cancerous tumors in the new location and this transition is called spreading. these tumors are called metastatic or secondary tumors to distinguish them from tumors original (Freitas & De Magalhães, 2011).

2.1.1.Classification of Cancer

Tumor: It is an abnormal growth or enlargement or the appearance of a strange mass in the body, and the word tumor is synonymous with the word neoplasm, but the tumor means solid growth and there are non-solid growths such as leukemia that do not produce tumors (Galon et al., 2012).

Neoblasm: which is a more accurate English word than tumor and means the proliferation of cells with genetic mutations. The established cells are divided into two types:

Benign tumor: This tumor is characterized by its limited proliferation, and it is non-invasive and does not spread, and it can be eradicated without returning again in most cases, and most importantly, it is not considered a threat to the patient's life.

Malignant tumor: This type is the most dangerous, as it is characterized by the ability to invade vital tissues and organs, whether adjacent to the place of its emergence or far from it, and to influence and destroy them, due to the ability of its cells to penetrate tissues, spread and move from the affected part to other parts of the body and thus is transmitted to distant sites through the circulatory system and lymphatic system, and the following table shows the difference between the emergence of a benign tumor and a malignant tumor (CGO, 2014).

2.1.2.Risk Factors of Cancer

Medical research is still ongoing in order to discover the reasons for the transformation of a normal cell into a malignant cancerous cell, and most studies have found some factors that helped the emergence and proliferation of pathological cells irregularly due to a cancerous tumor. According to Blackadar (2016), the causes include the following:

A. Reasons due to the biological composition of the human being

Congenital and hereditary diseases

Where it was found that there is a close relationship between the incidence of many cancers and different forms of change in the characteristics of chromosomes, these changes appear in the form of pathological or genetic symptoms that lead to cancer (Saletta et al., 2015).

Family member

The studies of the World Health Organization for the Middle East, which were conducted on families whose members had a certain type of cancer, showed that the chance of them getting infected doubles compared to people who do not have a family history of this type of cancer, and from some types of cancer, the recurrence of members of the family has been observed. One family has cancer (stomach, breast, colon, lung, brain cancer for children) (Oliveira et al., 2015).

Decreased efficiency of the immune system

There is a close relationship between cancer and the lack of efficiency of the immune system (inherited and acquired) because autoimmune system diseases in some organs of the body result in an imbalance in the balance of male and female hormones, which results in the infection of some cancers such as prostate cancer in men. Breast and ovarian cancer in women (Santoro et al., 2021).

Diseases that can lead to cancer if neglected to treat

Many studies have proven a relationship between some diseases that if neglected to treat and the occurrence of some types of cancer, including chronic infections in the stomach, chronic infections with stones in the bladder, chronic infections with gallstones, chronic inflamed ulcers of the colon and chronic infections in the oral cavity, especially in smokers (kareva, 2019).

B. External and Environmental Factors

Smoking: Smoking is the biggest cause of cancer and early death, and the average age of smokers is less than the average age of non-smokers (Shah et al., 2012).

Alcoholic beverages

Several studies have proven that there is a close relationship between drinking alcoholic beverages and the incidence of some cancers, and they have shown that alcoholic beverages prepared by fermentation method contain many undesirable substances, some of which have been found to cause infections of the tissues lining the mouth, pharynx, stomach, liver and throat, These infections lead to cell damage and inactivity, which helps activate precancerous cells and their spread in the body (Mart & Giesbrecht, 2015).

Contamination of food and water

Studies conducted by the American Cancer Society for the year 2006 have proven that there are many foods that contain substances that have the ability to cause many cancers, and these substances contaminate lunch with aflatoxin and tainted water with arsenic, as well as the use of many dyes that are added to Food, as well as materials added to agricultural crops such as fertilizers, pesticides, weed killers, and water pollution with some metallic elements such as lead, arsenic, etc., all of this would increase the chance of contracting the disease (Kumar et al., 2014).

C. External Biological Factors

Viral infections, bacteria and parasites cause some types of cancer and constitute 18% of the causes of cancer worldwide and 27% in developing countries. They are also the cause of 1.9 million cancer cases annually worldwide (Torre et al., 2015).

Age

The spread of cancer increases with age, so a person is more susceptible to infection, especially after the age of fifty, as studies have not proven if this was due to the process of advancing age, the length of the incubation period of the disease, or the long exposure to carcinogenic substances (caused by cancer) (Schiffman et al., 2016).

Skin color

People with white skin are more likely to get skin cancer than people with dark skin because dark skin limits the entry of rays into the pores of the skin (Laikova et al., 2019).

Genetics

For a long time, it was suspected that genetics influences cancer, but medical studies and research have proven that there is a close relationship between cancer and the genetic makeup of the relationship or group of inherited syndromes associated with the incidence of cancerous tumors. There are strong indications that chromosomal distortion and damage are characteristics of Some types of cancer (S Santos et al., 2020).

Anxiety and psychological stress

Anxiety and psychological and social pressures lead to infection with many diseases, and since the psychological state is linked to the immune system, and when the psychological state of the individual deteriorates, his immune system is negatively affected and leads to damage to the thymus gland (located in the upper part of the thoracic cavity and

represents an important part From the immune system, which makes it vulnerable to some diseases (Oliveira et al., 2021).

Breast cancer causing factors:

Genetic factors: The incidence of breast cancer increases among first-degree relatives, as the percentage reaches (18%), and researchers discovered that there is a genetic gene that must be present and active, to prevent breast cancer, and they called this gene the code (BRCA) (Thomson et al., 2014)..

Hormonal factors: The increase in the proportion of the female hormone (estrogen) in the blood may lead to breast cancer, and this hormone has a great effect in maintaining tumors and working to increase and multiply them (Riihimäki et al., 2012).

Glandular factors: There are multiple factors related to the activity of the glands, such as: the early emergence of menstruation, early interruption, or defects in the glands, their work and secretion, or the delay in having the first child, as some studies have proven that having the first child after the age of 35 years, increases the likelihood of developing breast cancer, as well as excessive use of birth control pills for a period of time of more than 10 years, as well as the prevalence among women who have low sexual activity (Smith-Bindman, 2012).

2.1.3. Methods Used to Treat Cancer

There are several possible ways to treat cancer, which depend on the type of cancer and the stage it has reached in terms of spread, progress and development of the disease stage, and that recovery depends primarily on diagnosing the disease at an early stage, and before spreading from its original place to the rest of the body, and treatment of cancer includes medical procedures To destroy, modify and control the removal of cancer from the first affected area in addition to completely erasing the tumor and

preventing its return to infecting the organ again in addition to alleviating the symptoms of the affected tumor (Samouh et al., 2019).

2.1.3.1.Surgery

Surgery is one of the first steps in treating most cancers, as removing the tumor leads to a complete recovery and tumors, whether malignant or benign, pose a threat to the patient's life because they are in sensitive places that are difficult to deal with, such as brain tumors or tumors whose growth causes pressure on some organs vital, and the success of surgery in malignant tumors depends on the process of removing the entire tumor because the survival of any cancer cells will grow again, and this is why doctors advise early detection, as early detection leads to an increase in recovery rates, which leads to the speedy treatment, eradication and control of the tumor (Hoy et al., 2019).

2.1.3.2.Radiotherapy

Radiation therapy is used as a local treatment for the tumor, and it can also fight cancer cells that have spread to healthy tissues, which cannot be treated through surgery, as surgery is often used to complete the treatment of a cancerous tumor, and then treat the surrounding tissues with radiation. Accurate and complex that produces a high beam of energy by having the patient lie on the bed, and the radiation is directed by the treating physician to the affected part with a focus on protecting the healthy parts from the danger of these rays as well as the vital organs of the body. The goal of radiotherapy is to relieve pain. It is also used as an additive treatment to other treatments, especially surgery and chemotherapy (Jaffray & Gospodarowicz, 2015).

2.1.3.3.Chemotherapy

Doctors resort to this type of treatment in the advanced stages of the tumor's spread, as the treatment through surgical or radiological intervention at this stage does not lead to good results, and for that, it must

be supported by chemotherapy using drugs that eliminate the cancerous cells spread in the body These drugs interfere with the construction of the process of indirect division of DNA, and therefore the entry of these drugs with existing cells works to destroy cancer cells (Zhang et al., 2018).

2.1.3.4.Immunotherapy

This type of treatment is called the treatment of revitalizing the immune system, and it is carried out by using the natural means of defense in the human body, specifically the immune system because the idea of using this type of treatment stemmed from the observation that some immune diseases resulting from a deficiency or immune defect, such as: patients with highly acquired immunodeficiency They suffer from various cancerous diseases, as this type of treatment activates the immune system, strengthening its effectiveness and increasing it until the cancerous cells in the body are eliminated (van den Bulk et al., 2018).

2.1.3.5.Gene therapy

This type is known as gene therapy or gene therapy, and this type of treatment is one of the most important modern methods in the fight against cancer, and its importance emerged when cancer was classified as a genetic disease by many scientists and researchers, who focused on repairing defective genes in many ways, Including placing the healthy gene in a viral cover or in positively charged liposomes, or by electrifying cancer cells and forcing them to open their pores to help absorb the healthy gene into the cancer cell (Wirth & Ylä-Herttuala, 2014).

2.1.3.6.Hormonal therapy

Some tissues in the body secrete hormones that help them and encourage them to divide, such as breast and uterine tissues that secrete estrogen or testosterone in relation to the prostate, and accordingly, the formation of cancer in any of the previous tissues is caused by the increase in the level of the above-mentioned hormones, and on the contrary

Therefore, curbing the process of division and growth requires impeding the production of these hormones, increasing them from their normal levels in the blood, or preventing these hormones from interacting with their receptors on the surfaces of cells, and this is the basis on which hormone therapy for cancer is based (Puhalla et al., 2012).

2.1.3.7.Psychotherapy

The psychological state of cancer patients has a fundamental and important role in accepting treatment and increasing the chances of recovery and thus overcoming the disease. Specialized cancer treatment centers, family and friends participate in this treatment, so that these centers work to provide psychological and social services to patients, and improve their psychological condition through disease awareness. Supporting patients and helping them to adhere to treatment plans, and providing psychological and social support to families of cancer patients, as well as family and friends have a role in psychological treatment. By himself, his ability to pass through the various stages of treatment in peace increases, and for spouses and children to know that cancer is not a contagious disease (Breitbart et al., 2015).

2.2.Social Support

Social support is one of the important topics in sociology and mental health, as support carries with it the meaning of support, support and assistance in facing situations (Social network), which is the real beginning of the emergence of social support, and others define it as social supplies, and support depends in its estimation on individuals' awareness of their social networks as frameworks that include individuals who trust them and rely on their relationships with them (Leach, 2014).

Social support is what a person receives through his formation of positive relationships with members of the group, and the positive and

cooperative attitude that connects him with the members of his group or those around him (Luszczynska et al., 2013).

Social support also aims at maximizing the physiological capabilities and energies of the human being in a way that enables him to meet the demands of work on the family group, which takes the form of relationships of love, intimacy, sleep, proximity to a life partner, and the formation of a family life filled with peace, tranquility and psychological comfort. Which has the greatest impact on a person's ability to resist stress (Kahriman & Zaybak, 2015).

The individual's sense that his family loves him, thinks about him, needs and appreciates him, helps him to resist whatever life pressures he may encounter, and enables him to restore his image that may be shaken as a result of being exposed to difficult and painful events, which gives him a space of security and sleep, and allows him to enjoy and relax, and provides him with a secure base for his life that supports his social relationship with others, especially those who are similar to him and are concerned with his problems, because he lives within a social environment that is not isolated from it, and that he actually has other people watching him and standing next to him (Ng et al., 2015).

Therefore, social conciliation is one of the tactics of adaptation and coping with pressures, as the importance of other people in a person's functional life constitutes an important assumption in most organizational and psychological theories that suggest the existence of a certain type of interaction between the factors of stress and social support (Eom et al., 2017).

Hedley et al. (2017), stated that the social support in brief is as social support is a form of social interaction, social support expresses certain behaviors that indicate serious interest and desire to provide assistance, social support is provided by individuals and groups and

provided to individuals and groups, social support refers to the level of satisfaction with this assistance and social support is provided in times of crisis to restore the individual's self-confidence and enhance this confidence.

2.2.1. Concepts of Social Support

Many studies have mentioned many concepts and issues related to social support, which are:

The presence of a sufficient number of people in an individual's life that he can refer to when needed, and that this individual has a degree of satisfaction with this support available to him (Gottlieb & Bergen, 2010).

A system that includes a set of social bonds and interactions with others that are long-term, reliable and trustworthy when the individual feels that he needs them to provide him with emotional support, and it also includes a permanent pattern of connected or discontinuous relationships that play an important role in maintaining the unity the body of the individual, and that the social network that surrounds the individual works to provide him with psychological supplies in order to maintain his mental health (Phillips et al., 2010).

The organization's interest in providing opportunities for social relations and instilling a spirit of cooperation and intimacy among workers; Those that work in two directions, both for the benefit of the individual and the organization. On the one hand, they increase the responses of the individual at work as he fulfills important needs such as assurance, acceptance and belonging, and on the other hand, they act as a buffer or mitigating stress, as this is done through empathy and assistance (Freak-Poli et al., 2021).

2.2.2. Importance of Social Support

It is natural that social support supports the individual, and helps him to overcome crises, as it works to reduce the level of suffering

resulting from difficult events, such as contracting a chronic disease such as cancer (Usta, 2012).

Also, social support plays an important role in the individual's continuity and survival, as it confirms the individual's entity through his sense of support and support from those around him, and it helps him to face stressful life events in positive and effective ways (Miller & DiMatteo, 2013).

Since human is a social being by nature, interacting with those around him in cases of weakness, strength, health and disease, therefore he needs support in all the situations in which he lives, and he cannot live in isolation from others. To meet with others and to communicate when needed and to exchange benefits with them, thus satisfying his needs and contributing to satisfying the needs of others. Through this meeting, ideas, values, and feelings are exchanged, and others are valued and appreciated and shared their feelings. Social relationships may be weak or very strong, they may appear strong, and when they are needed, their weakness appears and they may appear weak, but when needed they show their strength (Bøen et al., 2012).

Social support is considered one of the important sources of security that a person needs in his world in which he lives after resorting to God Almighty, when he feels that there is something threatening him and that his energy has been exhausted and he can no longer stand against this threat threatening him, and that he is in dire need of help, assistance and strength and aid from abroad, especially from the people closest to him (Goetz et al., 2012).

An effective psychological and social support that a person needs, as the amount of social support and the level of satisfaction with it affect how the individual perceives the various stressful life events and methods of confronting them and dealing with these events, and it also plays an

important role in satisfying the need for psychological security and reducing the level of suffering. Psychological effects resulting from the severity of stressful events and have an effective effect in relieving symptoms (Yahia et al., 2018).

2.2.3.Importance of Social Support for a Cancer Patient

Many researchers have emphasized the importance of social support and its role in mitigating and minimizing the negative effects of various problems, crises and diseases in general. Where Usta (2012) clarified that there are three equivalent explanations about the role of social relations in health, namely

Social support works to protect the individual from physical or mental illness, and this was confirmed by studies that demonstrated the role of social support in reducing the targeting of angina pectoris, and concluded that the decline in social relations is significantly associated with heart disease.

Individuals become ill due to a lack or change in the social support system with which they were compatible, and on the other hand, disease may lead to a change in social support.

