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Social Support and its Relation to Quality of Life for Amputation cases at Babylon Rehabilitation Center for Disabled

A Dissertation

Submitted to the Council of College of Nursing, University of Babylon

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By

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﴿ لَيْسَ عَلَى الْأَعْمَىٰ حَرَجٌ وَلَا عَلَى الْأَعْرَجِ حَرَجٌ وَلَا عَلَى الْمَرِيضِ حَرَجٌ ﴾

صدق الله العلي العظيم

سورة النور آية (٦١)

Dedication

To my Dear Father

The person who gave me strength and dignity... my dear father

To my Dear Mother

The person who provided me with love, tenderness and loyalty....my dear mother.

Dear Sisters

Those from whom I learned to love life, they were the best supporter.

Dear Brother

Who is far away still alive in my heart and I will not forget you

Rusull

2023

Supervisors Certification

*We certify that this thesis, entitled (**Social Support and its Relation to Quality of Life for Amputation Cases at Babylon Rehabilitation Center for Disabled**), submitted by **Rusull Hamzah Khsara** was prepared under our supervision and guidance at the Department of Family and Community Health Nursing, College of Nursing, University of Babylon as a partial fulfillment of the requirement for the Doctorate degree in Nursing Philosophy.*

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Abstract

Background: An amputation is a life-altering event that can lead to physical and psychological challenges, making social support essential for coping and well-being. The research includes a diverse sample of amputees and examines the type and extent of social support received from family, friends and the community. Therefore, the study aims to evaluate social support and its relationship to quality of life among amputee patients.

Methods: A descriptive correlational study conducted at Babel Rehabilitation Center for the Disabled from March 13th, 2021 to March 1st, 2023. The study sample consisted of 250 amputees who were selected according to a non-probability sampling approach. The validity of the questionnaire was verified by experts to prove its validity and its reliability was verified through a pilot study. The total number of items included in the questionnaire was 36 items for social support and 66 items for quality of life. Data were collected using the interview method and analyzed by applying descriptive and inferential statistical analysis.

Results: The results indicated that the average age of the participants was 50 years, (68.8%) males, (61.2%) married, and (38%) middle school graduates. More than half of the respondents (54.8% and 61.6%) reported a high level of social support and a poor quality of life, respectively. Quality of life varied according to age, sex, marital and occupational status, presence of children, causes, place and duration of amputation ($p = .000$). Among the interesting findings, there is a positive relationship between social support and quality of life among amputees ($r = 0.250$; $p = .000$).

Conclusions: The results indicate that there is a significant and positive relationship between social support and quality of life among amputees. The results indicate that amputees who have higher levels of social support tend to experience a better overall quality of life. This highlights the importance of a

supportive social network in helping individuals embrace and overcome associated challenges.

Recommendations: By providing emotional, financial and informational support, social networks can contribute to improving the overall well-being and quality of life for amputees. These findings underscore the need for interventions and programs that promote social support to improve the lives of individuals with limb loss.

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List of Abbreviations

Item	Meaning
ADL	Activities of daily living
ANOVA	Analysis of Variance
CDC	Centers for Disease Control and Prevention
COVID-19	Corona virus disease-19
D.f	Degree of freedom
EQ-5D	EuroQol Group
F	F-statistic
H_0	Null Hypothesis
H_1	Research Hypothesis
M	Mean (average)
M.S	Mean of score
MLE	Maximum likelihood estimation
Max.	Maximum
Min.	Minimum
No.	Number
NS	Non significant
OQOL	Objective quality of life
QOL	Quality of Life
P.	Page
p.p.	Pages
PAP	Postamputation pain
Q	Question (items)
S.D	Standard Deviation
SDVs	Socio-Demographic Variables
SF-36	Short Form Survey -36

Sig.	Significant level
SPSS- XXIV	Statistical Package of Social Sciences 24
SQOL	Subjective quality of life
TAES	Trinity Amputation and Experience Scale
US	United State
WHO	World Health Organization
WHOQOL	World Health Organization quality of life

Symbol Table

Symbol	Meaning
%	Percentage
$	Dollar
vs.	Versus
β	Beta
±	Plus minus
>	More than
<	Less than
≥	More or equal to
≤	Less or equal to

Chapter One

Introduction

Chapter One

Introduction

1.1.Introduction

Amputation is a life-altering event that can profoundly impact an individual's physical, emotional, and social well-being. Amputees often face numerous challenges, ranging from learning to use prosthetic devices to coping with psychological distress and maintaining social connections. In such circumstances, social support plays a crucial role in the rehabilitation and overall quality of life for amputees. Social support refers to the assistance, empathy, and encouragement provided by family, friends, and the broader social network, which can enhance an individual's ability to adapt and thrive in the face of adversity (Kassebaum et al., 2017).

Amputation is a multifaceted experience, and the significance of social support cannot be understated. Research has shown that strong social networks positively influence an amputee's physical recovery and emotional well-being. The presence of supportive relationships can ease the burden of coping with daily challenges, facilitate access to necessary resources, and promote psychological resilience (Planques et al., 2019).

One aspect of social support that has garnered significant attention is the instrumental support, which includes tangible aid and practical assistance. This type of support can encompass help with mobility, transportation, and other activities of daily living. Additionally, emotional support, such as empathy, understanding, and validation, is essential in addressing the emotional strain that may accompany limb loss. Social support networks can also offer informational support by providing valuable advice and guidance on various aspects of amputee life, including prosthetic options, coping strategies, and available community resources (Schnur & Meier, 2014).

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assistance. This type of support can encompass help with mobility, transportation, and other activities of daily living. Additionally, emotional support, such as empathy, understanding, and validation, is essential in addressing the emotional strain that may accompany limb loss. Social support networks can also offer informational support by providing valuable advice and guidance on various aspects of amputee life, including prosthetic options, coping strategies, and available community resources (Pasquina et al., 2018).

In the context of quality of life (QoL) among amputees, social support has emerged as a key predictor. Studies have demonstrated that individuals with strong social support networks report higher levels of life satisfaction, emotional well-being, and functional independence. Conversely, those with limited social support are at higher risk of experiencing feelings of isolation, depression, and reduced self-esteem (Barbosa et al., 2016).

The significance of social support in enhancing the quality of life for amputees cannot be overstated. Numerous studies have shown a positive relationship between social support and the well-being of individuals dealing with limb loss. The emotional and practical support from friends and family can bolster an amputee's confidence, self-esteem, and resilience in the face of adversity. Additionally, social support can reduce feelings of isolation and loneliness, fostering a sense of belonging and connection to others, which are essential elements in maintaining a good quality of life (Geertzen et al., 2015).

Furthermore, social support can play a crucial role in the rehabilitation process for amputees. The encouragement and assistance provided by loved ones can motivate amputees to engage in rehabilitation activities, promoting physical and psychological recovery. Having a reliable support system can also ease the burden of daily activities, allowing amputees to adapt more smoothly to their changed circumstances

and achieve a higher level of independence (Kayssi et al., 2016; Neil, 2016).

Despite the recognition of the positive impact of social support on the quality of life among amputees, there may be challenges in accessing adequate support systems. Some individuals may lack a robust social network, leaving them more vulnerable to psychological distress and reduced well-being. Cultural factors, societal attitudes towards disability, and socioeconomic status can also influence the availability and effectiveness of social support (Ali & Haider, 2017).

About 80 % of amputations result from war, which varies across countries. For example, in Iraq and Palestine, 94% of amputations are due to war-related trauma, 4.5% are due to other trauma and 1% are due to disease. These figures are, respectively, 65%, 25%, and 10% in Zimbabwe, 3%, 32%, and 65perccent in the United States, and 2%, 30%, and 68% in Denmark (Abbott, 2020).

The most frequent cause of amputation in veterans is traumatic factors (direct contact with mines and fragmentations). The next main common cause is secondary infections. Amputation of the lower limbs, more common in men than women, includes about 80-87% of all amputees patients and may occur in one or both lower extremities. Lower limb amputation occurs frequently in accident and war injuries and its most common form is below-knee amputation. The level of lower limb amputation may be from the fingertip to the hip joint or even the removal of a part of the pelvic bone (Klaphake et al., 2017).