Some variables, such as the economic and social level, and personality factors, affect social support, as studies have found that the low standard of living leads to disruption of social support on the one hand, and the individual afflicts on the other hand with some chronic diseases such as heart disease and cancer.

Its summarized this importance in the following aspects include obtaining social support and assistance by being with a group of friends who share the same conditions and circumstances, gaining a sense of hope, by knowing that there are people suffering from the same problem and going through the same difficulties and acquiring the skills that help the

cancer patient to adapt and face the psychological, social and economic problems associated with the disease (Skeels et al., 2010).

2.2.4.Roles of Social Support

Social support has several basic roles in the life of the individual and in his relationship with others, Cao et al. (2018), these roles are as follows:

The first role: A developmental role: which is that individuals who have reciprocal social relationships with others, and realize that these relationships are trustworthy, enjoy good mental health with themselves and with those others.

The second role: A preventive role: It is represented in the fact that social support has a mitigating effect on the negative results caused by stressful life events. People who go through stressful or painful events vary in response to these events depending on the existence of such friendly relations and the elements of social support in terms of quantity and quality, and this role has become known. The mitigating effect of support and imposition of mitigation.

The third role: A therapeutic role as opinion is that social support can play an important role in the recovery from psychological disorders, and also contribute to positive compatibility, and personal growth of the individual, but rather make the person less affected by receiving any pressures or crises, that is, that Social support plays a therapeutic role, but can also play a rehabilitative role in maintaining the individual's presence in a state of satisfaction with his relationship with others, and his continued belief in the adequacy, efficiency and strength of support.

2.2.5.Social Support Needs

According to Yli-Uotila et al. (2013), the need of a cancer patient for social support is due to several reasons, the most important of which are:

A. It is a sudden illness that comes suddenly, so the person does not prepare emotionally to receive it.

B. The cancer patient finds it difficult to adapt to the repercussions of the disease, such as adherence to a specific treatment regimen.

C. Cancer has a wide range of physical, psychological and social effects, and the patient's suffering extends for a long time.

2.2.6.Functions of Social Support

As the social cushion contributes to providing psychological comfort, and the role of the predominant social interaction, which works to generate a degree of positive feelings that achieve psychological health, in addition to its role in alleviating suffering from some psychological disorders such as anxiety, depression, and psychological loneliness (Sims et al., 2014).

The social table is considered a developmental function when the individual has a network of social relations. Intimacy, which helps him achieve positive compatibility (Eşkisu et al., 2014).

It is also considered a protective function that helps the individual to face external events that he perceives as difficult and stressful (Lee et al., 2019).

2.2.7.Sources of Social Support

The sources of social support vary according to the age stage that the individual goes through. In the childhood stage, the family (mother, father and siblings) is represented, while in the adolescence stage, it is represented by the groups of companions and the family, while we find that

in the adulthood stage it moves to a new stage represented in Husband or wife, work relationships and children (Alsubaie et al., 2019).

Social support at work comes from two main sources according to Mendonça and Farias Júnior (2015), include:

Family:

That reduces the effect of dissatisfaction with work, and helps in adapting to its nature. Through it, other sources of conviction are strengthened through the achievements that the individual contributes outside the work situation, and this can compensate for the negative feelings that the individual feels at his work, and enhance his self-esteem, acceptance and sense of value.

Work:

Which reduces the impact of psychological stress, as cohesion in the work group and the high degree of positive interaction and affection between workers and leadership leads to a decrease in the impact of work pressures and to the enjoyment of sound mental health. Whatever the theoretical basis or concept from which the term social support is based, this concept includes two main components:

That the individual realizes that he has a sufficient number of people in his life, that he can refer to when needed.

That this individual has a degree of satisfaction with this available ploy. Social assistance has been defined as those relationships between the individual and others, which he perceives as being able to support him when he needs it.

Accordingly, it can be concluded that social assistance is a kind of sympathy and support shown by other parties with the aim of addressing the problem and limiting its side effects to the person affected by it, which works to raise the morale and awareness of the individual towards the

accident, and the clarity of the problem, its causes and possible treatment methods (Li et al., 2014).

2.2.8.Dimensions of Social Support

The dimensions of support are represented in the image or the way in which social support is provided, its dimensions have varied through the definitions of social support, as it ranged from one dimension to several dimensions. Social support has been summarized in eight sources: husband and wife, relatives, friends, neighbors, colleagues, preventive service providers, counsellors, therapists, doctors, and psychological and social counselors (Hasson-Ohayon et al., 2016).

Emotional Support

Emotional support means those that involve actions that convey appreciation, trust, acceptance, sympathy, care, attention, and a sense of comfort and belonging. For him by others to restore his self-esteem, reduce feelings of sadness and depression, and make him feel that he is a valuable person, and that he is loved (Namkoong et al., 2013).

Performing Support

This type includes providing material assistance to patients when they are needed to solve their daily problems, or providing in-kind services to ease the burdens of life. It may be suitable for low-income patients with cancer, especially since cancer treatment is very expensive (Taylor et al., 2021).

Information Support

It is sometimes called advice and evaluation support, by giving information and cognitive guidance, and this type of support helps in determining dealing with stressful events, as it is intended to provide advice, guidance or information appropriate to the situation for the purpose of helping a cancer patient understand his condition and coexist with it, as it differs from performance support in that The information given is not

helpful in itself, rather it helps patients to help themselves. Information sometimes strengthens the perceptions of stress by providing patients with ways to manage and live with their problems (Morley & Goldfarb, 2015).

Estimated Support

This type is represented in achieving different forms of support to help cancer patients deepen their sense that they are accepted by others and have the elements of self-esteem from those around them, and this gives them a sense of personal value. This type of support is called by many names such as (psychological support, expressive, self-esteem support, catharsis support (Zaidi et al., 2012).

2.2.9. Theories of the Role of Social Support

Protective Effect Model

This model belongs to Lefcourt et al. (1984), assumes that social assistance can reduce psychological pressure until the individual recovers the deficiency aspects that arose in him due to sadness, and this theory presents a new theoretical concept, which is the protection model, which means that high social support protects the person from the control of psychological pressure and its negative impact on his health. . This model is mainly related to health only for individuals who are under stress of disease, and it considers that social adjustment protects individuals who are subjected to stress from the possibility of its impact, and therefore; The mascot plays its role in two different points between stress and illness, which are:

The support shifts between the stressful event (or its expectation) and the stress reaction if you correct or prevent the response to the assessment of the stress, meaning that the individual's realization that the other people can provide him with the necessary capabilities, may make him re-evaluate the possibility of a harm as a result of the situation, and this strengthens He has the ability to deal with the demands that the situation

imposes on him, and therefore, the individual does not appreciate the situation as too stressful.

The support interferes between the experience of pressure and the emergence of a pathological condition by reducing or excluding the stress reaction by directly affecting the physiological processes. The individual is aware of this problem.

Main Effect Model

This model belongs to Kobasa and Puccetti (1983), assumes that social policy has a beneficial effect on an individual's life and happiness, regardless of whether this individual is under pressure or not. So there is a general beneficial effect of social support on physical and psychological health; Because positive social interactions can provide individuals with regular positive experiences and a range of roles they receive. reward from the community. And this kind of sacrificing is associated with happiness, and avoids negative experiences that you may want. of the potential for psychosomatic disorder, and is related to physical health by the effects of emotion on neurohormones or by influencing health-related behavior patterns such as cigarette smoking.

Link Model

This model belongs to Arias et al. (1999), assumes that social support provided by family and friends does not compensate the individual for the great deficiency that occurred to him due to the loss of a dear person, as he has lost the person who represents the relationship with him. There are two types of psychological loneliness:

1. Feeling of emotional loneliness.
2. Feeling of social loneliness.

And social mischief affects the feeling of social unity, and the marital status (married, widowed), it affects the feeling of emotional loneliness, because the absence of emotional connection with the form to

which the individual relates affects the feeling of social loneliness, and some studies have supported the link model, and promised the expression The individual expresses his emotional experiences, whether in writing or speaking, leads to an improvement in his health, and the words he uses to describe the trauma indicate the extent to which his physical, psychological or social health has improved.

Comprehensive Model

This model belongs to Pearlin et al. (1981), assumes that social support can achieve its effect even before the stressful event occurs, as follows:

1. Social relief can reduce the likelihood of a stressful event.

2. If the stressful event occurs, the support through its interaction with the factors of importance may modify or change the individual's perception of the event, and then soothe or relieve the potential stress

3. If the tension reaches a point where the expected event changes the role of the role, the support can affect the relationship between the stressful event and the accompanying stress.

4. Social support can influence coping or coping strategies. The stressor, thus modifying the relationship between the event and the stress it causes.

5. To the extent to which the stressful event descends, personal factors such as self-esteem enable the help to accelerate the reduction of these effects.

6. There may be a direct influence of predominance in the level of compatibility.

2.3.Self-hardness

Self-hardness is one of the most important elements that affect the health status of a person when he is exposed to a disease, or exposed to an accident, especially in the event that the new health or psychological situation affects the natural state of the person (Stein & Bartone, 2020).

2.3.1.Concepts of Self-hardness

Self-hardness has attracted the attention of many researchers, and these studies aimed, on a large scale, at knowing the psychological and social variables that lie behind individuals maintaining their mental and physical health despite their exposure to various stresses and diseases. It has concluded that psychological hardness is a set of psychological characteristics that include the variables of commitment, clarity of purpose, control and challenge, and these characteristics will maintain. On mental and physical health and psychological security despite exposure to stressful events (Susilawati & Malang, 2013).

The concept of self hardness has also appeared in many psychological studies in recent years, as it has revealed many attachments related to this concept; Such as depression, anxiety, optimism, pessimism, alcohol abuse, and others (Kolade & Egbetokun, 2018).

It is one of the relatively modern concepts, and it is one of the important psychological characteristics of the individual in order to successfully face the multiple successive life pressures. Recently, the focus has been on the variables that support the individual's ability; Such as social support that increases his ability to effectively confront or resistance factors, that is, psychological or environmental variables related to the continuation of psychological safety even in the face of stressful conditions that would support the individual's ability to confront and overcome problems (Stein & Bartone, 2020).

Many psychologists and mental health scientists have put many intellectual connotations to the term self hardness, including the following:

A general belief of the individual in his effectiveness and his ability to use all available psychological and environmental resources in order to perceive, explain and effectively confront stressful life events (Kinder, 2005).

It is the individual's ability to face pressures with the following coping skills: logical analysis, avoidance. . Cognitive emotional discharge, surrender (Sezgin, 2209).

A set of personality traits that act as a source or a protector for the difficult life events, and that they represent a general belief or tendency of the individual in his ability to exploit all his sources, psychological potentials, and the available environment, in order to realize the difficult life events in an undistorted sense, explain them logically and objectively, and coexist with them. in a positive way. And it includes three main dimensions (commitment, control, and challenge) (Nguyen et al., 2012).

The concepts confirm that self hardness is represented in the individual's ability to confront life stresses and their tolerance according to his general belief or feeling that he is able to challenge and control them based on his available environmental and psychological resources such as psychological support and social support (Sadeghi & Einaky, 2020).

2.3.2.Dimensions of Self-hardness

The dimensions of psychological toughness appear through studies, those that indicated that individuals who enjoy psychological toughness, try to have influence from the course of some of the events they are going through, and those dimensions are concentrated in each of (commitment, control, challenge). Studies confirm that these dimensions The three components are related to an individual's high ability to challenge environmental stresses and life events, and transform stressful life events to

opportunities for personal growth, and the lack of these three dimensions is described as psychological burnout, and one of the three components of hardness is not enough to provide us with the courage and motivation to transform stress and anxiety into more positive things. Psychological hardness is a complex consisting of three independent, measurable dimensions (Al Harthy, 2021).

First-Commitment

The component of commitment is one of the most components of psychological toughness related to the preventive role of psychological toughness, as a source of resistance to the stimuli of hardship. Balance and internal structures (Abdul & Kitan, 2020).

Psychologists have pointed out that commitment includes two main directions, namely: Commitment to the self: "the individual's tendency towards knowing himself and identifying his own goals and values in life, and identifying his positive trends in a way that distinguishes him from others." As for the second trend, it is represented in commitment towards work: which is referred to as "the individual's belief in the value and importance of work, whether for him or others, and his belief in the need to integrate into the work environment and with his efficiency in accomplishing his work, and the need for him to bear work responsibilities and adhere to its regulations. In other studies, commitment was categorized into three The types are: legal obligation, religious obligation, and moral obligation (Okamoto et al., 2012).

Second-Control

The individual's belief in control over the events he encounters, and he bears personal responsibility for the accidents of his life, and it includes the ability to make decisions, choose between alternatives, interpret and evaluate events and the effective direction according to Kamide et al. (2014), the control passes through three stages:

Initiation:

The individual begins to deal with the influential situation by making the appropriate decision towards him. If this decision aims to change the situation, it represents the completion of the initiation stage.

Awareness:

It means the individual's full understanding of the situation, identifying the sources of danger and obstacles that prevent dealing with it, as well as determining the individual's own capabilities and resources that will protect him from the negative effects of the situation.

Action:

It is the decision-making stage that the individual makes about difficult events or their causes to eliminate them.

Third-Challenge

The challenge is defined as: "those organized responses that arise in response to environmental requirements, and these responses are of a cognitive, physiological or behavioral nature, and they may come together and be described as effective responses." (Kamide et al., 2011).

Thus, the challenge is the individual's ability to adapt to new life situations, and accept them with all the pleasant or harmful developments in them, as natural things that must happen for his growth and advancement, with his ability to face problems effectively, and this characteristic helps the individual to adapt quickly in the face of life events. Painful stress, and creates feelings of optimism in accepting new experiences, and if one is characterized by a strong challenge, in other words, the individual's belief that the changes that occur in aspects of his life can be overcome through the coping mechanisms that he adopts (Wang et al., 2013).

2.3.3.Importance of Self-hardness

Self-hardness is an important and vital factor in building personality, and it must be emphasized in future research; Until it becomes more clear, and develops from the level of people to the level of its use in institutions and centers and treatment and guidance, and to be used on a large scale in the development and selection of people with psychological toughness in special tasks, and in various fields; Because psychological toughness has become one of the important concepts in times of danger, challenging difficulties, work pressures, and achievement, and it has positive effects on family systems, marital conflicts, pathological behavior and pressures (Qassim et al., 2018).

According to Sivrikaya (2018), the importance of self-hardness is lies in the following:

1. Improving psychological performance, mental and physical health, as well as maintaining healthy behaviors.
2. It is one of the factors of resistance against pressures and crises.
3. It makes the individual evaluate the pressures realistically, as it makes him more successful and effective in facing them.
4. It acts as a barrier that prevents the individual from getting psychological and physical illnesses related to stress. The individual 35 with a solid personality deals seriously and effectively with pressures. He also tends to be optimistic and deal directly with sources of pressure, so he can transform stressful situations into less threatening situations, so he is less vulnerable to the negative effects associated with stress. with pressures.
5. It has a prominent role in modifying the circular process that begins with pressure and ends with fatigue, and that is through several ways:

First: It modifies the perception of events and makes them appear less stressful.

Second: It leads to active methods of confrontation, or transfers it from one situation to another.

Third: It affects the confrontational style indirectly through its effect on social support.

Fourth: It leads to a change in health practices, such as following a healthy diet and exercising, and this, of course, reduces the incidence of physical diseases.

2.3.4. Theories of Self-hardness

Kobasa and Puccetti (1983), after conducting a study on workers, lawyers and workers in the middle and upper levels in the psychological and physical health of traumatic events, and I came up with some results, the most prominent of which were:

1. Uncovering a new positive source in the field of preventing mental and physical disorders, which is psychological hardness with its dimensions: "traumatization, control, challenge."

2. The more resilient individuals had lower rates of mental disorders despite being exposed to hard pressure.

This assumption is correct that exposure to stressful life traumatic events is necessary. It is imperative for the individual to rise and his emotional and social maturity, and that the psychological and social resources - specific to each individual may strengthen and increase when exposed to these traumatic events. for the characteristics of individuals of high hardness; As they are called the most active, initiative, home, leadership, and our inner creation, and the most ascendant and resistance to the burdens of life, and the most realistic, warm, control and ability to explain.

2.4. Support Enhance Self-hardness

According to Miller et al. (2017), the importance of support and support can be crystallized in the following points:

1. Helping the patient accept the diagnosis of his condition.
2. Improving the psychological and emotional state of the patient.
3. Getting rid of problems related to the disease such as pain, depression, sleep disturbances and their donors.
4. Enhance the patient's individual capabilities.
5. Teaching the patient how to change his attitudes and behaviour.
6. Helping the patient accept himself and his body image.
7. Helping the patient to believe in god's decree and destiny, and not to torment and pain the soul.

2.5. Previous Studies

First: Taheri et al., (2014)

Aimed at investigate co-relational research that investigated the portion of hardiness and social support on anticipating life satisfaction in patients with breast cancer.

Methods: The population of this study was all patients who were referred to Shohaday-e Tajrish. Sample consisted of 400 patients selected purposefully. Three questionnaires including hardiness, social support and life satisfaction were administered for assessment of variables.

Results: Findings showed a significant correlation between three variables ($P<0.05$). According to research results, change in social support sources and having hardiness trait can anticipate life satisfaction in patients with breast cancer.

Second: Salakari et al., (2017)

Aimed at explore perceived SS during BC trajectory by comparing BC survivors, women with depression, women with arterial hypertension, and healthy female controls to each other, and to compare perceived balance of receiving and providing SS.

Methods: The data of ongoing prospective postal survey was linked with national health registries. Respondents with BC (n = 64), depression (n = 471), arterial hypertension (n = 841) and healthy controls (n = 6274) formed the study population. SS was measured by a Sarason's 6-item shortened version of the Social Support Questionnaire (SSQ). The modified Antonucci's (1986) social support convoy model of the network of individuals was used to measure the dominating direction of SS.

Results: The main provider of SS for all participants combined was the spouse or partner (94.3%), close relative (12.0%) and friends (5.4%). In all groups, particularly in the BC and arterial hypertension group, spouse or partner was seen as the most important supporter. The group suffering from depression reported significantly less SS in each domain of appraisal (p < 0.001). In total, 24.6% of all respondents reported receipt dominance of SS.

Third: Jalali & Rahimi (2019)

Aimed at investigate the relationship between psychological hardiness and social support in women with breast cancer.

Methods: This descriptive study was conducted on 110 women with breast cancer in the Shafa Hospital of Ahvaz, Iran in 2018-2019. The personal/demographic/illness questionnaire, Kobasa Psychological Hardiness Questionnaire, and Multidimensional Scale of Perceived Social Support were research tools. Data were analyzed by the one-sample t-test, analysis of variance, and Pearson correlation at a significance level of P<0.05.

Results: There was a significant positive correlation between perceived social support and psychological hardiness (r=0.045; P<0.05) and perceived social support and commitment (r=0.469; P<0.05). Also, there was a positive and significant correlation between perceived social support and control (r=0.429; P<0.05) and perceived social support and challenging (r=0.266; P<0.05).

Forth: Azadi et al., (2020)

Aimed to determine the relationship between psychological wellbeing and psychological hardiness with the mediating role of social support in women with breast cancer.

Materials: This research was a correlation study based on Structural Equation Modeling (SEM). The study population consisted of women with breast cancer living in Mazandaran Province, Iran, in 2017. For this study, a sample of 236 patients with breast cancer was selected by the random sampling method. Then, Ryff psychological welfare questionnaire, Ahvaz hardiness inventory, and Berlin social support scales were administered to them. The obtained data were analyzed using the SEM.

Results: The correlation between variables of psychological wellbeing and psychological hardiness with social support was significant (P<0.001). Fit indices indicated an appropriate fit for the proposed model (P<0.05). There was also a significant relationship between psychological hardiness and psychological wellbeing through social support (P<0.05).

Fifth: Haj Hashemi et al., (2021)

Aimed to determine the relationship between PSS, PH, FCP and QoL of oncology patients.

Methods: In this descriptive-correlational study, 340 oncology patients were selected with convenience sampling method from the hospitals in Tehran 2018–2019. Data were collected using, "PSS," "PH," "FCP" and "European Organization for Research and Treatment of Cancer

Quality of Life Questionnaire, EORTC QLQ-C30." Data were analysed using descriptive and inferential statistics using SPSS21 and Amos.

Results: The direct effect and the total effect of PSS and FCP on QoL were significant ($p < .001$), but their indirect effect was not significant ($p > .05$) and the effect of PH on QoL was not significant ($p = .96$). The Root Mean Squares of Error Approximations (RMSEA), Non-Normed Fit Index (NNFI), Comparative Fit Index (CFI) and Goodness of Fit Index (GFI) were estimated 0.07, 0.97, 0.98 and 0.91, respectively.
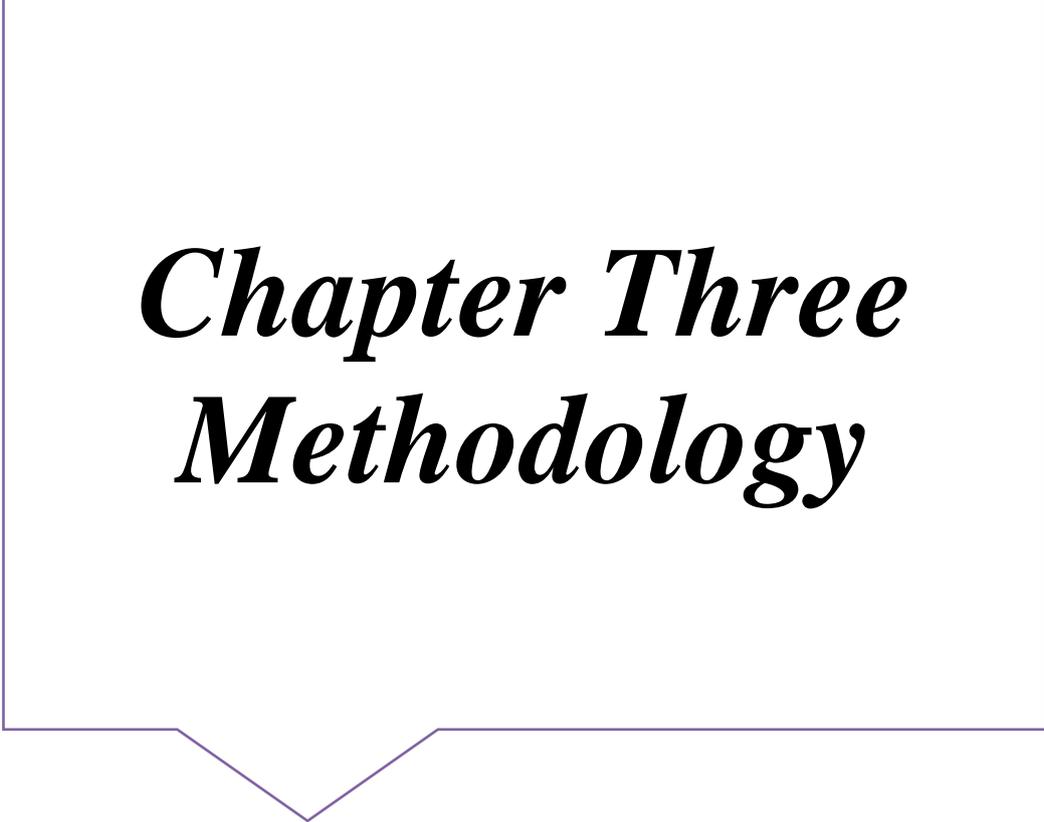
Chapter Three
Methodology

Chapter Three
Methodology

3.1. Study Design

Starting with the descriptive correlational approach, which is concerned with accurately describing and expressing the phenomenon as it is in reality, as it is the appropriate method for this study because the descriptive relational approach studies the relationship between variables and describes the degree of relationship between the variables in a quantitative manner, as it is the appropriate method for this study because the descriptive relational approach studies the relationship between variables and describes the degree of relationship between the variables in a quantitative manner. One of the goals of the correlational method is to describe the relationships between variables or to use these associations to create predictions about these variables using quantitative measures. Since a result, the researcher believes that the correlational approach is the best fit for this study, as it meets its goals while ensuring accuracy and objectivity.

The correlational study design technique entails questioning individuals of the research population with the goal of describing the studied phenomena in terms of its type and degree of existence exclusively during the time period under consideration.

The correlational approach is done by interrogating the study participants about the social support and self hardiness. Since the problem of the study is related to the present, and that its study will be done through direct interrogation, as well as the aim of this study is to stop at the limit of description and correlate between study variables (Social Support vs. Self Hardiness), and therefore the appropriate approach is the correlational design, which depends on the study of the phenomenon and the statement of its characteristics and size, as well as the collection and interpretation of information.

3.2.Administrative Arrangements

Before collecting the study data, the following official clearances were sought from appropriate authorities:

1. Approval of the study by the University of Babylon/College of Nursing Council (Appendix A1).
2. In order to formally visit the Oncology Centers, approvals were also acquired from the Babylon Health Directorate (Appendix A2).
3. Permission is granted to Oncology Centers based on the study's goal and includes:
   A. Oncology Center in Marjan Teaching Hospital.
   B. Oncology Center in Imam AL-Sadiq Hospital.

3.3.Ethical Considerations

Ethical obligations are one of the most important things that the researcher must follow and abide it when doing the study. Before the starting of collect the data from the population that has been identified for the study, the researcher should clarify the main purpose and desired goal of conducting this study for the sample to be including in the study, as well as adhere to the strict confidentiality of the data taken from the study sample and pledge to use it for scientific purposes related to the study only.

Before the starting of gathering the data from the sample who are participating in the study, the researcher given a brief explanation about the scientific background of the research and the purpose of conducting. Patients were verbally informed about the study aims and were asked to participate and this participation were voluntary. After they agreed to participate in the study, anonymous questionnaire was handed to them to maintain a complete confidentiality for the participants.

3.4.Setting of the Study

The study is carried out in Hilla City/Babylon Province at Hospitals that included the Oncology Center. These hospitals are include Marjan Teaching Hospital and Imam AL-Sadiq Hospital.

3.4.1.Marjan Teaching Hospital

Marjan Teaching Hospital is a hospital located in the city of Hilla in the Babil Governorate, Iraq. It is a public educational medical institution that includes many specialized centers that provide free services to the citizens of the governorate and neighboring regions. This hospital includes specialized medical centers dealing with the treatment of diseases of the digestive system, liver, physiotherapy, diabetes, cancer diseases, resuscitation, heart surgery and dialysis, in addition to the presence of a special emergency unit as well as multiple consulting wards in the internal, psychological, dermatological, elderly, etc..

3.4.2.Imam AL-Sadiq Hospital

It's one of the hospitals of Babil governorate. The hospital follows the Iraqi Ministry of Health. The hospital consists of (492) beds for narrows, a number of clinics and specialized centers and (18) operating theaters. To a hospital that can accommodate (400) beds on a land of (40) dunums, and its six floors to provide preventive, medical and therapeutic services to citizens.

3.5.Sample of the Study

A purposive sample of (n=200) patients is selected throughout the use of non probability sampling approach. The study sample is distributed throughout two hospitals which include (Marjan Teaching Hospital and Imam AL-Sadiq Hospital). Figure 3-1 explain the distribution of studied sample according to the Oncology Centers.

3.5.Study Instruments

The questionnaire is one of the means to help collect data that contribute to achieving the results expected by the study, so the researcher designed this questionnaire, which aims to clarify the study's goal and significance by obtaining answers to the study's questions.

Based on extensive review of related studies and available literatures, the study is consisting of the following parts (Appendix B).

Part I: This section composed of socio-demographic information which include: mothers age, education, occupation, residents, economic status.

Part II: This section deals with social support adopted and developed by Salah (2019) who investigated the social support and composed of 16-items.

Part II: This section deals with self hardness adopted and developed by Salah (2019) who investigated psychological hardiness and composed of 21-items.

The researcher modified and adhered to the rules of writing the questionnaire due to the importance of the type of information that the researcher is keen to be sufficient and comprehensive for all aspects of the problem and can be relied upon and trusted. To vague and complex answers. The type of questions was of the closed type, which required answering with reference to what was appropriate.

3.6.Validity of the Questionnaire

The questionnaire's validity refers to its ability to measure what it was created to evaluate, while honesty refers to the questionnaire's inclusion of all aspects that must be included in the analysis on one side, and the clarity of its contents on the other. On the other hand, terminology must be understood by everyone who uses it.

To ensure the questionnaire's validity, it was submitted to 11 specialists in diverse departments of nursing (Appendix C). Experts were invited to provide their thoughts and ideas on each study questionnaire item in terms of linguistic relevance, relationship to the dimensions of the study variables allocated to it, and applicability to the study community's setting.

The experts responses indicated that minor changes should be done to some items and it's were made according to their suggestions , then the final draft was completed to be ready for conducting the study.

3.7.Pilot Study

This preliminarily study was conducted to determine the stability and credibility of the study tool, clarity and its efficiency which confirmed, and standard time required to collect data for each subject which can estimated during the interview procedures and to difficulties identification that may encounter.

The pilot study aimed to achieve the following objectives.

1. Adequacy of research tools development and testing
2. Evaluation of the instrument's viability.
3. Identifying any logistical issues that may arise as a result of the proposed methods.
4. Assessment of proposed data analysis approaches for the detection of potential issues.
5. The researcher's time estimate during data collecting.

3.7.1.Results of pilot study

1. The questionnaire is reliable.
2. The time required for answering the questionnaire ranged from (15-20) minutes.
3. The instrument items were clarify and understood the phenomenon underlying of the study (Table 3-1).

Before the questionnaire reached its final form, it went through the following stages:

1. Determining the data that will be collected through the questionnaire according to the study questions.

2. Determining the method and format of the questionnaire.

3. Determining the type of criterion that determines the type of answer in the questionnaire.

4. Presenting the questionnaire to the supervising to express his opinion and observations in developing the questionnaire and modifying it based on his observations.

5. Presenting the questionnaire to a number of panel of experts to express their opinion and observations in developing the questionnaire and modifying it based on what they submitted.