Most people under 50 year who have traumatic amputations and injuries related to motor vehicle accidents, industrial accidents, or wars live in developing countries. Humanity has known disability since man was found on this earth, and it is an old and persistent problem, in all advanced and backward societies alike, where no society is without the presence of disabled individuals, other than the societies' view of the disabled and their

care differed from one era to another, as did societies aspects of providing psychological and rehabilitative services to them (Cuzzocrea et al., 2016).

Disability is a human and social problem with multiple and overlapping dimensions, including medical, psychological, social, and rehabilitation (Ellison et al., 2018). The number of disabled people has increased in the modern era despite the great progress witnessed in the field of medicine (McDonald et al., 2021).

Among the motor disabilities that face sensitive and complex problems, amputations and the accompanying loss of the organ, where the individual's senses are disrupted, and the organ is unable to carry out its functions, which constitutes a triple problem (physical, psychological and social) that affects the individual and the surroundings in which he lives (Steinberg et al., 2019). All societies suffer from amputations, but they differ from one society to another, and they have many causes, including wars, road accidents, work injuries, diseases and surgery, congenital causes, and others (Raghav et al., 2018).

Disability varies from one individual to another according to the adaptation of his personality and the psychological construction imposed on him, There is a great deal of material damage, as well as the negativity of people, and suffering of the inconveniences of life, as well as the economic affliction of some individuals (McDaniel, 2013).

Older people with amputations usually have years of experience adapting their lifestyles to cope with walking and other daily activities imposed by an amputation. However, the musculoskeletal, neurological, musculoskeletal, membrane and cardiopulmonary changes associated with aging are troubling for older people with limb amputations, regardless of the cause (Yoder et al., 2015).

Amputation has also been used as a tactic in war and acts of terrorism; it may also occur as a war injury. In some cultures and religions, minor amputations or mutilations are considered a ritual accomplishment.

When done by a person, the person executing the amputation is an amputator (Kumara et al., 2020).

An amputation leads to several limitations in the performance of social, professional, and leisure activities. Amputation incidence ranges from 1.2 to 4.4 per 10,000 inhabitants in different countries, and the majority (up to 90%) affect the lower limbs. It is estimated that these figures could double by 2050 (Sarroca et al., 2021).

The statistic of amputation, depicted 1.7 million Americans living with an amputation. Varma et al. (2014), showed that the primary cause of amputations in the United States is a vascular disease. Statistics showed that vascular diseases accounted for 54% of amputations. Data showed that 45% of amputations occurred due to trauma, and 2% resulted from cancer. Studies revealed that dysvascular limb loss accounted for 97% of lower limb amputations (Resnik et al, 2016). The Amputee Statistics (2018) website depicted a steady rise in people living with an amputation (Quesada et al., 2016).

The World Health Organization defines quality of life as "an individual's perception of his/her position in circumstances of the culture and values in which he or she lives and for his/her goals, expectations, principles, and concerns". Demographic and health factors have proven to be influential on the quality of life, including many facets of human life, such as physical, mental, spiritual, and social aspects (de Vries, 2013).

The impact of amputation on an individual's psychological condition as well as family and social relationships is undeniable because physical disability affects not only the psycho-social adjustment but also mental health. When compared to normal people, such people mostly experience social isolation (Washington & Williams, 2016).

Getting back into life after amputation comes with many problems. Due to failure to comply with the new condition, these people may suffer from psycho-social difficulties such as depression, a sense of hopelessness,

low self-esteem, boredom, anxiety, frustration, feeling guilty, and fear of the family's future, which sometimes lead them to commit suicide. Furthermore, they involve other problems such as abnormal behaviors (addiction to drugs or alcohol) and poor social performance (Behera & Dash, 2021).

Quality of life (QoL) is recognized as a major predictor of rehabilitation programs and has mainly been used to evaluate the effectiveness of these programs or to compare people with amputations with diseased or normal populations (Fortington, 2013). There is extensive literature on the different factors that influence QoL in people living with amputations (Ng et al., 2020).

To understand the complex relationship between social support and quality of life among amputees, researchers have conducted numerous studies. These studies utilize various methodologies, including surveys, interviews, and longitudinal assessments, to explore the type and extent of social support available to amputees and how it influences their overall quality of life. The findings from these studies can provide valuable insights for healthcare professionals, policymakers, and support organizations to develop targeted interventions and services that can improve the well-being and overall quality of life for amputees.

1.2.Importance of the Study

Social support is a crucial factor that can significantly impact the quality of life of individuals, including amputees. Having a strong social support system can provide emotional, practical, and informational assistance, which can help individuals cope with the challenges they face due to amputation (Hallgren et al., 2015).

An amputee is a person before he is disabled, regardless of the degree and nature of his disability. He has rights and duties, just like any person, and he has the right to live in an advanced society that guarantees him social freedom and provides him with equal opportunities for all

without discrimination, as well as respects the human and social values of its members (Titchkosky, 2015).

Understanding the factors that influence the quality of life for amputees can help healthcare professionals and support organizations develop more effective rehabilitation programs and support systems tailored to their specific needs. This can lead to improved physical and psychological outcomes for individuals adjusting to life with limb loss (Valizadeh et al., 2014). Insights from such studies can contribute to the development of advanced prosthetic technologies and devices, aiming to enhance mobility, comfort, and overall well-being for amputees. By identifying areas where prosthetic interventions can make the most significant impact, researchers can prioritize resources and efforts in the right direction (Hollinsworth, 2018).

Social care has become one of the most important programs that take the lead for the disabled in the developed and underdeveloped worlds, with the aim of conscious planning to bring about the intended change; to find compatibility between human performance and social functions, and the environment in which he lives, and for the amputee person to realize that he has enormous capabilities and energies, if he is rehabilitated, directed and trained, then he will become a product that is no different from other normal people (Brown & Harvey, 2021).

The findings from this short study suggest that social support plays a vital role in enhancing the overall quality of life for amputees patients. The emotional, informational, and instrumental support received from family, friends, and significant others can aid in their psychological adjustment, coping mechanisms, and social integration. The positive relationship between social support and quality of life highlights the importance of fostering supportive environments for individuals adjusting to limb loss (Canovas & Dagneaux, 2018).

Obviously after amputation, it is necessary to begin active rehabilitation. This includes physical therapy and occupational therapy, encouraging the patient to use the prosthesis and return to their routine social activities through social support and sharing with the community (Davie-Smith et al., 2017).

A Social support can be provided in the form of psychological-emotional, information, tangible, and sociable support. But the patient must understand the presented support. Understanding the support is more important than receiving it. In other words, it seems that the understanding attitude of patients towards the received support is more important than the level of presented support. Living with a disease means overcoming feelings and tags of low value that are the usual outcome of chronic disease; and those who have more social support, pass the transition phase easier than others (Falgares et al., 2019).

Hence, the researcher believes that the community has a great role in this category of disabled people in particular. Either this role is positive, represented in providing the necessary support from social services such as home visits, social and recreational participation... and others, as well as psychological support through programs, sessions, and continuous and regular follow-up.

Social support appears to have a significant positive impact on the quality of life of amputees patients. Healthcare professionals, rehabilitation centers, and support groups should consider incorporating interventions that promote social support to enhance the overall well-being and adaptation of individuals adjusting to life after limb loss. Future research with larger, diverse samples and longitudinal designs can further elucidate the causal links between social support and quality of life in this population.

1.3.Research Problem

Amputation is a life-altering event that can significantly affect a person's physical, emotional, and social well-being. Among amputee patients, understanding the role of social support and its relation to quality of life is crucial for designing effective interventions and support systems. Despite the growing body of research on the topic, there remains a need to comprehensively explore the various dimensions of social support and their impact on the quality of life among amputees (Molino, 2018).

Amputee patients face unique challenges that can significantly affect their quality of life. Among these challenges, the level of social support they receive plays a crucial role in determining their overall well-being and adjustment to their new circumstances (Juma Elywy et al., 2022). The present study aims to investigate the relationship between social support and the quality of life among amputee patients, exploring the various dimensions of social support and their influence on the physical, psychological, and social aspects of the patients' lives.

A Social support and its relation to the quality of life for amputees patients is considered an important issue in Iraqi society, especially in light of the problems experienced by the people under wars, accidents, and diseases, which leave dozens or hundreds of people with disabilities.