6. Conducting a reliability test on it by distributing the questionnaire to a sample of 20 breast cancer women.

7. Writing the questionnaire in its final form, then printing, reviewing and distributing it.

3.7.2.Reliability of the Questionnaire:

The reliability of the study instruments means making sure that the answer will be almost the same, if it is repeatedly applied to the same people, at different times. The researcher applied it to a random exploratory sample of 20 subjects as composed 10% of original sample. Where the members of this sample were later excluded from the original sample on which the final study was conducted. Reliability coefficient using the test coefficient of Alpha Cronbach as shown below

Table3-1:Reliability of the Studied Questionnaire (*n=20*)

Reliability		
Social Support Scale	.81	Pass
Self Hardiness Scale	.78	Acceptable

3.8.Methods of Data Collection

The data was carried out from January 4th to March 7th 2022. The questionnaire has been interviewed with study participants. After obtaining the approval of the Babylon Health Directorate and verifying the validity and reliability of the questionnaire. The researcher interviewee the participants (Breast Cancer Women), explained the instructions, answered their questions regarding the form, urged them to participate and thanked them for the cooperation. The interview techniques was used on individual bases, and each interview (15-20) minutes after taking the important steps that must be included in the study design.

3.9.Methods of Statistics Data Analysis

In order to statistically analyze the data collected from the study sample to arrive at the results, the researcher used the *SPSS ver-20* and Microsoft Excel (2010) program to analyze this data and deal with it statistically, to find the relationships between the variables, and obtain the final results of the research based on a set of statistical tests.

3.9.1.Descriptive approach

Descriptive statistics includes a set of mathematical and statistical methods that are adopted to describe the main features of a data quantitatively by using tables and charts. Descriptive statistics always aim to present and describe the data which is required to be processed, organized, summarized and categorized, as well as presenting them in a

simple and clear manner that makes it easier for the recipient to recognize and understand its content. The analysis performed through use:

A. Statistical tables "Frequencies and percent" which are:

$$\% = \frac{Frequency}{Sample\ Size}\ x100$$

B. Average of the scores MS and the overall average score (M±).

The average score can be calculated by using the following:

$$M.S = \frac{\sum ri = 1Fi\ x\ Si}{\sum ri = 1Fi}\ x100$$

For Social Support

The overall responses according to total mean of score which follow:

M=16-26 refers to Poor Social Support.

M=27-37 refers to Moderate Social Support.

M=38-48 refers to Good Social Support.

For Self Hardiness

The overall responses according to total mean of score which follow:

M=21-35 refers to low Self Hardiness.

M=36-49 refers to Moderate Self Hardiness.

M=50-63 refers to High Self Hardiness.

C. Standard Deviation test ±SD.

$$SD = \sqrt{\frac{1}{n-1}\sum_{i=1}^{n}(Xi - \tilde{x})^2}$$

D.It uses a correlational coefficient "Cronbach alpha" used in estimating the internal consistency of the study tool, which can be calculated by using the following:

$$\alpha = \frac{K}{K-1}\left[1 - \frac{\sum_{i=1}^{K} \sigma_{ii}}{\sum_{i=1}^{K}\sum_{j=1}^{K} \sigma_{ij}}\right]$$

3.9.2.Inferential approach

1. One Way ANOVA

For equality of means, is used (chance test when the mean parameter varies).

Source of variance	Sum of square	d.f	Mean square	F
Between Groups	$SS_B = \sum \frac{(\sum xP1)^2}{n} - \frac{(\sum xP)^2}{n}$	$df_B = K-1$	$\frac{MS\beta}{MS\beta}$	
Within Groups	$SS_w = \sum \frac{(\sum xP1)^2 \quad (\sum xP)^2}{N}$	$df_w = N-k$	$\frac{SSw}{DFw}$	$\frac{MSB}{MSW}$
Total	$SS_T = \sum \frac{(\sum xP1)^2 \quad (\sum xP)^2}{N}$	$df_t = N-1$		

P-value (≤ 0.05)

2. Pearson's Correlation Coefficient

This test is used for quantitative variables

$$r = \frac{n\sum XY - (\sum X)(\sum Y)}{\sqrt{[n\sum X2 - (\sum))2][n\sum Y2 - (\sum))2]}}$$

r= the correlation coefficient of the variables x &y.

n= number of cases.

x=an individual's score of variable X

y= an individual's score of variable Y

$\sum$= the summation of.

3. Spearman's Correlation Coefficient

This test is used for qualitative variables

$$P = 1 - \frac{6\sum d2_i}{\eta(\eta2 - 1)}$$

4. Simple Liner Regressions

To investigate the effect of Social Support on Self Hardiness among Breast Cancer Women.

The following are shortcuts for measuring important in comparison to the level:

1.NS:*>0.05Non significantly*-differences.

2.S:*<0.05Significantly*-differences.

Chapter Four Results of the Study

Chapter Four

Results of the Study

Under the objectives of current study findings, the descriptive and inferential statistic approach organized in tables and figures that includes the followings:

Table 4-1:Distribution of Socio-Demographic Variables (SDVs)

	Classification	Freq.	%
Age/years (*M± SD= 49.29±11.57*)	<30 years old	19	9.5
	30-39 years old	19	9.5
	40-49 years old	48	24.0
	50-59 years old	75	37.5
	60 and older	39	19.5
	Total	200	100.0
Economic status	Sufficient	43	21.5
	Moderate	47	23.5
	Insufficient	110	55.0
	Total	200	100.0
Marital status	Single	27	13.5
	Married	155	77.5
	Divorced	15	7.5
	Widower	3	1.5
	Total	200	100.0
Education level	Unable to read and write	31	15.5
	Read and write	16	8.0
	Elementary school	91	45.5
	Middle school	14	7.0
	Secondary school	14	7.0
	College and above	34	17.0
	Total	200	100.0
Occupation	Employee	7	3.5
	Housewife	26	13.0
	Retired	15	7.5
	Unemployment	152	76.0
	Total	200	100.0
Duration of Cancer	<5 years	169	84.5
	5-10 years	23	11.5
	>10 years	8	4.0
	Total	200	100.0
Family history of Cancer	Yes	40	20.0
	No	160	80.0
	Total	200	100.0

Finding show participants age, the mean age is 29 (±11.57), the age 50-59 years old were recorded the highest percentage 75 (37.5%) and the lowest percentage were aged <40 years 19 (9.5%).

In regarding with economic status, breast cancer women expressed insufficient economic 110 (55%) and small ration for those who are sufficient economic 43 (21.5%).

In terms of marital status, it is obvious that the married women constituted the majority 155 (77.5%), and the lowest percentage were widower 3 (1.5%).

Education related findings, the elementary school graduated were most of the studied sample 91 (45.5%) and the lowest percentage were middle and secondary school 14 (7%) for each them.

Concerning occupation, the unemployment women were highest percentage 152 (76%) and the lowest of them were employed 7 (3.5%).

Finally, most of women exhibit for less than 5 years as a duration of breast cancer 169 (84.5) without family history of disease 160 (80%).

4.2.Social Support

Table4-2-1.Social Support related to Family

List	Support from Family Items	Responses	No.	%	*MS± SD*	*Ass.*
1	My family members listen to me contentedly when I want to talk to them	Never	69	34.5	*2.15±0.906*	*Moderate*
		Sometime	31	15.5		
		Always	100	50.0		
2	I feel comfortable discussing my concerns about my condition with my family members	Never	85	42.5	*2.10±0.971*	*Moderate*
		Sometime	9	4.5		
		Always	106	53.0		
3	My family ignores my health	Never	73	36.5	*2.11±0.912*	*Moderate*
		Sometime	31	15.5		
		Always	96	48.0		
4	My family understands what I'm going through	Never	76	38.0	*2.16±0.945*	*Moderate*
		Sometime	16	8.0		
		Always	108	54.0		
5	I should pretend in front of my family that everything is better than it is	Never	67	33.5	*2.09±0.869*	*Moderate*
		Sometime	47	23.5		
		Always	86	43.0		
6	I feel so much affection and affection from my family	Never	64	32.0	*2.16±0.880*	*Moderate*
		Sometime	40	20.0		
		Always	96	48.0		
7	I often find appreciation from my family when trying to overcome my problems	Never	59	29.5	*2.33±0.901*	*Moderate*
		Sometime	15	7.5		
		Always	126	63.0		
8	My family members do my chores when I can't do them	Never	86	43.0	*1.99±0.921*	*Moderate*
		Sometime	30	15.0		
		Always	84	42.0		

"(MS) Mean of Scores, (SD) Standard deviation, Level of Assessment (Poor≤1.66, Moderate=1.67-2.33, Good ≥2.34)"

In terms of statistical mean and standard deviation, this table demonstrated that the breast cancer women expressed a moderate level of family support as indicated by moderate mean scores.

Table 4-2-2:Overall Social Support related to Family

Family Support	Freq.	%	*M (±SD)*
Poor (*M=8-13*)	31	15.5	
Moderate (*M=14-19*)	121	60.5	*17.11±3.48*
Good (*M=20-24*)	48	24.0	
Total	200	100.0	

M: Mean for total score, SD=Standard Deviation for total score

Findings demonstrated that the (60.5%) of breast cancer women exhibited a moderate social support from husband as described by moderate mean scores *17 (±3.48).*
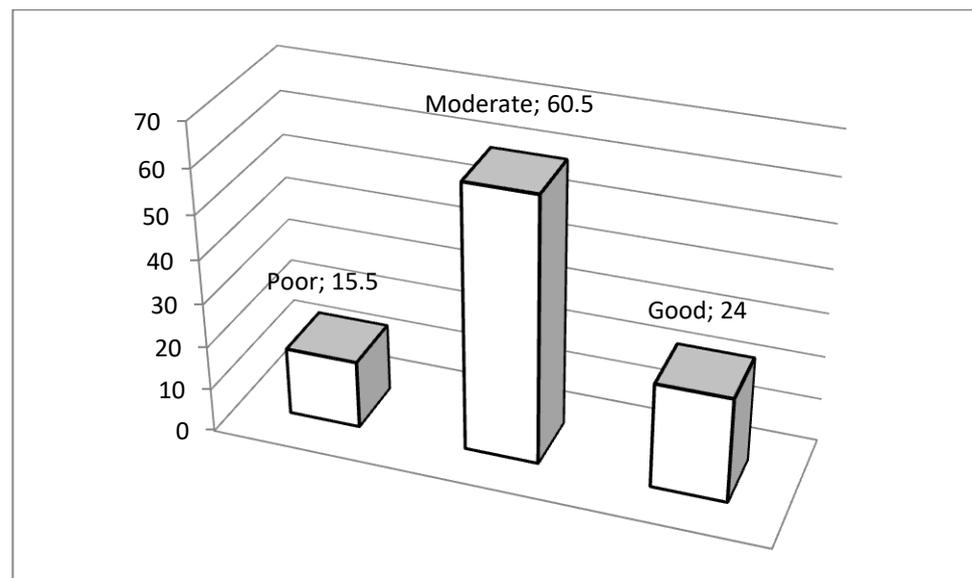
Figure4-1:Family Support

Table4-2-3.Social Support related to Friends

List	Friends from Family Items	Responses	No.	%	*MS± SD*	*Ass.*
1	My friends listen to me willingly when I want to talk to them	Never	136	68.0	*1.55±0.843*	*Poor*
		Sometime	18	9.0		
		Always	46	23.0		
2	I feel comfortable discussing my concerns about my condition with my friends	Never	150	75.0	*1.48±0.844*	*Poor*
		Sometime	4	2.0		
		Always	46	23.0		
3	Sometimes my friends ignore my fears and don't care about me	Never	132	66.0	*1.56±0.830*	*Poor*
		Sometime	24	12.0		
		Always	44	22.0		
4	My friends seem to understand what I'm going through	Never	114	57.0	*1.82±0.969*	*Moderate*
		Sometime	7	3.5		
		Always	79	39.5		
5	I should pretend to my friends that everything is better than it is	Never	129	64.5	*1.57±0.823*	*Poor*
		Sometime	28	14.0		
		Always	43	21.5		
6	I feel a lot of affection and affection from my friends	Never	132	66.0	*1.47±0.715*	*Poor*
		Sometime	42	21.0		
		Always	26	13.0		
7	I often find appreciation from my friends when I try to overcome my problems	Never	100	50.0	*1.95±0.975*	*Moderate*
		Sometime	10	5.0		
		Always	90	45.0		
8	My friends do my tasks when I can't do them	Never	127	63.5	*1.58±0.822*	*Poor*
		Sometime	30	15.0		
		Always	43	21.5		

"(MS) Mean of Scores, (SD) Standard deviation, Level of Assessment (Poor≤1.66, Moderate=1.67-2.33, Good ≥2.34)"

In terms of statistical mean and standard deviation, this table demonstrated that the breast cancer women expressed a poor level of friends support as indicated by poor mean scores except, the women expressed a moderate according to "*friends seem to understand what I'm going through, often find appreciation from my friends when I try to overcome my problems*".

Table 4-2-2:Overall Social Support related to Friends

Friends Support	Freq.	%	M (±SD)
Poor (*M=8-13*)	113	56.5	
Moderate (*M=14-19*)	74	37.0	
Good (*M=20-24*)	13	6.5	*12.98±3.86*
Total	200	100.0	

M: Mean for total score, SD=Standard Deviation for total score

Findings demonstrated that the (56.5%) of breast cancer women exhibited a poor social support from friends as described by low mean scores *12 (±3.86).*
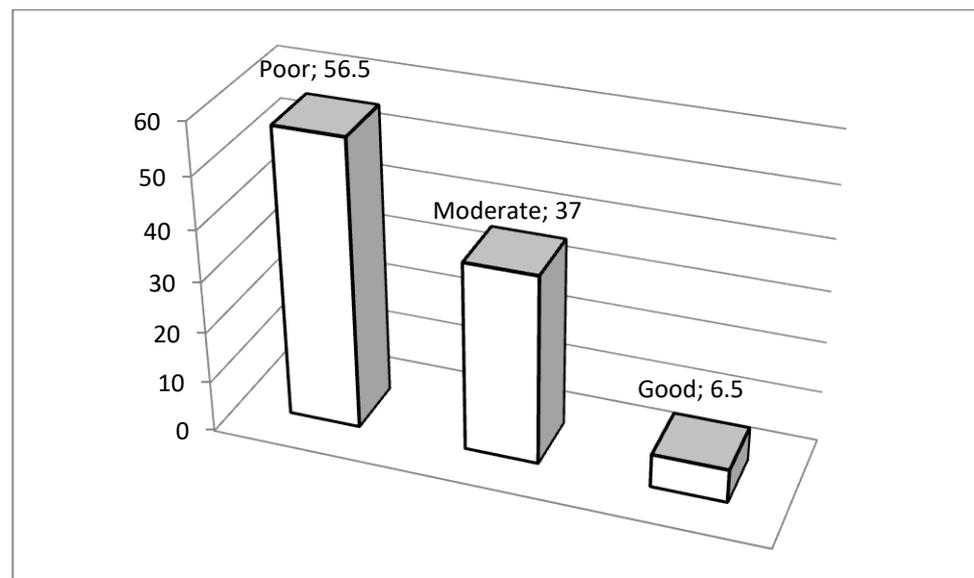
Figure4-2:Friends Support

Table 4-2-5:Overall Social Support For Breast Cancer Women

Social Support	Freq.	%	M (±SD)
Poor (M=16-26)	54	27.0	
Moderate (M=27-37)	123	61.5	30.1±5.81
Good (M=38-48)	23	11.5	
Total	200	100.0	

M: Mean for total score, SD=Standard Deviation for total score

Findings demonstrated that the (61.5%) of breast cancer women exhibited a moderate social support as described by moderate mean scores *30 (±5.81)*.
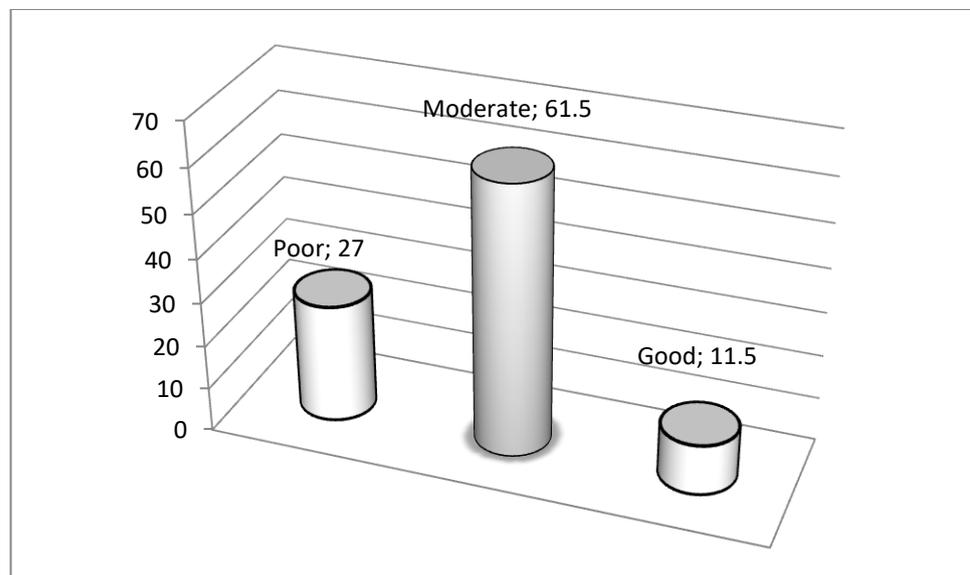

Figure4-3:Overall Social Support

Table 4-3-1.Self-hardieness among Breast Cancer Women

List	Self-hardiness Items	Responses	No.	%	*MS± SD*	*Ass.*
1	I feel afraid of the future	Never	109	54.5	*1.62±0.759*	*Low*
		Sometime	57	28.5		
		Always	34	17.0		
2	I find it hard to get my work done after I had cancer	Never	107	53.5	*1.80±0.917*	*Moderate*
		Sometime	25	12.5		
		Always	68	34.0		
3	I believe that my life has a purpose and meaning to live for	Never	112	56.0	*1.57±0.712*	*Low*
		Sometime	62	31.0		
		Always	26	13.0		
4	I believe that life is a struggle and work, not luck and opportunities	Never	105	52.5	*1.82±0.921*	*Moderate*
		Sometime	25	12.5		
		Always	70	35.0		
5	The value of life lies in the loyalty of the individual to his principles and values	Never	106	53.0	*1.80±0.907*	*Moderate*
		Sometime	28	14.0		
		Always	66	33.0		
6	I feel anxious and afraid of life changes	Never	109	54.5	*1.77±0.904*	*Moderate*
		Sometime	27	13.5		
		Always	64	32.0		
7	I feel like my life is worthless after being diagnosed with this disease	Never	119	59.5	*1.50±0.664*	*Low*
		Sometime	62	31.0		
		Always	19	9.5		
8	I take the initiative to face problems because I trust my ability to solve them	Never	113	56.5	*1.55±0.699*	*Low*
		Sometime	63	31.5		
		Always	24	12.0		
9	I am interested in changing my lifestyle in order to reach success	Never	105	52.5	*1.82±0.917*	*Moderate*
		Sometime	26	13.0		
		Always	69	34.5		
10	My success in life depends on my effort, not on chance and luck	Never	109	54.5	*1.62±0.759*	*Low*
		Sometime	57	28.5		
		Always	34	17.0		
11	I uphold and maintain my principles and values despite my illness	Never	110	55.0	*1.71±0.854*	*Moderate*
		Sometime	38	19.0		
		Always	52	26.0		
12	I feel fear when I face any problem	Never	115	57.5	*1.55±0.707*	*Low*
		Sometime	60	30.0		
		Always	25	12.5		
13	I am fully prepared for the events and changes that happen in my life	Never	109	54.5	*1.72±0.857*	*Moderate*
		Sometime	38	19.0		
		Always	53	26.5		
14	I believe that the joy of life lies in one's ability to face its challenges	Never	109	54.5	*1.70±0.843*	*Moderate*
		Sometime	41	20.5		
		Always	50	25.0		
15	I think a lot of what happens to me is the result of my planning	Never	111	55.5	*1.68±0.836*	*Moderate*
		Sometime	41	20.5		
		Always	48	24.0		
16	I take responsibility for the decisions make	Never	122	61.0	*1.48±0.657*	*Low*
		Sometime	60	30.0		
		Always	18	9.0		
17	I take the initiative to participate in activities that serve my community, and my illness does not prevent me from doing so	Never	115	57.5	*1.46±0.574*	*Low*
		Sometime	77	38.5		
		Always	8	4.0		

18	I feel like my ability to focus has become weak after cancer	Never	108	54.0	*1.72±0.856*	*Moderate*
		Sometime	39	19.5		
		Always	53	26.5		
19	I conduct my life affairs freely and independently from others	Never	110	55.0	*1.61±0.754*	*Low*
		Sometime	57	28.5		
		Always	33	16.5		
20	I can control myself in situations of sadness and failure	Never	109	54.5	*1.71±0.848*	*Moderate*
		Sometime	40	20.0		
		Always	51	25.5		
21	Laugh easily despite my illness	Never	113	56.5	*1.49±0.601*	*Low*
		Sometime	76	38.0		
		Always	11	5.5		

"(M) Mean, (SD) Standard deviation, Level of Assessment (Lwo≤1.66, Moderate=1.67-2.33, High ≥2.34)"

In terms of statistical mean and standard deviation, this table demonstrated that the breast cancer women expressed a low to ,moderate responses regards self hardiness as indicated by low to moderate mean scores.

Table 4-3-2:Overall Self-hardiness Breast Cancer Women

Self-hardiness	Freq.	%	*M (±SD)*
Low (*M=21-35*)	107	53.5	*34.75±15.16*
Moderate (*M=36-49*)	37	18.5	
High (*M=50-63*)	56	28.0	
Total	200	100.0	

M: Mean for total score, SD=Standard Deviation for total score

Findings demonstrated that the (53.5%) of breast cancer women illustrated a low self hardiness as described by low mean scores *34 (±15.16)*.
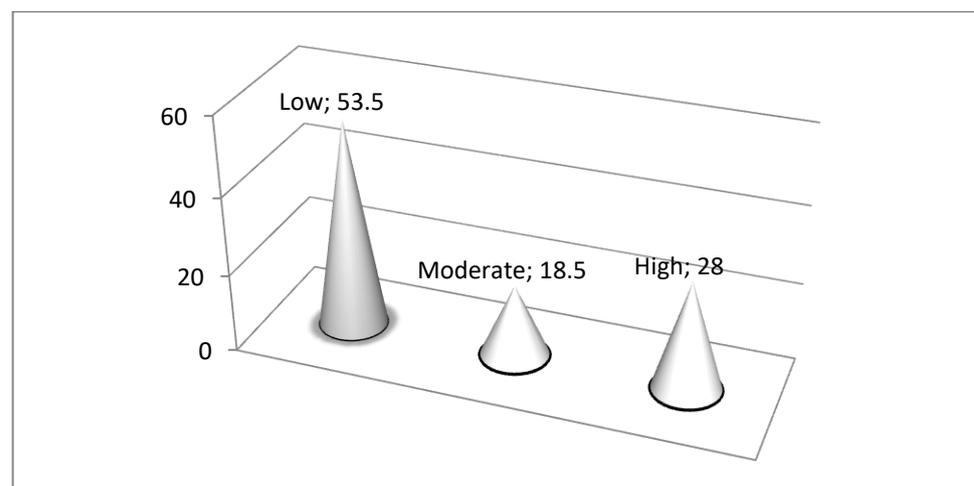
Figure4-4:Overall Self Hardiness

4.4.Significant Differences in Social Support Breast Cancer Women with regard their Socio-Demographic Variables

Table 4-4-1:Statistical Differences in Social Support with regards BC Women Age (*n=200*)

Age groups	Source of variance	Sum of Squares	d.f	Mean Square	F	*p≤ 0.05*
	Between Groups	2.533	4	.633		
Social Support	Within Groups	24.264	195	.124	5.090	.001
	Total	26.797	199			

d.f: Degree of freedom, F: F-statistic
.

Findings demonstrated that there were significant differences in social support with regards breast cancer women age (p<0.05).
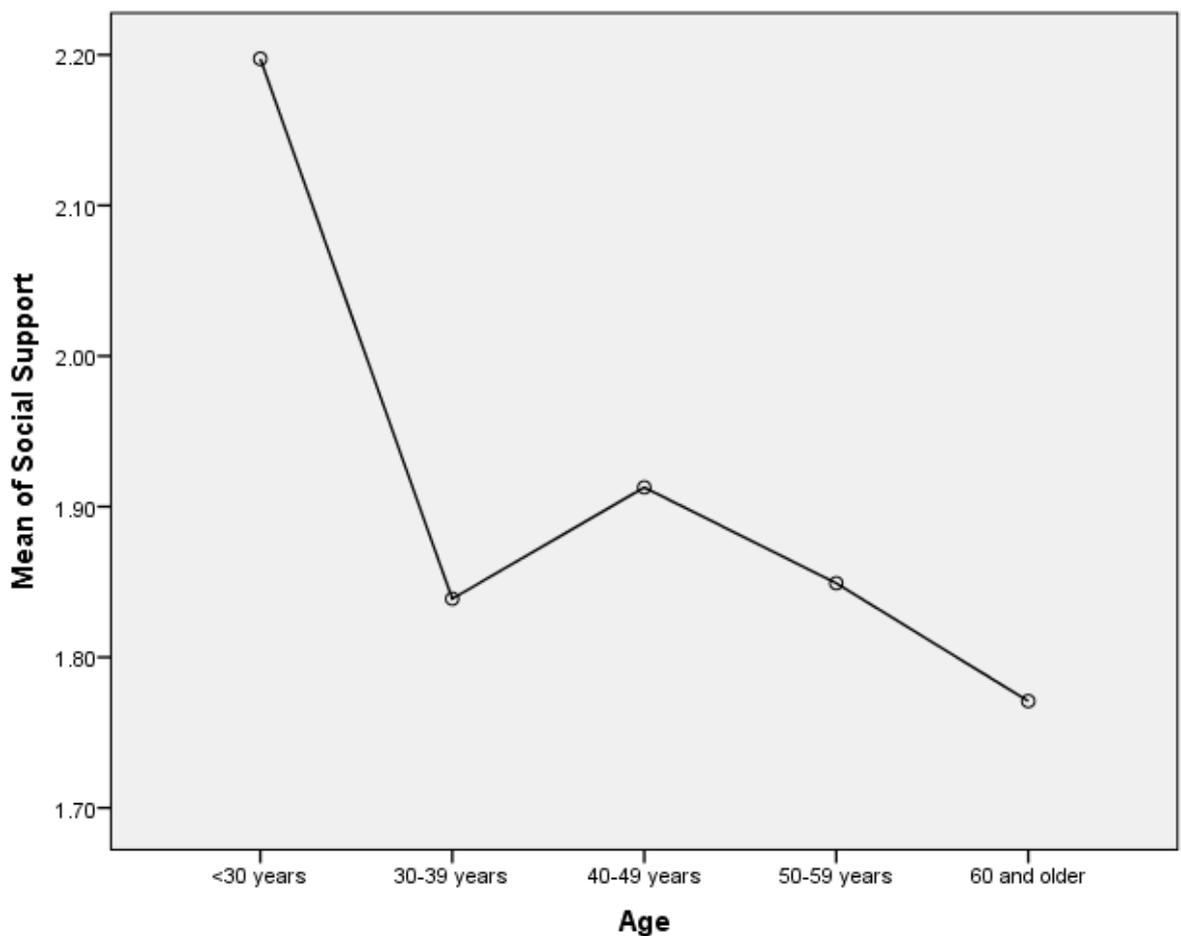
Figure 4-5:Distribution of Social Support according to Age groups

Table 4-4-2:Statistical Differences in Social Support with regards BC Women Economic Status (*n=200*)

Economic Status	Source of variance	Sum of Squares	d.f	Mean Square	F	*p≤ 0.05*
	Between Groups	1.353	2	.676		
Social Support	Within Groups	25.444	197	.129	5.237	.006
	Total	26.797	199			

d.f: Degree of freedom, F: F-statistic
.

Findings demonstrated that there were significant differences in social   support with regards breast cancer women economic status (p<0.05).

Figure 4-6:Distribution of Social Support according to Economic Status

Table 4-4-3:Statistical Differences in Social Support with regards BC
Women Marital Status (*n=200*)

Marital Status	Source of variance	Sum of Squares	d.f	Mean Square	F	*p≤ 0.05*
Social Support	Between Groups	6.502	3	2.167	20.933	.000
	Within Groups	20.295	196	.104		
	Total	26.797	199			

d.f: Degree of freedom, F: F-statistic
.

Findings demonstrated that there were significant differences in social support with regards breast cancer women marital status (p<0.05).
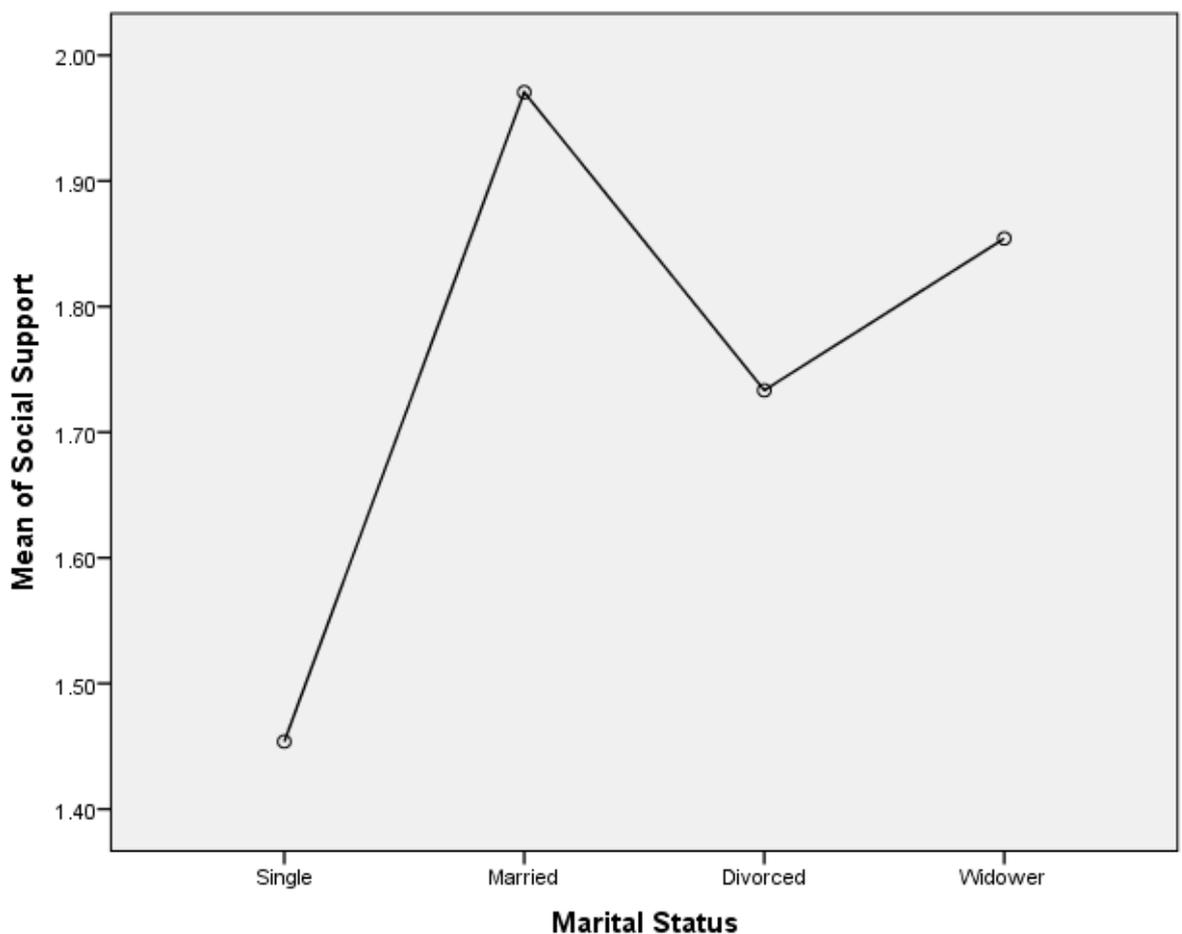
Figure 4-7:Distribution of Social Support according to Marital Status

Table 4-4-4:Statistical Differences in Social Support with regards BC Women Education Level (*n=200*)

Education Level	Source of variance	Sum of Squares	d.f	Mean Square	F	*p≤ 0.05*
	Between Groups	.924	5	.185		
Social Support	Within Groups	25.873	194	.133	1.386	.231
	Total	26.797	199			

d.f: Degree of freedom, F: F-statistic
.