1.4.Research Questions

The problem of the study is determined by answering the following questions:

1. Is there an effect of social support on the quality of life of amputees patients?
2. Does the quality of life of amputees patients differ according to their socio-demographic and clinical variables?

By addressing these research questions, this study aims to provide valuable insights into the role of social support in enhancing the quality of life of amputee patients. The findings will contribute to the development of

targeted interventions and support systems, helping healthcare professionals and support networks to better understand the needs of amputee patients and improve their overall well-being and adjustment to their post-amputation life.

1.5.Objectives of the Study

The objectives of the study are the following:

1. To assess social support and quality of life among amputees patients at Babel Rehabilitation Center for Disabled.
2. To investigate the relationship between quality of life among amputees patients and variables such as (age, gender, marital status, education level, occupation, monthly income, sons status, amputation reasons, site, and duration).
3. To find out the association between social support and quality of life among amputees.

1.6.Definitions of Terms

1.6.1.Social Support

Theoretical Definition

Social support means having friends and other people, including family, to turn to in times of need or crisis to give a broader focus and positive self-image to enhance the quality of life and provide a buffer against adverse life events (Cohen & McKay, 2020).

Operational Definition

Social support for amputees refers to the assistance, encouragement, and emotional help provided by individuals, communities, and organizations to people who have experienced limb loss due to amputation.

1.6.2.Quality of Life

Theoretical Definition

Is defined by the World Health Organization as 'individuals' perception of their position in life in the context of the culture and value

systems in which they live, and about their goals, expectations, standards, and concerns (Zaheer et al., 2021).

Operational Definition

Quality of life for amputees refers to the overall well-being and satisfaction experienced by individuals who have undergone the loss of one or more limbs. It encompasses various physical, psychological, social, and functional factors that influence their daily life and general happiness.

1.6.3.Amputees

Theoretical Definition

Amputees are individuals who have undergone the partial or complete removal of a limb or limbs, typically as a result of injury, illness, or medical necessity. The amputation may be performed surgically, or it may be a traumatic amputation occurring due to accidents, infections, or other severe medical conditions (Rackerby et al., 2022).

Operational Definition

Amputees are individuals who have lost one or more limbs due to surgery, accidents, or medical conditions.

Chapter Two

Review of Literature

Chapter Two

Review of Literature

2.1.Overview

Amputation is the surgical removal of a limb or a part of a limb. It is often performed as a medical intervention when a limb or body part becomes severely damaged or diseased, and all other treatment options have been exhausted or are not viable. Amputations may be necessary due to various reasons, such as trauma, infection, tumors, peripheral vascular disease, congenital abnormalities, or severe nerve damage (Østlie et al., 2012). It is a state of a physical disability that occurs to the individual at any stage of his life, which is the removal of part of his body parts to save his life, or to improve the performance of the organ that prevents him from performing his function (Zaki et al., 2016).

Amputation is typically considered when the affected limb or body part is no longer functional, and preserving it poses a significant risk to the patient's health and well-being. The decision to proceed with an amputation is carefully considered by a team of healthcare professionals, including surgeons, physicians, physical therapists, and psychologists (Al Wahbi, 2018).

It's important to note that amputation is a life-altering procedure, and the decision to undergo it is not taken lightly. Patients who undergo amputation often experience a range of emotions and may require ongoing support and counseling to cope with the physical and psychological adjustments associated with limb loss. The goal of amputation and rehabilitation is to improve the patient's quality of life and maximize their independence and functionality (Zhu et al., 2021).

In the US, the majority of new amputations occur due to complications of the vascular system (the blood vessels), especially from diabetes. Between 1988 and 1996, there were an average of 133,735 hospital discharges for amputation per year in the US (Ismail & Aldawood,

2020). In 2005, just in the US, there were 1.6 million amputees (Ziegler-Graham et al., 2008).

In 2013, the US had 2.1 million amputees. Approximately 185,000 amputations occur in the United States each year. In 2009, hospital costs associated with amputation totaled more than $8.3 billion. There will be an estimated 3.6 million people in the US living with limb loss by 2050 (CDC, 2005).

Amputation in itself is considered a disability due to the loss of a member of the body. Disability in general and amputation, in particular, is a physical, social, and psychological problem, and its affects on individuals and society in general (Bekrater-Bodmann et al., 2015).

It is well known that amputation leaves effects on individuals and society in general, including psychological disorders, health problems, and social changes. It is necessary to intervene to reduce these disorders to mitigate the negative effects of amputation and reduce the obstacles facing this group and help these individuals to create mechanisms to adapt to the new body situation, as this loss is considered irreparable (Noll & Kasten, 2022).

2.2.Theoretical Framework

This theoretical framework explores the relationship between social support and quality of life among amputees patients, using Abraham Maslow's Hierarchy of Needs as a guiding framework. Maslow's theory suggests that individuals are motivated by a series of hierarchical needs, and meeting these needs contributes to their overall well-being and quality of life (Williams, 2018). The framework aims to understand how social support, as a crucial component of psychological and social needs, can influence the quality of life of amputees patients as they navigate various challenges and adjustments after amputation.

1. **Maslow's Hierarchy of Needs:**

Maslow's Hierarchy of Needs is a well-known psychological theory that posits that human needs can be organized into a pyramid of five hierarchical levels, ranging from basic physiological needs to higher-order psychological needs. The hierarchy includes the following levels:
Physiological Needs: The most fundamental needs for survival, such as food, water, and shelter.

a. Safety Needs: Concerned with personal security, financial stability, and protection from harm.
b. Love and Belongingness Needs: The desire for social connections, affection, and a sense of belonging.
c. Esteem Needs: Focused on gaining self-respect, recognition, and a positive self-image.
d. Self-Actualization Needs: The highest level of needs, involving personal growth, fulfillment of potential, and self-realization.

2. **Social Support and Quality of Life:**

Social support encompasses various forms of assistance, care, and emotional aid received from one's social network, including family, friends, peers, and healthcare professionals. It plays a vital role in an individual's psychological well-being and overall quality of life. The quality of life among amputees patients can be influenced by the availability and adequacy of social support in several ways:

a. Fulfilling Love and Belongingness Needs: Social support helps amputees patients satisfy their need for a sense of belonging and connection with others. Having a supportive social network can alleviate feelings of isolation and loneliness, promoting a better quality of life.

b. Enhancing Self-Esteem: Social support can positively impact self-esteem by providing validation, acceptance, and encouragement, which are essential for amputees patients who may be facing challenges related to their body image and self-worth.
c. Facilitating Coping and Adaptation: Social support can aid in coping with the emotional and practical aspects of amputation, easing the transition to a new way of life and enhancing overall psychological well-being.
d. Addressing Safety Needs: Social support can contribute to a sense of security and protection, especially during times of vulnerability after amputation.
e. Promoting Self-Actualization: Through social support, amputees patients may gain the confidence and resources needed to pursue personal growth and self-actualization despite their physical limitations.

The theoretical framework presented above outlines how social support, viewed through the lens of Maslow's Hierarchy of Needs, can significantly influence the quality of life among amputees patients. Recognizing the importance of social support and understanding its connection to various levels of needs can help healthcare professionals, caregivers, and society at large in providing effective support systems that contribute to the well-being and overall quality of life of amputees patients. By addressing their social and psychological needs, we can help them thrive and achieve a higher level of self-actualization and fulfillment, even in the face of physical challenges.

2.3.Epidemiology of Amputation

One million limb amputations are reported globally each year. And as of 2017, 57.7 million people across the globe have been living with traumatic amputation. Approximately 185,000 amputations occur in the United States each year according to the amputee coalition. And also, as of

April 2021, the United States has over 2 million Americans living with amputation, and another 28 million are at risk of surgical amputation due to undelaying causes (Safa et al., 2020). Data from Stanford Healthcare shows a 49% rise in the total number of amputations during the time of the COVID-19 pandemic, from March 2020 to February 2021 (de Athayde Soares et al., 2022).

In the United States in 1999, there were 14,420 non-fatal traumatic amputations according to the American Statistical Association. Of these, 4,435 occurred as a result of traffic and transportation accidents and 9,985 were due to labor accidents. Of all traumatic amputations, the distribution percentage is 30.75% for traffic accidents and 69.24% for labor accidents (Abbott, 2020).

The population of the United States in 1999 was about 300,000,000, so the conclusion is that there is one amputation per 20,804 persons per year. In the group of labor amputations, 53% occurred in laborers and technicians, 30% in production and service workers, and 16% in silviculture and fishery workers (Margolis & Jeffcoate, 2013).

A study found that in 2010, 22.8% of patients undergoing amputation of a lower extremity in the United States were readmitted to the hospital within 30 days (Ahmad et al., 2019).

Incidence of all forms of lower extremity amputation ranges from 46.1 to 9600 per 10^5 in the population with diabetes compared with 5.8-31 per 10^5 in the total population. Major amputation ranges from 5.6 to 600 per 10^5 in the population with diabetes and from 3.6 to 68.4 per 10^5 in the total population. Significant reductions in the incidence of lower extremity amputation have been shown in specific at-risk populations after the introduction of specialist diabetic foot clinics (Moxey et al., 2011).

In the United States, the prevalence of amputation was 1.6 million in 2005, which is projected to increase to 3.6 million by 2050. Approximately 185,000 upper- or lower-limb amputations are performed

annually. Vascular pathology is the most common etiology, accounting for 82% of limb loss discharges followed, in descending order, by trauma (16.4%), cancer (0.9%), and congenital anomalies (0.8%) (Varma et al., 2014).

Globally, according to Shores et al. (2015), the amputation of the upper extremities is considered to be less common than the amputation of the lower extremities, i.e. the prevalence rate as the following:

Lower limbs were amputated in 82% of cases. Medical conditions account for 70% of amputations. There is a 22% injury rate. birth problems at 4%. 4% for cancer.

2.4. Types of Amputation

2.4.1. Lower Limb

This type can be divided into two broad categories: minor and major amputations. Minor amputations generally refer to the amputation of digits. Major amputations are commonly below-knee- or above-knee amputations. Common partial foot amputations include the Chopart, Lisfranc, and ray amputations (Lazzarini et al., 2012).

Common forms of ankle disarticulations include Pyrogoff, Boyd, and Syme amputations. A less common major amputation is rotationplasty, i.e. the turning around and reattachment of the foot to allow the ankle joint to take over the function of the knee (Pathirana, 2020).

2.4.2. Arm Amputation

Types of upper extremity amputations include:

1. Partial hand amputation
2. Wrist disarticulation
3. Trans-radial amputation, commonly referred to as below-elbow or forearm amputation
4. Elbow disarticulation
5. Trans-humeral amputation, commonly referred to as above-elbow amputation

6. Shoulder disarticulation
7. Forequarter amputation (Ovadia & Askari, 2015).

2.4.3. Others Amputations

A. Facial amputations include but are not limited to:
   1. Amputation of the ears
   2. Amputation of the nose (rhinotomy)
   3. Amputation of the tongue (glossectomy).
   4. Amputation of the eyes (enucleation).
   5. Amputation of the teeth (dental avulsion). Removal of teeth, mainly incisors, is or was practiced by some cultures for ritual purposes (for instance in the Iberomaurusian culture of Neolithic North Africa) (Tennent et al., 2014).

B. Breasts: Amputation of the breasts (mastectomy) (Kaminska et al., 2015).

C. Hemicorporectomy, or amputation at the waist, and decapitation, or amputation at the neck, are the most radical amputations (Roth, 2014).

D. Genital modification and mutilation may involve amputating tissue, although not necessarily as a result of injury or disease (Veeder & Leo, 2017).

E. In some rare cases when a person has become trapped in a deserted place, with no means of communication or hope of rescue, the victim has amputated his or her limb. The most notable case of this is Aron Ralston, a hiker who amputated his right forearm after it was pinned by a boulder in a hiking accident and he was unable to free himself for over five days (Emberts et al., 2017).

F. Body integrity identity disorder is a psychological condition in which an individual feels compelled to remove one or more of their body parts, usually a limb. In some cases, that individual may take drastic measures to remove the offending appendages, either by causing

irreparable damage to the limb so that medical intervention cannot save the limb, or by causing the limb to be severed (Marques et al., 2019).

2.5.Causes of Amputation

According to Safa et al. (2020) and de Athayde Soares et al. (2022), several conditions can lead to amputation:

1. Severe infection with extensive tissue damage
2. Gangrene
3. Trauma resulting from accident or injury, such as a crush or blast wound
4. Congenital/ Paediatric limb deficiency undergoing conversion amputation
5. Congenital deformities of digits or limbs
6. Congenital extra digits or limbs
7. Necrosis or Necrotizing Fasciitis
8. Cellulitis
9. Peripheral Arterial Disease
10. Frostbite
11. Malignant/ cancerous tumor in bone or muscle of the limb e.g. Osteosarcoma
12. Conditions that affect blood flow for example Diabetes.

A. Exposure to injury: such as accidents, burns, or wars.

B. Congenital malformations: most of them have genetic causes or unknown causes.

2.6.Amputation Impacts

The amputation process leaves psychological, social, and physical effects on the amputee in particular, and society in general. According to MacKay et al. (2020), all aspects of an individual's life are affected, including:

1. **Emotional aspect**

a. Insecurity.
b. Feelings of loneliness and isolation.
c. The feeling of injustice.
d. The emergence of post-traumatic stress disorder.

2. Physiological aspect

a. Skin infections.
b. Weakened immunity.
c. Psychosomatic diseases.

3. Spiritual aspect

a. Losing hope.
b. Resorting to religion.
c. Increased faith

4. Cognitive aspect

a. Negativity.
b. Loss of sense of time.
c. Change in religious concepts (and become more profound).
d. Dependence on others.

5. Behavioral aspect

a. Withdrawal and isolation
b. Squeamishness
c. Lack of social relationships

The researchers believe that the amputation process leaves effects on the individual that are no less dangerous than the effects that result from any other trauma and may result in psychological or neurological disorders that affect the individual's psychological and mental health, and also changes in the behavioral, emotional, spiritual and cognitive aspects, which negatively affect the lives of individuals amputees. And that amputation is a triple threat which includes (loss of function, loss of sensation, and loss of body image) (Krueger et al., 2015; Devinuwara et al., 2018).

2.7. Coping after Amputation

Adaptation is defined as the change that occurs in a person after exposure to the trauma, so that individuals can deal with the resulting internal and external requirements, and the goal of adaptation is to control the change that occurred as a result of the trauma, and often this change consists of a set of thoughts and actions adopted by the person (Falgares et al., 2019).

Adjustment after amputation has several functions based on Solgajová et al. (2015), which include:

1. Regulating emotions is often done by avoiding the event such as using relaxation, and also by seeking social support, continuous reassurance, and through positive comparisons to the experiences of others.
2. Dealing with problems that cause a person to have a coping-focused problem by looking for information and advice, solving problems, and resulting conflicts.
3. Helping people understand the problems that result from trauma, and that these problems are variable and manageable.

According to Luthi et al. (2020), several factors affect a person's adaptation to trauma and overcoming its effects, as they help the individual to find coping mechanisms and cope with the trauma, including:

1. **Personality**: The individual is often characterized by special features in expressing his feelings, thoughts, and behavior through his relationships, speech, and creativity, and this is referred to as personality (Goswami et al., 2016).
2. **Shock**: The nature of the shock affects causing adverse effects (Labroca et al., 2019).
3. **Social Support**: that several aspects affect the speed of adaptation of the amputee to the trauma inflicted on him, and he needs support to

adapt to the new reality imposed by the war on him, and the extent to which society accepts him. in this period (Valizadeh et al., 2014).

4. **Amputation level and severity**: The location and extent of amputation affect the speed of adaptation in amputees. It is common knowledge that amputation results in a movement disability that affects the individual's performance of his functional and social roles. And that the location of the amputation, whether it is upper, differs in the speed of acclimatization from that in the lower extremities, because it has an impact on freedom of movement and movement and the latter increases the amputee's dependence on others (Flint et al., 2014).

2.8.General Characteristics of Amputees

According to Fanciullacci et al. (2021), amputees have several characteristics, as follows:

1. Amputation may limit an individual's ability to perform one or more of the functions of daily living in a normal manner.
2. The amputee has his own needs, which arise from his disability, which require special procedures to be followed, and they may differ from the procedures followed when meeting the needs of normal individuals.
3. The amputee does not differ from other disabled persons in all respects, but the difference is in the aspect in which the amputation or disability occurs Like any other person, he needs security, tranquility, love, kindness, appreciation, self-confidence, and success.