Findings demonstrated that there were no significant differences in social support with regards breast cancer women education level (p>0.05).

Table 4-4-5:Statistical Differences in Social Support with regards BC Women Occupation (*n=200*)

Occupation	Source of variance	Sum of Squares	d.f	Mean Square	F	*p≤ 0.05*
	Between Groups	.497	3	.166		
Social Support	Within Groups	26.299	196	.134	1.236	.298
	Total	26.797	199			

d.f: Degree of freedom, F: F-statistic
.

Findings demonstrated that there were no significant differences in social support with regards breast cancer women occupation (p>0.05).
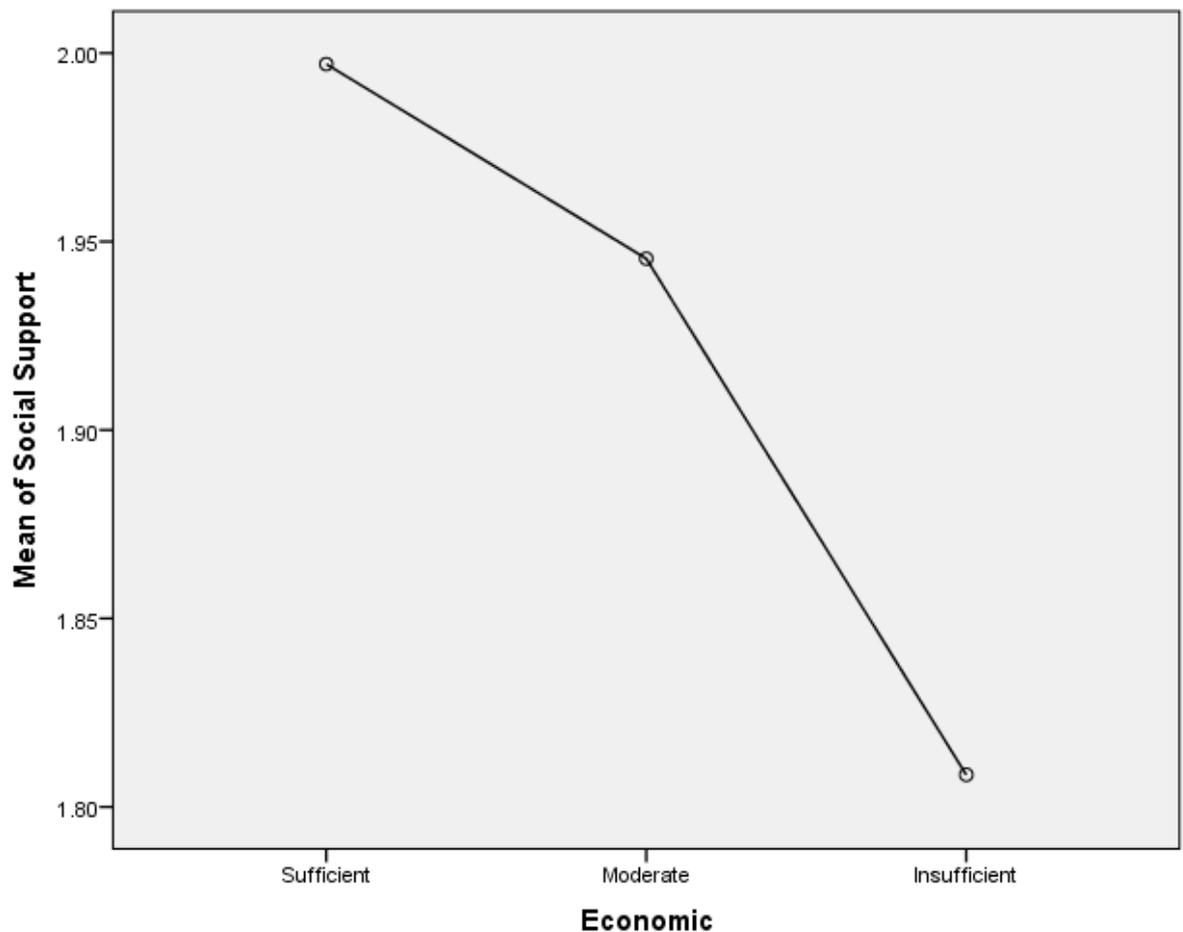
Table 4-4-6:Statistical Differences in Social Support with regards BC Women Duration of Cancer (*n=200*)

Duration	Source of variance	Sum of Squares	d.f	Mean Square	F	*p≤ 0.05*
	Between Groups	.342	2	.171		
Social Support	Within Groups	26.455	197	.134	1.274	.282
	Total	26.797	199			

d.f: Degree of freedom, F: F-statistic

.

Findings demonstrated that there were no significant differences in social support with regards breast cancer women their duration of breast cancer (p>0.05).

Table 4-4-7:Statistical Differences in Social Support with regards BC Women Family History (*n=200*)

Family History	Source of variance	Sum of Squares	d.f	Mean Square	F	*p≤ 0.05*
	Between Groups	.065	1	.065		
Social Support	Within Groups	26.732	198	.135	.478	.490
	Total	26.797	199			

d.f: Degree of freedom, F: F-statistic

.

Findings demonstrated that there were no significant differences in social support with regards breast cancer women their family history of breast cancer (p>0.05).

4.5.Association between Self hardness and Breast Cancer Women Socio-Demographic Characteristics

Correlation Coefficient	1	2	3	4	5	6	7	8
1.Self-hardiness	-	.105	.221**	.117	.025	-.017	-.011*	.084
2.Age	.105	-	.088	-.123	.114	.006	-.024	.023
3.Econpmic	.221**	.088	-	-.060	-.059	.028	.012	.040
4.Marital Status	.117	-.123	-.060	-	.031	.064	.023	.077
5.Education Level	.025	.114	-.059	.031	-	-.049	.071	.097
6.Occupation	-.017	.006	.028	.064	-.049	-	.014	-.068
7.Duraion of Disease	-.011*	-.024	.012	.023	.071	.014	-	.082
8.Family History	.084	.023	.040	.077	.097	-.068	.082	-

Findings exhibit there were significant correlation (positive) between self hardiness of breast cancer women and their economic ($r=-0.221$) at p-value <0.05 and negative with duration of cancer ($r=-0.011$) at p-value <0.05.

Table 4-6.Association between Social Support and Self Hardiness among Breast Cancer Women (*n=200*)

	Social Support		
	Spearman's rho	*.386***	Positive Sig.
Self Hardiness	*Sig. (2-tailed)*	*.000*	
	N	*200*	

Findings exhibit there were significant correlation (positive) between social support and self hardiness (*r=0.386; p=0.000*).

Table 4-7:Simple Liner Regression between Social Support and Self Hardiness among Breast Cancer Women (*n=200*)

Social Support Vs. Self Hardiness	Unstandardized Coefficients		Standardized Coefficients	t	*Sig.*
	B	Std. Error	Beta		
	.569	.094	.395	6.048	.000

Simple linear regression test confirmed that the significant effect of social support on self hardiness (*p=0.000*).
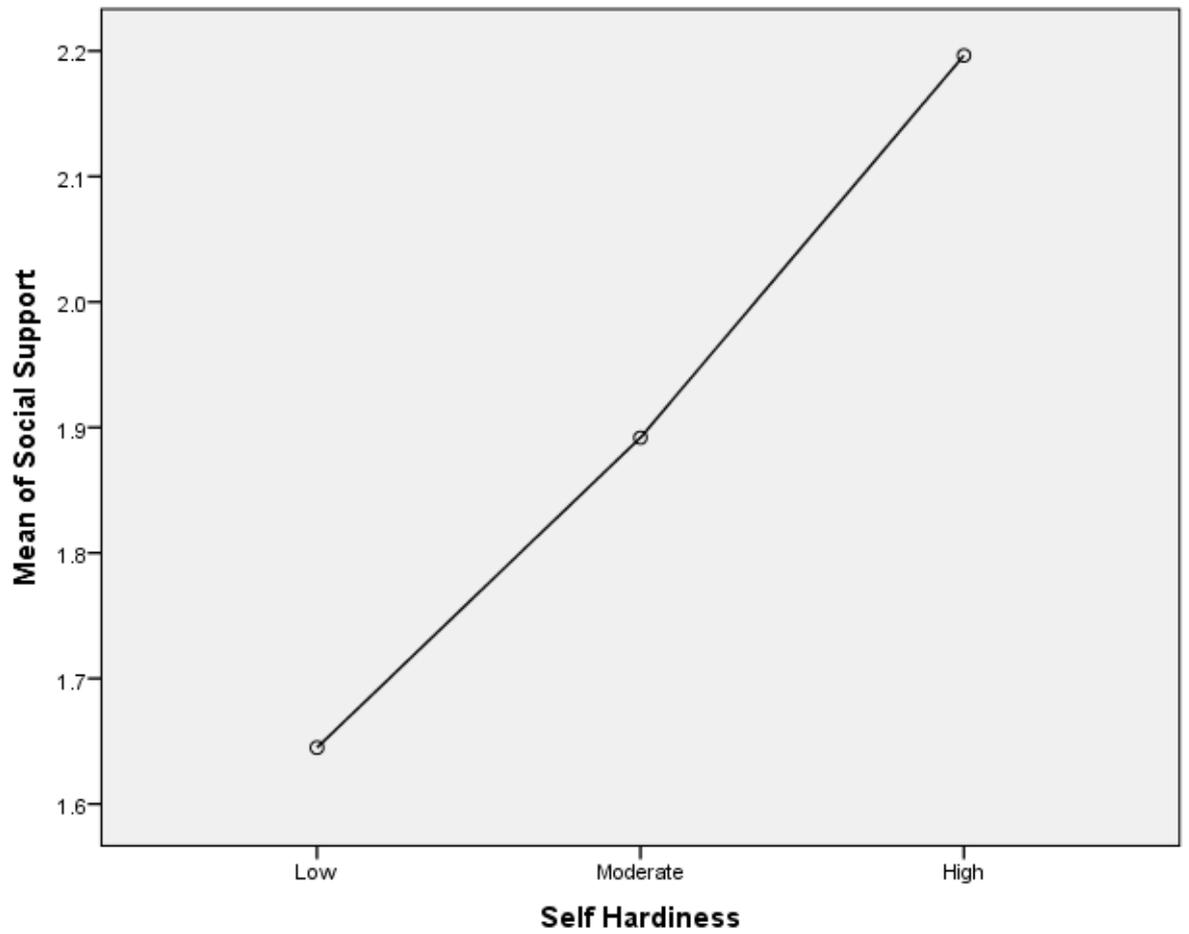
Figure 4-8:Distribution of Self Hardiness according to Social Support

Chapter Five
Discussion of the Study Results

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Social support can bring him out of the atmosphere of illness and inspire in him a great degree of optimism and hope and make him forget his illness, even temporarily, and this contributes to strengthening the patient's ability to confront his illness, not only from a psychological point of view, but also from a biological-clinical, as many studies have proven that Social support strengthens hope in life, and this hope, in turn, contributes to enhancing the patient's immune response. The study aimed to investigate the social support and its relation to self hardiness and associated factors. This chapter extensively introduces the outcomes of the research in tables and these refer to the objectives of this report, which are as follows:

5.1.Socio-Demographic Characteristics of the Study Sample

In deals with participants age, the mean age is 29 (±11.57), the age 50-59 years old were recorded the highest percentage 75 (37.5%) and the lowest percentage were aged <40 years 19 (9.5%). This may attributed to the breast cancers mostly occurs in advanced age, in regards with this decade, Rab (2012), confirmed that the breast cancer were associated with women who aged 40 years and above. The age of the analyzed sample in Gebre's 2018 study was over 55 years, which is consistent with our findings. because the majority of persons develop cancer at an elderly age.

In regarding with economic status, breast cancer women expressed insufficient economic 55% and small ration for those who are sufficient economic 21.5%. The economic status is significantly associated with occupation status (unemployment women were highest percentage 76%), and the last is significantly associated with education level (elementary school graduated were most of the studied sample 45.5%).

In terms of marital status, it is obvious that the married women constituted the majority 77.5%, and the lowest percentage were widower 1.5%, because they have young as well as old ages, and their sick condition may expose them not to marriage or possibly to divorce.

Most of women exhibit for less than 5 years as a duration of breast cancer 84.5 without family history of disease 80%. The occurrence of breast cancer is mostly concomitant with a genetic side, and treatment continues for many years.

5.2. Social Support For Breast Cancer Women

The main provider of social support for all participants combined was the (60.5%) of breast cancer women exhibited a moderate social support from husband (table 4-2-2), (56.5%) of breast cancer women exhibited a poor social support from friends (table 4-2-4). Findings demonstrated that the (61.5%) of breast cancer women exhibited a moderate social support as described by moderate mean scores *30 (±5.81)* (table 4-2-5).

Our findings come in agreement with findings of Salakari et al. (2017) who demonstrated in their findings that the close relative (12.0%) and friends (5.4%) support. As confirmed by Sørensen et al. (2020), showed that the beast cancer women receive more family support than support from relatives and friends.

In the study conducted by Eylen (2002), to determine the social support level in cancer patients, the support received from families was found to be high. Similar studies also reported that social support is mostly received from family members (Soylar & Genç, 2016; Yağmur & Duman, 2018; Ozbayir et al., 2019).

In Egypt, a low degree of social support was reported in 119 patients (39.5%), a moderate degree in 101 patients (33.6%), and a high degree in 81 patients (26.9%). Social support is related to many

psychological factors, which can be quantitatively analyzed and it can predict hope (Denewer et al., 2011).