The amputee has characteristics that may distinguish them from other normal people, and these characteristics may also differ from amputee to amputee in terms of the nature and severity of the disability, and the circumstances surrounding the amputee, which are represented by

close relatives, friends, and the social environment in which the amputee lives, which have a significant impact on the course of his life at the psychological, behavioral, and social levels (Tennent et al., 2014).

2.9.Rehabilitation after Amputation

Rehabilitation after amputation is a critical aspect of the recovery process to help individuals adapt to their new physical condition and regain functional independence. The goals of rehabilitation after amputation are to promote physical and emotional well-being, improve mobility, and enhance the overall quality of life. The process may vary depending on the level and type of amputation (e.g., above-the-knee, below-the-knee, upper limb), the individual's overall health, and personal preferences. According to Ülger et al. (2018), there are some general guidelines for rehabilitation after amputation:

1. Pre-prosthetic Training: Before receiving a prosthetic limb, individuals will undergo pre-prosthetic training. This involves exercises and activities to prepare the residual limb for the prosthetic fitting. The goals are to reduce swelling, improve strength and flexibility, and enhance wound healing.
2. Prosthetic Evaluation and Fitting: Once the residual limb is adequately healed, the individual will be evaluated for a prosthetic limb. A team of healthcare professionals, including prosthetists, physical therapists, and physicians, will work together to select and fit the most suitable prosthetic device for the person's needs and lifestyle.
3. Learning to Use the Prosthesis: After receiving the prosthetic limb, the rehabilitation process will focus on learning how to use it effectively. This may include practicing activities of daily living, such as standing, walking, sitting, and getting up from a chair or bed.
4. Physical Therapy: Physical therapy plays a central role in amputation rehabilitation. It involves exercises and techniques to improve strength,

balance, flexibility, and mobility. The physical therapist will tailor the treatment plan to the individual's specific needs and prosthetic use.

5. Occupational Therapy: Occupational therapy helps individuals adapt to their amputation and regain functional skills necessary for daily life. It may involve training in dressing, grooming, cooking, and other activities.
6. Pain Management: Post-amputation pain is common and can be challenging to manage. Pain management strategies, including medications and non-pharmacological techniques, will be implemented to address this issue.
7. Psychological Support: Emotional support and counseling are crucial components of amputation rehabilitation. Dealing with limb loss can lead to a range of emotions, including grief, frustration, and anxiety. Psychological support helps individuals cope with these feelings and adjust to their new reality.
8. Support Groups: Participating in support groups with other amputees can be beneficial as it provides a sense of community and an opportunity to share experiences and coping strategies.
9. Gait Training: For lower limb amputees, gait training focuses on developing a natural and efficient walking pattern with the prosthetic limb. This training enhances balance, stability, and overall confidence while walking.
10. Lifestyle Adaptations: Occupational therapists may assess the individual's living environment and recommend adaptations to ensure safety and accessibility. This could include modifications to the home or workplace to accommodate the use of the prosthetic limb.

2.10.Amputees Problems and Difficulties

Many problems and difficulties face amputees with various disabilities in general, through their presence in the society in which they live. Meaning the site of amputation, the amputated part, the disability, its

quality, and severity (Al Muderis et al., 2017). Colgecen et al. (2016), stated that amputees have special problems and difficulties that they face, which are as follows:

1. Mobility issues: Learning to use a prosthesis or assistive devices can be challenging and may require extensive rehabilitation and practice.
2. Phantom limb pain: Many amputees experience sensations or pain in the missing limb, which can be distressing and difficult to manage.
3. Prosthetic fit and comfort: Ensuring a proper fit and comfortable prosthetic device can be a continual struggle, requiring adjustments and modifications.
4. Balance and stability: Amputees may have difficulties maintaining balance and stability, especially when navigating uneven or unfamiliar terrain.
5. Daily activities: Simple tasks like dressing, bathing, and cooking can become more challenging due to the loss of a limb.
6. Emotional impact: Coping with the loss of a limb and adjusting to a new body image can lead to emotional struggles, including depression, anxiety, and self-esteem issues.
7. Social interactions: Some amputees may face social stigma or awkwardness in social situations, which can affect their confidence and relationships.
8. Body posture and alignment: Amputees may experience changes in their posture and alignment, which can lead to discomfort and potential musculoskeletal issues.
9. Prosthetic maintenance and cost: Prosthetic devices require regular maintenance, and the cost of acquiring and maintaining them can be a significant financial burden.
10. Accessibility barriers: Public spaces and transportation may not always be fully accessible, making it challenging for amputees to participate fully in various activities.

It's important to note that each amputee's experience is unique, and the challenges they face can vary depending on factors such as the level of amputation, individual circumstances, and available support systems. Rehabilitation, emotional support, and adaptive strategies can play crucial roles in helping amputees overcome these difficulties and lead fulfilling lives.

2.11.Social Support for Amputees Patients

Social support is an important source that every individual needs in his daily life. Rather, it is an urgent need that the individual wishes to achieve whenever he needs it in the life situations he faces. Therefore, the disabled are like others who need this support from all those around them, such as family, relatives, and friends. colleagues, rehabilitative social institutions, and other sources of support, because they have an effective role in relieving their worries and pain, and the negative psychological and social effects, as well as the situations and pressures they are exposed to in the course of their daily lives (Turner et al., 2016).

Support Social is an ancient social phenomenon that has been neglected, and has received the attention of researchers. However, the studies that dealt with the blocks of social support need more as well, because they consider the sources of psychological support such as the social needs that the individual needs, as well as the exploitation of social support, such as the role of social support in satisfying the individual's need for psychological security (Tull et al., 2020).

Attracted the attention of researchers based on the premise that the (social support) that the individual receives through groups is based on the adoption of what he belongs to as a family, friends, co-workers, school, university, or servant; take a great deal of effort in reducing the negative effects of stressful events, such as bad situations that are exposed to them (Pow et al., 2017).

Social support, with its various institutions, helps in correcting society's view of the disabled, and all forms of support are provided to transfer the disabled from a person who represents a burden to the community, to an interactive person who contributes to a home that the person can support through; Therefore, social support is a basic role in the community, represented in the formation of the disabled to real participation within their society (Brailovskaia et al., 2019).

2.11.1.Concepts of Social Support

Social support is a system that includes a set of social bonds and interactions with others that are long-term, reliable, and trustworthy when the individual feels the need to provide him with emotional support. The body is for the individual, as it is the individual's social network that provides him with psychological supplies, thus maintaining his mental health (Frison & Eggermont, 2015).

Satisfying the individual's requirements by supporting the environment surrounding him, and ensuring that members of any group reduce the stressful life events that are exposed to individuals, as well as the possibility of social protection as a standard adaptation (Douglas et al., 2018).

The degree of an individual’s feelings of infidelity in emotional participation, such as material and practical support on the part of the other (family, relatives, friends, co-workers, bosses), as well as your kind and hard work as a friend (Guardino & Schetter, 2014).

Beausaert et al. (2016), believe that there are three concepts of social support, which include:

1. Social relations: How does one value relations as a social component that evaluates the individual over the importance of others in his social environment?
2. Perceived support: is represented in carrying out a process of cognitive evaluation of stable relationships with others.

3. The actual support: is represented in the actions that others provide to help a particular person.

Social support is the fulfillment of the basic needs of an individual, such as love, respect and appreciation, sympathy, sharing concerns, giving advice, giving information, as well as dealing with the most important needs and special needs (Gram et al., 2019).

Wright and Stickley (2013), have specified that social support should be as follows:

1. Material assistance: It is providing the individual with tangible things such as money and other material things.
2. behavioral assistance: the supervision of the individual in terms of the level of the functional performance of the mental .
3. Guidance: is to give advice, information, and directions
4. Feedback: How to give an individual feedback, without reviewing and evaluating his level of strength, his thoughts, and his feelings.
5. Social interaction.

Uchino et al. (2018), emphasized that whatever the theoretical basis of the term social support, it seems through this concept that it includes two main components:

1. The first concept: is that the individual realizes that there is a someone when needed.
2. The second concept: That this individual has a degree of satisfaction with the support available to him and a belief in the sufficiency of the support.

Åhlin et al. (2013), define social support as a comprehensive and global process that represents positive forces that work holistically to assist every needy person and between what is provided (technical, instrumental, emotional, or informational tangible objects) and the situation in which the

service is provided (individual, group, telephone, Internet) as well as psychological profiles of the people providing and receiving support.

Lin et al. (2013), mentioned that social support is the individual's satisfaction with the material and moral support provided by the family and friends who stand by him when he needs them.

Douglas et al. (2016), indicate that social support consists of distinguished social relationships in affection, camaraderie, social integration, and respect for the individual, and providing material and emotional assistance to him, so that the individual's relationship with others is based on trust and mutual support.

Oakley et al. (2015), adds (that social support represents continuous care that has three basic components:

1. The emotional support that leads to an open admission that he or she cares or loves him
2. Support is mixed with mutual respect, which is based on the individual's feeling that he has respect, appreciation, and value for others.
3. Overlapping support between one person and the other leads to the explicit recognition that the individual feels his position in the network of mutual communication with the other or the decision to object to both.

As for Nota et al. (2016), social support is the actual or perceived capabilities of the resources available in the social environment of the individual that can be used for assistance, especially social in times of distress, and the individual is provided with social support through his network of social relations that includes all people who have regular social contact in one way or another with the individual the social network includes mostly family, friends and co-workers, and not all networks of social relationships are supportive, but support tends to support the health and well-being of those who receive support.

And finally, Gong and Mao (2016), as the various methods of assistance that the individual receives from his family and friends, which is represented in providing care, attention, guidance, advice, and encouragement in all life situations, which satisfies his material and spiritual needs for acceptance, love and a sense of security, making him self-confident and aware of the individual, which increases his social efficiency.

2.11.2.Effect of Social Support

Social support has a basic role in the life of the individual (a developmental role and a preventive role). In the developmental role, individuals have social relationships that they exchange with others that are better in terms of mental health than others who lack these relationships. In the preventive role, social support helps to confront stressful life events in positive and effective ways. People who go through painful events vary in response to these events depending on the availability of support and social relationships, as the possibility of exposure to psychological disorders increases whenever the amount of social support decreases in quantity and quality (Evans et al., 2014). The volume of support and the level of satisfaction with it has an influential role in how the individual perceives the various pressures of life and the methods of confronting and dealing with them.(Yahia et al., 2018).

An individual who grows up within interdependent families occupied by pressure, becomes an individual who can take responsibility, as they have leadership qualities, and thus we find support that increases the individual's ability to transcend the stature of love. And it affects every aspect of life his social life, and it also affects the satisfaction of psychological disorders, and it also contributes to positive harmony, such as the personal development of the individual, as well as protecting the individual in terms of the severity of the negative effects in the resulting damage. The consideration is the individual's realization that there are

enough people in his life, on which the degree of satisfaction with this support available to him can depend, such as his belief in sufficiency and competence when needed. As a support group, this element is interconnected and depends, in the most important places, on the personal characteristics of the individual (Usta, 2012; Rad et al., 2013).

According to Levasseur et al. (2015), the importance of social support emerges as follows:

1. It directly affects the happiness of the individual.
2. Social support Increases the individual's ability to deal with arguments, as well as avoiding frustrations and dealing with problems in a good way.
3. Social support reduces and excludes the consequences of traumatic events such as pressure on mental health.
4. Social support helps the individual to assume responsibility, highlighting his leadership qualities.
5. Social support has a healing value in psychological diseases, which is achieved through positive adjustment as personal speech.
6. Social support refers to the value of protecting a person's self-esteem by prosecuting traumatic events.
7. Social support Reduces the effects of psychological trauma, as well as reducing the severity of the worst feelings of depression, such as depression.
8. Social support increases the individual's sense of self-satisfaction, as struggles with his life, which can be appreciated.

2.11.3.Forms of Social Support

Cohen and McKay (2020), see through a comprehensive review of the results of previous studies and research conducted on the protective or mitigating effect of social support on stressful life events that the individual goes through in his daily life, and by presenting opinions and viewpoints in this context, they have reached four forms of support social as follow:

Esteem support: This type of support consists in providing various forms of information to help the individual deepen his sense of being accepted by others and having elements of self-esteem around him, and this gives a sense of personal worth. This type of social support has many other names such as psychological support, expressive support, self-esteem support, ventilation support, and close support (Molero Jurado et al., 2018).

Informational Support: This type of support appears in providing the recipient of support with information that is useful to him in solving a difficult problem he faces in his daily life, and by giving him advice, direction, or guidance, and this type of support is called some other concepts such as Support Guidance Cognitive and supportive advice and guidance (Oh & Syn, 2015).

Social companionship: The term social companionship was introduced under the concept of social support and means spending free time with others surrounding the individual in practicing some recreational and leisure activities and social participation in various occasions to satisfy the need for belonging, communicating with others, and helping the individual to get rid of his anxiety and relieve him. In the face of stressful life events, some researchers have referred to the term social companionship as representing the protective function of social support (Huang et al., 2019).

Instrumental Support: This type includes providing material assistance when the recipient needs it in solving his daily problems. Or providing in-kind services to ease the burdens of life on him, and this type is called by a few names such as aid assistance, material assistance, or tangible support (Cross et al., 2018).

The forms of social support lie clearly in that it helps the individual to mitigate life events and work to confront them and work to build a network of social relationships, through which he can satisfy his needs and get rid of his worries, and work to remove stress, anxiety, emotion, and

depression until he becomes the individual is satisfied with life, even in a certain proportion (Tseng & Yang, 2015).

Social support in its various and multiple forms, especially for those amputees, has a mitigating and realistic effect on the pressures of life experienced by disabled individuals, as well as alleviating the problems they live with and the obstacles they face during their daily lives, which may be represented in providing them with information and tangible assistance with disease, directions, and opinions. To bring them to self-reliance in solving their problems, as well as giving them self-confidence and giving them personal value and social status in society (Juárez-Ramírez et al., 2015).

2.11.4.Functions of Social Support

Social support is of great importance in an individual's life, as the amount of social support and the level of satisfaction with it affect how an individual perceives various stressful life events and methods of coping with them, and how he deals with these events. According to Sims al. (2014), the support functions are as follows:

1. Self-protection

Social support performs the task of protecting the person for himself and increasing the sense of his effectiveness. The possibility of the individual suffering from psychological and mental disorders decreases when the person realizes that he receives social support from the network of social relations surrounding him. There is no doubt that this support plays an important role in overcoming any crisis that the person may face (Gariepy et al., 2016).

Feeney and Collins (2015), believe that social support has an immediate impact on the self-system, as it leads to an increase in self-esteem and confidence and a sense of control over situations, as well as generates a degree of positive feelings that makes the individual perceive external events as less stressful.

Lai and Yang (2015), emphasized that social support directly affects the happiness of the individual, through the important role it plays when the level of stress is high, or for mental health when it is independent of the level of pressure or as an intermediate variable that mitigates the negative effects resulting from the high level of pressure.

Dahya et al. (2019), summarized the importance of social support, which is that social support reduces the impact of psychological stress, strengthens the individual's self-esteem, relieves symptoms of depression and anxiety, affects psychological and physical health, increases feelings of satisfaction with himself and his life, and increases aspects of positivity, which contributes to the improvement of their mental health, contributes to positive harmony and personal growth, helps to solve related problems, and finally increases the link to the sources of their social support network, which are represented in the wife, husband, children, relatives, neighbors, and friends.

YE (2021), indicates that social support has a positive role in alleviating the negative effects of the suffering experienced by the amputee individual and that the low level of social support in the family and work has a strong impact on facing frustration, and that support is negative on the individual's compatibility, and that social support has a significant social impact It is more important for females than males, as it has an impact and an important factor that prevents falling into social isolation.

Park and Noh (2018), indicate that social support performs several functions, including guidance and advice, and it appears in providing advice and seeking advice in some matters that the recipients of support need, and protection from making mistakes. The different experiences that the recipient is exposed to for support, and the development of positive and pleasant feelings.