Social support may even affect the outcome of breast cancer therapy; Spiegel et al. (1989) published what would become a landmark study showing that women with metastatic breast cancer who participated in an expressive supportive group therapy intervention lived about twice as long as women who had a similar condition.

The comprehensive understanding of patients' healthy social support reactions towards breast cancer is a necessary matter to determine standards of care and treatment vectors for women with breast cancer who are psychologically healthy and others who suffer from psychological disorders which may significantly delay or complicate treatment (Kondylakis et al., 2013).

The cancer patients had low social support, according to the study's criteria. This finding shows that social support helps cancer patients cope with their psychological symptoms, and that as long as they value it, it is considered necessary for them because of its role in improving their psychological state and lowering their levels of depression and negative thinking, which is one of the reasons for their suffering. According to Mesquita et al (2013), they have a poor response to treatment and a low likelihood of achieving a cure for the disease.

The absence of various types of social support, according to Haisfield-Wolfe et al. (2012), activates the negative effects of bad events and situations that the individual is exposed to, which affects the patient's health condition, as he sees that the network of social relationships such as family, friends, doctor, and nurse that can support the patient, contribute greatly to Treat it and enhance the stages of his recovery from the disease.

In this sense, the findings of a study conducted in Pakistan are consistent with ours. Due to a lack of social support, cancer patients

receiving chemotherapy were observed to have low to moderate self-care. Patients should be rehabilitated, and health care practitioners and the community should be interested in the psychological status of cancer patients, according to the study (Shams et al., 2018).

Moreover, it was found that breast cancer patients' experiences of social support are highly personal and reflect their individual needs. Women's experiences may further be affected by their native or adapted cultures and also by their religions. Therefore, nurses should provide breast cancer patients with more personalized care that would pay attention to their personality, age, religion and cultural background. Nurses could also routinely contact women who are waiting for surgery and make a follow-up call after treatments, which would improve both emotional and informational support for breast cancer patients (Pekkola et al., 2018).

5.3. Self-hardiness Breast Cancer Women

Findings demonstrated that the (53.5%) of breast cancer women illustrated a low self hardiness as described by low mean scores *34 (±15.16).* In line with this, findings from this research study are showing that patients from Greece have moderate levels of resilience (Fradelos et al., 2017).

The study of Ristevska-Dimitrovska (2015) indicated that a sample of women with breast cancer in Bitola and Skopje also declared moderate levels of resilience (74.7±14.6). Moreover, Kim et al. (2015) in their study found that resilience scores in a sample of 106 women from Korea is 69.77 (±19.49), mean considered to be moderate as well.

5.4. Socio-Demographic Factors Associated with Social Support

There are only breast cancer women age, economic status, and marital status were considered predisposing with social support. The strongest forms of support are those that come from within the family itself, especially from the spouse and children. On the other hand, women in this age group are less interested in body image compared to younger girls, especially unmarried women who show great interest in body image, especially that the breast is a prominent organ in a woman's body, which is also a manifestation of her beauty

5.4.1. Social Support and Age

Findings demonstrated that there were significant differences in social support with regards breast cancer women age ($p=0.001$) (table 4-4-1). That is, the social support among breast cancer influenced by their age groups. That is, the differences were in favor of the younger age group (<30 years), as they expressed a high level of social support, in contrast to the older age group (≥60 years), which reported a lower level of social support (Fig. 4-5).

From the point of view of breast cancer patients, the greater the age, the greater the neglect and the more useless the attention to the disease. This findings is supported by findings from Turkish women, there were negative correlation between social support and age groups, this means that the social support is decreased with introduced age (Ozbayir et al., 2015).

All cancer patients have the right to support from the family and those around him, regardless of his age, whether he is young or old, they need the same social support. The fact that cancer patients get the highest social support from family members that provide care is in line with the literature. For this reason, it is essential for nurses to guide family members towards supporting the patient (Adams et al., 2015).

5.4.2.Social Support and Economic

Analysis of variance showed that there were significant differences in social support with regards breast cancer women economic status (*p=0.006*) (table 4-4-2). The degree of moral differences according to social support, provided that those who have sufficient monthly income enjoy better social support than those who do not have sufficient monthly income (Fig. 4-6).

The economic status play an importance roles in social support, on others terms, the women who had sufficient income seem to be differs from the woman who does not have enough income, in addition, the woman who has sufficient income does not care about social support, so she recorded the highest average support.

This findings is supported by Salah (2019), who stated in their findings that there were significant differences in social support according economic status, where those who do not have an insufficient monthly income have an urgent need for social support more than those who have a sufficient monthly income. There were significant (negative) correlation between social support and monthly income among breast cancer women (Almuhtaseb et al., 2021).

5.4.3.Social Support and Marital Status

In current study findings, it is observed that there were significant differences in social support with regards breast cancer women marital status (*p=0.000*) (table 4-4-3). From the findings, the differences respectively registered higher average of social support among those who are married, followed by those who are divorced, followed by those who are widower and those who are single (Fig. 4-7).

The marital status considered an influencing factor of social support, where the single women records the lowest scores of social support due to feeling inferior and anxious about the future in having a

married life. The married patients in the sample group stated that they felt more secure and received better social support. The type of the support that patients need can vary according to the individual, time, and circumstances. While single patients may benefit from emotional support, married patients with children can benefit from social support more than others (Matchim et al., 2011). A study has shown that patients that are married for longer periods of time adapted to their situation better and that they received most of the support from their spouses (Paterson et al., 2015).

The researcher attributes this result to what is stated in the theoretical framework that the most effective sources of social support are those that come from first-degree relatives such as parents, husbands, wives and children. It plays an important role in accepting treatment and recovering from illness, and it also contributes to positive compatibility. Therefore, there are two important elements that should be taken into consideration: the individual's realization that there are important and close people in his life that he can rely on when needed, and the degree of satisfaction with This support available to him, and his belief in the adequacy, efficiency and strength of support from the important people in his life.

5.5. Association between Self hardness and Breast Cancer Women Socio-Demographic Characteristics (table 4-5)

Findings exhibit there were significant correlation (positive) between self hardiness of breast cancer women and their economic ($r=0.221$), the higher the economic situation, the higher the self hardiness. Most of the women diagnosed with breast cancer in Hilla City receive relatively close treatment, as if most women do not obtain health insurance and referral for treatment abroad, if necessary, an economic effort is required, which reduces the efficiency in treating this disease.

A negative correlation between self hardiness and duration of cancer (*r=-0.011*). The researcher attributes this result to the fact that women who have been diagnosed with breast cancer for a long time have lived with their condition, while we find that other women may suffer from weak psychological toughness as a result of not going through the experience and believing that what happened is a reality, and that they have to adapt to this event.

5.6. Association between Social Support and Self Hardiness among Breast Cancer Women

Findings exhibit there were significant correlation (positive) between social support and self hardiness (*r=0.386; p=0.000*) (table 4-6) The sample of breast cancer patients responded between social support and their self hardness, which indicates that the greater the degree of social support that breast cancer patients receive, the higher their psychological hardness and to a high degree.

On other hand, the simple linear regression test confirmed that the significant effect of social support on self hardiness (*p=0.000*) (table 4-7), the results showed a high ability to influence social support on the level of self hardiness based on the study's criteria, as the model can predict the level of self hardiness based on the extent of social support that a breast cancer patient receives That is, the high social support is significantly associated with high self hardness, and lack social support is significantly associated with low self hardness (Fig. 4-8).

This was confirmed by the study Ercan (2017), which indicated that there is a positive correlation between social skills and psychological toughness among Mansoura University students.

Our results are also similar with the findings of the study Jin & Dewaele (2018), which indicated that there is a positive relationship between social support and orientation towards life, as the results of the

study Suwankhong & Liamputtong (2016) showed that there is a relationship between the total degree of psychological hardness and the total degree of social support, a positive correlation statistically significant among women treated for breast cancer.

This result confirms the strength of the impact of social support for breast cancer women in increasing the degree of their self hardness and their ability to confront and bear pressures, especially when they receive support and help from those around them, and when they are the subject of care and attention from others, and when they have good social relations and constant encouragement from relatives, friends and neighbours, support makes them they stand on their feet in the face of the most dangerous diseases of the age, and they are sure that they are not alone in the battle of their lives, which is often threatened by death.

As the social support that a breast cancer patient receives from those around him has a great role in alleviating the pain of trauma and increasing her ability to bear it in a high way. exposure to stressful events such as cancer, it increases the individual's use of his appropriate personal and social resources towards these conditions and prevents cancer from reaching a state of chronic despair and feeling drained of his energy.

The results showed that mean social support of respondents was *30.1*, and the self hardiness was *34.75*. Statistical significance correlation was found between social support and self hardiness (*r=0.386; p=0.000*). The study adds knowledge regarding health education for all segments of society towards cancer patients. Further study is needed to explore breast cancer patients' needs.

Chapter Six
Conclusions &
Recommendations

Chapter Six

Conclusions and Recommendations

6.1. Conclusion:

In light of the results discussion and their interpretations, our study concludes that:

6.1.1. Social support among breast cancer, women expressed a moderate level due to influencing factors includes:

1. Women age (young women significantly higher social support than the others).

2. Economic status (insufficient income significantly needs more to support).

3. Marital status (women who are single is significantly needs more support).

6.1.2. A moderate self hardiness associated breast cancer women and influenced by economic status and duration of cancer.

6.1.3. Social support is significantly associated positively with self hardiness.

6.1.4. Social support from family, friends and the community surrounding breast cancer women which indeed helps to improved their self hardiness and to deal with the most dangerous diseases of our time.

6.2.Recommendations:

The present study could recommend, based on the above stated conclusion, that:

6.2.1. The necessity of designing educational guidance programs targeting women suffering from breast cancer, and providing them with care and social support.

6.2.2. Building and providing awareness and educational programs related to guiding breast cancer patients on how to deal with the effects of the disease and its treatment, which increases their self hardiness.

6.2.3. A manual booklet of breast cancer treatment and how to management it should be write in simple words and use attractive pictures given to the women and family.

6.2.4. For cancerous and non cancerous women need to prevent the causes of breast cancer and better know the causes, symptoms, methods of treatment and prevention to limit the spread of the disease.

6.2.5. Communicating with other women diagnosed with breast cancer in order to enhance self-confidence, and that this patient would not have affected that woman alone, and thus self-confidence is enhanced to a greater degree.

6.2.6. Conducting studies on the psychosocial needs of breast cancer patients.

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Appendices

		جمهورية العـــراق	
Ministry Of Health Babylon Health Directorate Email:- Babel_Healthmoh@yahoo.com Tel:282628 or 282621			وزارة الصحة والبيئة دائرة صحة محافظة بابــل المديــر العــام مركز التدريب والتنمية البشرية لجنة البحوث

استمارة رقم :-۰۳ / ۲۰۲۱

رقم القرار :- ۲ . .

تاريخ القرار :- ۸ / ۲ /۲۰۲۲

قرار لجنة البحوث

تحية طيبة ...

درست لجنة البحوث في دائرة صحة بابل مشروع البحث ذي الرقم (۲۸ /۲۰۲۲/۰ بابل)
المعنــون (الدعم الاجتماعي وعلاقته بالصلابة الذاتية لمرضى سرطان الثدي)
والمقـدم من الباحث(محمد مهدي معيوف) إلى وحدة أدارة البحوث والمعرفي مركز
التدريب والتنمية البشرية في دائرة صحة بابل بتاريخ ۲۰۲۲/۲/۱٤ وقررت :

قبول مشروع البحث أعلاه كونه مستوفيا للمعايير المعتمدة في وزارة الصحة
والخاصة بتنفيذ البحوث ولا مانع من تنفيذه في مؤسسات الدائرة .

مـــــع الاحتــــرام

الدكتور / محمد عبد الله عجرش
رئيس لجنة البحوث
/ ۲۰۲۲/

نسخة منه إلى :

●مكتب المدير العام / مركز التدريب والتنمية البشرية / وحدة إدارة البحوث ... مع الأوليات.

سوزان

السيد المعاون العلمي المحترم

السيد رئيس فرع تمريض الصحة المجتمع و تمريض الصحة النفسية المحترم

اللجنة العلمية والأخلاقيات المحترمون

م\ أخلاقيات البحث

يرجى التفضل بالموافقة على عرض موضوع (الماجستير) على اللجنة العلمية وأخلاقيات البحث العلمي عن موضوع رسالتي \

أطروحتي الموسومة

باللغة العربية

(الدعم الاجتماعي وعلاقته بالصلابة الذاتية لمرضى سرطان الثدي)

واللغة الإنكليزية

(Social Support and its Relationship to Self-hardiness for Breast Cancer Patients)

مع التقدير

اسم المشرف الاول وتوقيعه..أ.د. أمين عجيل الناسري.........

اسم المشرف الثاني وتوقيعه...............................

اسم الطالب وتوقيعه:

محمد مهدي معيوف

رئيس الفرع وتوقيعه...أ.د سلمى كاظم جهاد

رئيس الفرع
أ.د. سلمى كاظم جهاد

المعاون العلمي: أ.م.د نهاد محمد قاسم

ملاحظة: ترفق جميع الاستمارات الخاصة بلجنة أخلاقيات البحث مع الطلب. (Ethical form 1, Ethical form2, Ethical Form3)

University of Babylon
College of Nursing
Research Ethics Committee

جـــامـعة بـــابـل
كـــلية التمريـض
لجنة اخلاقيات البحث العلمي

Issue No:

Date: /   /2022

Approval Letter

- -

To,

muhamad mahdi macyuf

The Research Ethics committee at the **University of Babylon, College of Nursing** has reviewed and discussed your application to conduct the research study entitled " **Social support and its relationship to self-hardiness for breast cancer patients.**"

The Following documents have been reviewed and approved:

1. Research protocol
2. Research instrument/s
3. Participant informed consent

Committee Decision:

The committee approves the study to be conducted in the presented form. The Research Ethics committee expects to be informed about any changes occurring during the study, any revision in the protocol and participant informed consent.

Prof. Dr. Salma K. Jehad
Chair Committee
College of Nursing
Research Ethical Committee
18 /01 /2022

University of Babylon
College of Nursing

جامعة بابل
كلية التمريض
لجنة الدراسات العليا

Ref. No. :
Date: / /

وزارة الصحة
دائرة صحة بابل
الصادرة
٥١٩

العدد : ٢٨٤
التاريخ : ١٢٧/ ١ /٢٠٢٢

الى / دائرة صحة بابل / مركز التدريب والتطوير
م / تسهيل مهمة

تحية طيبة :

يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالب الماجستير
(محمد مهدي معروف) لغرض جمع عينة دراسة الماجستير والخاصة بالبحث
الموسوم :

الدعم الاجتماعي وعلاقته بالصلابة الذاتية لمرضى سرطان الثدي.

Social Support and its Relationship to Self-hardiness for Breast Cancer patients.

مع الاحترام ...

المرفقات //
• بروتوكول
• استبانة.

أ.م . د . نهاد محمد قاسم الثوري
معاون العميد للشؤون العلمية والدراسات العليا
٧ / ١ / ٢٠٢٢

صورة منه الى //
• مكتب السيد العميد للتفضل بالاطلاع مع الاحترام .
• لجنة الدراسات العليا
• المباشرة .