2. Prevention of diseases and disorders

Social support plays a protective role, as the researchers indicated that social support plays a role in healing psychological disorders, contributes to the positive adjustment and personal growth of the individual, and even makes the person less influential when receiving any pressures or crises (Cohen & McKay, 2020).

Social support has a general impact on physical and psychological health, as large social networks can provide the individual with regular positive experiences, and a set of roles that receive rewards from society, and this type can be associated with happiness (Dadvand et al., 2016).

Studies also showed that participation in social activities helps reduce psychological stress, and support from family and friends plays a significant role in the individual's compatibility, as individuals who enjoy a large amount of support are less susceptible to disorders, stress, and psychological problems (Izenstark & Ebata, 2016).

3. Facing life stress

Social support from trusted others is of key importance in coping with stressful events, and social support can reduce or exclude the health consequences of these events (Feeney & Collins, 2015).

Social support has mitigating effects on the results of stressful events. People who suffer from anxiety, depression, and tension need friendly and supportive relationships, as the risk of exposure to psychological disorders increases whenever the amount of social support decreases in quantity and quality (Romero et al., 2015).

Hence, it finds that a person stands alone in the face of life's pressures without having to Whoever supports him, takes care of him (family, friends, and neighbors), this increases the intensity of those pressures, and then he feels that he is alone, which may leave an impact on the individual that there is someone who supports him. When needed, it has a soothing effect on the stresses of life events, and social support resolves

and modifies the methods of confronting and dealing with psychological stress (Yu et al., 2020).

Many researchers explain that there is a strong relationship between living in a supportive group and the amount of social and psychological pressures to which the individual is exposed. The supportive group relieves psychological and social pressures (Cho & Yu, 2015).

Lee et al. (2019), refer to some social support functions, which are also characterized by having effective effects on the life of the individual, including mitigating or preventing the negative effects of stressful life events, as these functions reduce the psychological effects that result from stressful life events through realistic development of the individual. And confronting it with positive methods that prevent negative effects from affecting his psychological or physical health, and these functions are divided into:

1. **Cognitive appraisal**: This includes the following:

Primary evaluation: in which the individual interprets the factors of possible stressful life events for him, and social support intervenes in deepening this interpretation and improving his task in a positive manner for the individual, so that he can confront them with positive interactions.

Secondary evaluation: It refers to the available coping resources, and the support expands the number of options as well by providing coping resources, providing typical emotional and behavioral strategies, and providing the necessary information for this confrontation and methods for solving the problems it encounters.

2. **A qualitative model of support**: The support in this model performs a direct function of providing the support recipient with the resources required to meet the specific needs raised by stressful life events.
3. **Cognitive adaptation**: When an individual faces any stressful event, he goes through three stages at the cognitive level:

a. Find the identity of this stressful event.

b. Attempt to confront the stressful event and control it.
c. Strengthening self-esteem to maintain the psychological and emotional balance of the individual.

4. **Social support versus confrontation**: Support and confrontation are interrelated phenomena, but their concepts are not synonymous, and that support can exist independently of confrontation, and this appears in cases of support to maintain physical, psychological, and mental health.

4. A Source of Harmony and Psychological Adjustment

Social support plays a very meaningful function as a source of adjustment, emotional adjustment, and mental health. A person with a physical disability who belongs to a social network feels loved and valued by others, and the lack of support when needed can be stressful, especially for people who need support, but miss him (You & Lu, 2014).

Houlfort et al. (2015), point out that social support works to provide a sense of stability in life situations and to recognize the importance of a positive state of conscience and self in the individual.

Chang (2015), believes that the amputee lives in a world limited by conditions of disability, and he should achieve compatibility and mental health with this social environment, which is characterized by varying attitudes and reactions towards disability and the disabled in general, and the extent to which the disabled person succeeds in achieving this depends on the extent of his ability to positively interact with his community Or providing assistance or support that necessarily reflects on the level of mental health.

Some research and studies also indicate the impact of negative reactions towards amputation due to the individual's exposure to severe psychological pressure, and it may include several basic stages that can be bypassed to reach compatibility with a disability, which are shock, anxiety, denial, depression, internal anger, external hostility, recognition of

disability and then compatibility. Studies on the necessity of providing social assistance or support to the disabled to cope with their disability and improve the degree of their mental health (Miller et al., 2021).

Pedras et al. (2020), add that the function of social support appears in enhancing self-confidence, deepening the bonds of participation with others, developing a sense of psychological and social harmony, a sense of conformity with group standards, developing the individual's ability to meet his life demands, enhancing a sense of self-esteem and respect, increasing his sense of belonging, and deepening his sense of belonging. psychological and social security.

Li et al. (2015), point out that one of the functions of social support is positive social interaction, and it appears in enhancing the desire to relate to others, supporting social participation in the surrounding environment, and sharing in personal tendencies and interests.

Zuelsdorff et al. (2019), emphasized that among the functions that social support achieves for individuals is that it strengthens the individual's sense of his worth and adequacy and the resources associated with this job, which include affirmation of value, approval, praise, and expressions of respect for the recipient.

5. Psychological security

Social support plays an important role in satisfying the need for psychological security and reducing the level of psychological suffering resulting from the severity of these stressful events, and it has an effective effect in relieving symptoms (Tian et al., 2016).

Melkman (2017), imposes other functions of the support systems that appear in the individual's intense need for support when he is going through some difficult circumstances that cause him a painful experience in his life, leading to feelings of fear, anxiety, and loss of confidence, and the support increases from others until he feels safe and reassured.

Li et al. (2019), states that in some circumstances where individuals feel fear, doubt, and loss of confidence, and when their sense of self is threatened as a result, many of them experience an intense need to explain what is happening to them, and thus need to obtain the support of others to be reassured and calmed.

Bi et al. (2022), summarizes that social support performs several functions, including the functions of supporting the maintenance of physical, psychological, and mental health. These functions refer to maintaining the overall unity of physical, psychological, and mental health, to enhance and support the recipient's sense of psychological comfort and reassurance in his life, and a sense of happiness. These functions are divided into:

Satisfaction of belonging needs: Social support develops patterns of positive social interaction with friends, removes any kind of disagreement, preserves the elements of friendship and affection from disintegration and collapse, and develops feelings of effective participation with others, and thus can satisfy the needs of belonging with the environment surrounding the individual, and mitigate the effects. The negative psychological that surrounds the individual as a result of isolation or a sense of psychological loneliness, anxiety, and depression.

Preserving self-identity: Support maintains the individual's sense of self-affirmation, and pushes him to feel self-identity within the framework of supporting personal relationships with those around him, and through the development of sources of feedback related to self-appearances to reach an agreement in opinions and viewpoints.

Strengthening self-esteem: Social support can enhance the concept of self-esteem of the individual within the group to which he belongs and develop his sense of competence and personality.

2.11.5.Sources of Social Support

According to the literature review, the research and studies related to the subject of the study and access to it, the researcher found many and varied sources of social support that play an important role in the life of the individual, and the researcher relied on his study on three sources of social support, which are as follows:

1. Family and Relatives

The family and relatives occupy the first place for the amputee, which has an effective and main role as a source of support in changing and alleviating the pain and concerns of their children, leading them to life satisfaction, their feeling of love and appreciation, enhancing self-confidence, and not being afraid of the future (Gariepy et al., 2016).

The family is defined as a biological and social unit consisting of a husband, a wife, and their children, and the family can be considered a social system or a social organization that fulfills certain human needs, and the family performs several functions towards itself and its children, and these functions are separate, but they intertwine with each other and each function works to support other functions at every stage of the family's life, including biological functions, economic functions, social functions, religious and moral functions (Shamali et al., 2019).

The family has an significant role towards their children, through which support is provided in all its forms to their disabled sons, which is represented in social support represented in forming social relationships, helping their children to establish these relationships, as well as being open to the outside world, as well as psychological support represented in providing a positive atmosphere which brings comfort and reassurance, not fear and anxiety, and looking to the future with an optimistic view despite the presence of disability or deficiency (Troschel et al., 2021).

As well as, through the family and relatives, information is provided in the form of guidance, advice and assistance in solving the

problems they encounter in their lives, as well as emotional support, and studies also indicate love, appreciation, respect, and acceptance of disability, to the role of relatives of the amputee individual who provide support with the family and representatives of the uncle and uncle cousins and other relatives of the amputee, and that they sympathize with their amputee relatives and thus play a major role in social support alongside the amputee family (He et al., 2021).