E-mail:nursing@uobabylon.edu.iq

STARS

وطني 07711632208
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www.uobabylon.edu.iq

جمهورية العراق

Ministry Of Health Babylon Health Directorate Email:- Babel_Healthmoh@yahoo.com Tel:282628 or 282621		وزارة الصحة والبيئة دائرة صحة محافظة بابـــل المديـــر العــام مركـــز التدريب والتنمية البشرية وحدة أدارة البحوث
		العدد : ١٠٩٠
		التاريخ : ١٩/ ١ /٢٠٢٢

إلى / مستشفى الأمام الصادق (ع)

مركز بابل لمعالجة الأورام

م/ تسهيل مهمة

السلام عليكم ...

أشارة الى كتاب جامعة بابل /كلية التمريض / لجنة الدراسات العليا ذي العدد ٤٨٣ في ٢٠٢٢/١/٢٧

نرفق لكم ربطا استمارات الموافقة المبدئية لمشروع البحث العائد للباحث طالب الماجستير (محمد مهدي معيوف)

للتفضل بالاطلاع وتسهيل مهمة الموما أليه من خلال توقيع وختم استمارات اجراء البحث المرفقة في مؤسساتكم وحسب الضوابط والإمكانات لاستحصال الموافقة المبدئية ليتسنى لنا أجراء اللازم على أن لا تتحمل مؤسساتكم أية تبعات مادية وقانونية .... مع الاحترام

المرفقات :

استمارة عدد /٢

الدكتور

محمد عبد الله عجرش

مدير مركز التدريب والتنمية البشرية

/ / ٢٠٢٢

نسخة منه إلى :

• مركز التدريب والتنمية البشرية / وحدة ... مع الأوليات ...

دائرة صحة محافظة بابل / مركز التدريب والتنمية البشرية /

babiltrainning@gmail.com

سوزان ١/٢٠

Part I: Socio-demographic Information

1. **Age** ☐ years

2. **Economic**

   enough ☐
   Moderate ☐
   mot enough ☐

3. **Social state**

   Single ☐
   Married ☐
   Divorced ☐
   Widower ☐

4. **Education level**

   Unable to read and write ☐
   Read and write ☐
   Elementary school ☐
   Middle school ☐
   Secondary school ☐
   College and above ☐

5. **Occupation**

   Employee ☐
   Housewife ☐
   Retired ☐
   Unemployment ☐

6. **Duration of breast cancer** ☐ years

7. **History of family members of cancer**

   Yes ☐
   No ☐

Part II: Social Support

First: Support from the family

List	Paragraph	Always	Sometime	Never
1	My family members listen to me contentedly when I want to talk to them			
2	I feel comfortable discussing my concerns about my condition with my family members			
3	My family ignores my health			
4	My family understands what I'm going through			
5	I should pretend in front of my family that everything is better than it is			
6	I feel so much affection and affection from my family			
7	I often find appreciation from my family when trying to overcome my problems			
8	My family members do my chores when I can't do them			

Third: Support from the friends

List	Paragraph	Always	Sometime	Never
1	My friends listen to me willingly when I want to talk to them			
2	I feel comfortable discussing my concerns about my condition with my friends			
3	Sometimes my friends ignore my fears and don't care about me			
4	My friends seem to understand what I'm going through			
5	I should pretend to my friends that everything is better than it is			
6	I feel a lot of affection and affection from my friends			
7	I often find appreciation from my friends when I try to overcome my problems			
8	My friends do my tasks when I can't do them			

Part III: Self-hardiness

List	Paragraph	Always	Sometime	Never
1	I feel afraid of the future			
2	I find it hard to get my work done after I had cancer			
3	I believe that my life has a purpose and meaning to live for			
4	I believe that life is a struggle and work, not luck and opportunities			
5	The value of life lies in the loyalty of the individual to his principles and values			
6	I feel anxious and afraid of life changes			
7	I feel like my life is worthless after being diagnosed with this disease			
8	I take the initiative to face problems because I trust my ability to solve them			
9	I am interested in changing my lifestyle in order to reach success			
10	My success in life depends on my effort, not on chance and luck			
11	I uphold and maintain my principles and values despite my illness			
12	I feel fear when I face any problem			
13	I am fully prepared for the events and changes that happen in my life			
14	I believe that the joy of life lies in one's ability to face its challenges			
15	I think a lot of what happens to me is the result of my planning			
16	I take responsibility for the decisions make			
17	I take the initiative to participate in activities that serve my community, and my illness does not prevent me from doing so			
18	I feel like my ability to focus has become weak after cancer			
19	I conduct my life affairs freely and independently from others			
20	I can control myself in situations of sadness and failure			
21	Laugh easily despite my illness			

عزيزي المريض/

إن المعلومات التي تصدر عنك ستكون في غاية السرية ولن تستخدم إلا لغرض البحث العلمي فقط.. لذا يمكنك الإدلاء برأيك بكل جدية ومصداقية

الجزء الاول: المعلومات الديموغرافية:

العمر : ☐

الحالة الاقتصادية:

☐	كافي
☐	متوسط
☐	غير كافي

الحالة الاجتماعية :

☐	عزباء
☐	متزوجه
☐	مطلقه
☐	أرمله

المستوى التعليمي:

☐	لا يقراه ولا يكتب
☐	يقراه ويكتب
☐	ابتدائية
☐	متوسطة
☐	إعدادية
☐	كلية فما فوق

المهنة: موظف ☐   ربت بيت ☐   متقاعد ☐   لا تعمل ☐

تاريخ الإصابة بمرض السرطان: ☐

احد إفراد العائلة مصاب بإمراض مزمنة: نعم ☐   لا ☐

4

الجزء الثاني: المساندة الاجتماعية:

اولا: المساندة من قبل العائلة

أبدا	أحيانا	دائما	الفقرات	ت
			يستمع إلي أفراد عائلتي عن رضا عندما أرغب في الحديث معهم.	١
			أشعر بارتياح عندما أناقش مخاوفي حول حالتي مع أفراد أسرتي.	٢
			يتجاهل أفراد عائلتي حالتي الصحية.	٣
			يتفهم أفراد عائلتي ما أعاني منه.	٤
			ينبغي عليَ أن أتظاهر أمام أفراد عائلتي بان كل شيء أفضل مما هو عليه.	٥
			أشعر بالكثير من المودة والعطف من أفراد عائلتي.	٦
			غالباً ما أجد التقدير من أفراد عائلتي عند محاولتي التغلب على مشاكلي.	٧
			يقوم أفراد عائلتي بمهامي عندما لا أستطيع أداءها	٨

ثالثا: المساندة من قبل الأصدقاء

أبدا	أحيانا	دائما	الفقرات	ت
			يستمع إلي أصدقائي عن رضا عندما أرغب الحديث معهم.	١
			أشعر بارتياح عندما أناقش مخاوفي حول حالتي مع أصدقائي.	٢
			أحيانا ما يتجاهل أصدقائي مخاوفي ولا يعيروني أي اهتمام.	٣
			يبدو لي أن أصدقائي يتفهمون ما أمر به.	٤
			ينبغي عليَ أن أتظاهر أمام أصدقائي بان كل شيء أفضل مما هو عليه.	٥
			أشعر بالكثير من المودة والعطف من أصدقائي.	٦
			غالباً ما أجد التقدير من أصدقائي عند محاولتي التغلب على مشاكلي.	٧
			يقوم أصدقائي بأداء مهامي عندما أعجز عن أداءها.	٨

5

الجزء الثالث: الكفاءة الذاتية:

ت	الفقرات	دائما	أحيانا	أبدا
١	أشعر بخوف من المستقبل			
٢	أصبحت أجد صعوبة في إنجاز أعمالي بعد إصابتي بالسرطان			
٣	اعتقد إن لحياتي هدفا ومعنى أعيش لأجله			
٤	اعتقد إن الحياة كفاح وعمل وليست حظا وفرص			
٥	تكمن قيمة الحياة في ولاء الفرد لمبادئه وقيمه			
٦	أشعر بالقلق والخوف من تغيرات الحياة			
٧	أشعر بأنه لا قيمة لحياتي بعد إصابتي بهذا المرض			
٨	أبادر في مواجهة المشكلات لأني أثق في قدرتي على حلها			
٩	أهتم بالتغيير في نمط حياتي لكي أصل إلى النجاح			
١٠	نجاحي في أمور حياتي يعتمد على جهدي وليس على الصدفة والحظ			
١١	أتمسك بمبادئ وقيمي وأحافظ عليها على الرغم من مرضي			
١٢	عندما أواجه أية مشكلة أحس بالخوف			
١٣	أكون مستعدا وبكل جدارة لما يحدث في حياتي من أحدات وتغيرات			
١٤	أعتقد أن متعة الحياة تكمن في قدرة الفرد على مواجهة تحدياتها			
١٥	اعتقد أن الكثير مما يحدث لي هو نتيجة تخطيطي			
١٦	أتحمل مسؤولية القرارات التي أتخذها			
١٧	أبادر بالمشاركة في النشاطات التي تخدم مجتمعي ولا تمنعني حالتي المرضية من ذلك			
١٨	أشعر بأن قدرتي على التركيز أصبحت ضعيفة بعد إصابتي بمرض السرطان			
١٩	أتصرف بشؤون حياتي بحرية واستقلال عن الآخرين			
٢٠	أستطيع السيطرة على نفسي في مواقف الحزن والفشل			
٢١	اضحك بسهولة على الرغم من معاناتي مع المرض			

6

خبراء تحكيم استمارة الاستبانة

سنوات الخبرة	مكان العمل	الاختصاص	اللقّب العلمي	اسم الخبير	ت
٤٠	طب صحة الأسرة والمجتمع	جامعة بابل\ كلية طب حمورابي	استاذ	د. حسن علوان بيعي	١
٣٦	تمريض صحة الأسرة والمجتمع	جامعه بابل \اكليه التمريض	استاذ	د. سلمى كاظم جهاد	٢
٣٣	تمريض صحة الأسرة والمجتمع	جامعة الكوفة \كلية التمريض	استاذ	د. فاطمة وناس خضير	٣
٣٢	تمريض صحة الأسرة والمجتمع	كليه التمريض \ جامعه بغداد	استاذ	د.وسام جبار قاسم	٤
٣٤	تمريض أطفال	كليه التمريض \جامعه بابل	استاذ	د.نهاد محمد الدوري	٥
٢٨	تمريض صحة الأسرة والمجتمع	جامعة بابل\ كلية التمريض	استاذ مساعد	د. ناجي ياسر سعدون	٦
١٨	تمريض صحة الأسرة والمجتمع	جامعة الكوفة \كلية التمريض	استاذ مساعد	منصور عبد الله فلاح	٧
٢٢	تمريض صحة الأسرة والمجتمع	جامعة الكوفة \كلية التمريض	استاذ مساعد	د. مرتضى غانم عداي	٨
٣٢	تمريض أطفال	كلية التمريض / جامعة كربلاء	استاذ	د. خميس بندر عبيد	٩
١٤	تمريض صحة الام والطفل	جامعة بابل\ كلية التمريض	استاذ مساعد	د. وفاء احمد امين	١٠
٧	تمريض صحة المجتمع	الجامعة التقنية الوسطى	مدرس	محمد مالح راضي	١١

**Ministry of Higher Education
and Scientific Research**

وزارة التعليم العالي والبحث العلمي   جمهورية العراق

**University of Babylon
College of Education for Human Sciences**

جامعة بابل
كلية التربية للعلوم الانسانية

Ref. No :   نسخة بابل/ كلية التمريض

Date :   الصادرة /

العدد : ٥٨٧ ٥

التاريخ : ١١٢ / ٦ / ٢٠٢٢

الى/ جامعة بابل/ كلية التمريض

مكتب السيد معاون العميد للشؤون العلمية المحترم

م/ أعادة رسالة

تحية طيبة :

اشـــارة الـــى كتـــابكم المـــرقم (١٨٨٧) فـــي ٢٠٢٢/٥/٢٤ نعيـــد اليكم رسالة طالـب الدراســـات العليــا / الماجستير (محمد مهدي معيوف) بعـد تقويمهـا لغويـاً مـن قبـل (أ.م.د. وفـاء مخلـص فيصل) مـن قسـم اللغـة الانكليزيـة فـي كليتنـا، وقـد ثبتـت الملاحظـات على متن الرسالة يرجى من الباحث الالتزام بها.

*** مع الاحترام ***

أ.م.د. اسامة كاظم عمران
معاون العميد للشؤون العلمية والدراسات العليا

نسخة منه إلى //
- الدراسات العليا .
- الصادرة

// سارة //

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الخلاصة

الدعم الاجتماعي لمريضات السرطان يمكن أن يخرجه من جو المرض ويلهمه بقدر كبير من التفاؤل والأمل ويجعله ينسى مرضه ولو مؤقتاً، وهذا يساهم في تعزيز قدرة المريض على مواجهة مرضه من الناحية الجسدية و النفسية والاجتماعية. لذلك، تهدف الدراسة إلى تقييم الدعم الاجتماعي وعلاقته بالصلابة الذاتية لدى النساء المصابات بسرطان الثدي، وكذلك تحديد المتغيرات الاجتماعية الديموغرافية المرتبطة بها.

أجريت دراسة وصفية ارتباطيه للفترة من 1 أكتوبر 2021 إلى 1 مايو 2022. من خلال عينة غرضيه مكونه من 200 امرأة باستخدام نهج أخذ العينات الغير الاحتمالي. تم التحقيق من موثوقية الاستبيان من خلال عرضها على الخبراء ثم من خلال دراسة تجريبية لإثبات مصداقيتها. بلغ إجمالي عدد الفقرات المدرجة في الاستبيان 16 فقرة للدعم الاجتماعي و 21 فقرة للصلابة الذاتية. جمعت البيانات باستخدام أسلوب المقابلة الشخصية وحللت بتطبيق المنهج الوصفي والاستدلالي لتحليل البيانات الإحصائية.

أشارت نتائج الدراسة إلى أن (61.5%) من النساء أظهرن دعماً اجتماعياً معتدلاً و (53.5%) أظهرن عدم قدرة على الصلابة الذاتية. توجد فروق في الدعم الاجتماعي حسب عمر المرأة (p=0.001) ، والوضع الاقتصادي (p=0.006) ، والحالة الاجتماعية (p=0.000). كانت هناك علاقة إيجابية ذات دلالة إحصائية بين الدعم الاجتماعي وصلابة الذات لدى النساء المصابات بسرطان الثدي ($r = 0.386$ ؛ $p = 0.000$).

خلصت الدراسة إلى أن الدعم الاجتماعي للمبحوثين كان ضمن المتوسط ، والصلابة الذاتية كانت ضمن المستوى الضعيف. يؤثر الدعم الاجتماعي بشكل كبير على الصلابة الذاتية، وبالتالي فإن العمل على الدعم الاجتماعي يمكن أن يحسن الصلابة الذاتية ويقوي المريض نفسياً واجتماعياً.

أوصت الدراسة بضرورة وضع برامج إرشادية تثقيفية تستهدف النساء المصابات بسرطان الثدي، وتقديم الرعاية والدعم الاجتماعي لهن. وكذلك هناك حاجة إلى مزيد من الدراسات لاستكشاف احتياجات مرضى سرطان الثدي

الدعم الاجتماعي وعلاقته بالصلابة الذاتية لمرضى سرطان الثدي

رسالة مقدمة من قبل

محمد مهدي معيوف

الى

مجلـــس كلية التمريض/ جامعة بابل

كـجزء من متطلبـات نيل درجة المـاجستير في علـوم التمريـض

بإشراف

أ.د. أمين عجيل ياسر