2. Friends

Friends are a source of support that plays an important role in the life of the amputee. For him, they are the reference that he often resorts to in case they are exposed to many problems and obstacles, and he is also affected by them and affects them as well. The person is a social being by nature who cannot live alone, the amputee needs training Relationships, and friends in society. These relationships are based on love, respect, appreciation, and acceptance of each other (Suckow et al., 2015).

Sinha et al. (2018), define a group of friends as individuals who are similar in some aspects such as skill, educational level, age, and economic status, and also indicate that the role of friends in support correlates with the role of the family.

The important role that friends play towards their friends in providing support when they need it, is through the links and relationships that exist between them Self, and on behalf of the disabled individual, and work on developing positive relationships, as well as spreading hope and instilling self-confidence and looking at life with an optimistic view, as well as providing advice, guidance, and direction and giving them love, and they also work to support feelings of belonging to the group (Alexander et al., 2019).

3. Community Institutions

The family, relatives, and friends have an important, effective, and positive role in the life of the amputee, as well as the institutions of society,

countries that are no less important than them, which bear a great burden towards this category of society. A lot of support in its different forms, this support may consist in forming social relationships and building strong bonds based on mutual trust between the institution and the amputee. The support of the institutions is also represented in the rehabilitation process, which is to provide appropriate rehabilitation for the amputee to adapt to the disability and provide everything they need, as well as provide many other forms of support, economic, emotional, and other (Stevens et al., 2014).

The researchers believe that the method of social interaction that the individual performs within his social network is affected by the extent of the appreciation he finds through the social support provided by those around him, and this highlights the importance of how the individual realizes the basic ingredients that drive him to this positive social interaction, and the nature of the role of social support in its formation and appreciation (Kayssi et al., 2016).

2.11.6.Importance of Social Support for Amputations Cases

Valizadeh et al. (2014), confirmed that the importance of social support for amputees is summarized in the following:

1. Supporting amputees is a moral and human duty imposed by humanity and religion and by the nature of social integration and the right of the individual to society.
2. Benefit from the efforts of the amputees in production, thus providing productive capacities from the work that is commensurate with their disabilities.
3. The amputee is capable under certain conditions according to special training that performs many tasks and works that can be benefited from.

4. Social support contributes to giving the amputee a real opportunity for self-realization and away from self-criticism as being disabled and not fit to participate in society.
5. Social support contributes to helping the amputee accept the idea of integration and the desire to achieve the goals that the amputee aspires to.

2.12.Quality of Life among Amputees Patients

Views differ on the concept of quality of life according to the person, that is, what the person perceives according to the environmental variables that surround him, as well as the material and moral capabilities, and therefore we can consider it a relative concept that varies from one person to another and from one amputee to another (Sinha, 2019).

The concept of life quality has received great attention in the fields of medicine and science, and recently in the field of psychology, and the concept of life quality appeared at the beginning as a concept of sociology and economics complementary to the concept of (quantity) which all societies were seeking as a means to improve living conditions and achieve Well-being and the wide variety of uses of the concept of quality in recent years in all areas such as quality of life, quality of services, quality of the end of life, quality of the school, quality of the future ... etc. Quality has become a target for study and research as the outcome or the nominal goal of any of the services programs provided (Fayers & Machin, 2013).

Psychology was among the sciences concerned with the quality of life, as this concept was adopted in various psychological, theoretical, and applied disciplines (Rokicka, 2014).

2.12.1.Quality of Life Concepts

Defining the quality of life is one of the difficult tasks, because of its multiple aspects and interactions with each other, where Post (2014), stressed that the quality of life is related to the environment of the individual, as environmental factors are among the basic determinants of

the individual's awareness of the quality of life, and this appears in the focus of many studies on the quality of life In specific environments, attention to the quality of life will not stop but will increase significantly.

The quality of life occupies a pivotal role in the various fields of services provided to members of society, and the basic element of the word quality is evident in the strong relationship between the individual and his environment, and this relationship mediates the individual's perceptions, and also stresses the importance of the role of the environment and cultural factors as determinants of the quality of life (Lavdaniti & Tsitsis, 2015).

According to Beaudart et al. (2018), quality of life is defined as a difficult task for several considerations, including:

The specialists in each of the different scientific fields considered the study of this concept a monopoly on it, and they knew it from their specialized point of view. Therefore, multiple points of view did not agree on a specific definition of this concept. Some used it to find out the feasibility of medical and social services programs or to express Sophistication and progress, and others used it to determine the individual's perception of the ability of the services provided to him to satisfy his basic needs.

1. The concept of quality of life is a confusing concept due to its use in many different situations and various branches of science. It can refer to health or happiness, self-esteem, psychological health, or life satisfaction. Therefore, the views differ and there are many ways in which it can be measured. There is no definite agreement about one specific concept or one way to measure it.
2. The concept of quality of life changes with the change of time and the change of the individual's psychological state and the age stage he is going through. Couriers carry multiple meanings for the same individual in different situations. The patient sees happiness in

health, and the poor see happiness in money, and thus concepts change with the change of circumstances surrounding the individual.

3. The concept of quality of life is a relative concept that differs from one person to another to the standards that individuals adopt to evaluate life from both sides (theoretical and practical) based on its requirements, which are often affected by many factors that control the determination of the components of quality of life, such as the ability to think, make decisions, and the ability to control and manage the surrounding conditions, physical and psychological health, economic and social conditions, religious beliefs, and cultural and civilizational values, through which individuals determine the important and most important things that achieve happiness in life.
4. The concept of quality of life is determined by some cultural variables, which makes there are differences in the definition between multiple cultures, this concept is a difficult task, as it is determined to a large extent by cultural variables, and therefore different societies know the quality of life in different ways, and there is no typical and agreed definition It applies to all cultures and all researchers.
5. Kiadaliri et al. (2016), believe that there is no specific theory of the quality of life on which this definition is based and that most studies lack a clear approach to measuring this concept.

2.12.2.Quality of Life Principles

Although there are different views among researchers on the concept of quality of life represented in the definition, dimensions, and determinants, it can be said that there is almost agreement from some researchers - who will be mentioned in the coming lines of this axis - that there are principles that can be shared by individuals, whether they are handicapped or normal.

As for the principles of quality of life, Bullinger and Quitmann (2022), clarified that the quality of life depends on a set of principles, including:

1. These principles are common to the amputee and the non-amputee (normal).
2. The quality of life is linked to a set of basic human needs, and to the extent of his ability to achieve his goals in life.
3. The meanings of quality of life vary according to different human viewpoints, meaning that they differ from one person to another, from one family to another, from one rehabilitation program to another, and from one professional person to another.
4. The concept of quality of life has a close and direct relationship with the environment in which this or that person lives.
5. The concept of quality of life reflects the cultural heritage of man and the people around him.

Wey (2019), indicates that by reviewing the concept of quality of life from multiple points of view, he indicates that he must first define the concept of the good life, and how people define their own lives. It must also be taken into account when defining this concept:

1. A general concept and not limited to a category such as amputees or disabled people
2. A comprehensive concept that includes as many aspects of an individual's life as possible.
3. It should embody the idea of maximizing the individual's ability to control, bearing in mind the limits of freedom.
4. It must reflect the normative and the social norms it contains.
5. The tendency for self-defense must be respected.

Wey (2019) also reached some facts related to the quality of life, including:

1. The quality of life for amputees consists of the same factors and relationships that are important in shaping the quality of life for non-amputees.
2. The individual feels the quality of life when his basic needs are satisfied, and he has the opportunity to achieve his goals in the main areas of his life.
3. An individual's quality of life is related to the quality of life of other people living in the same environment.
4. Quality of life is a psychological construct that can be measured through subjective and social indicators.
5. Improving the quality of life includes activities, rehabilitation programs, treatment, and social support.

2.12.3.Quality of Life Dimensions

Quality of life is seen as a multi-dimensional structure, and researchers who tried to make a comprehensive reading about the quality of life variable recognized that it is a dimensional variable, gelatinous in features and ambiguous in details, due to the multiplicity of fields that use it, and this relatively recent boom in the research and study of the quality of life variable in various scientific fields, such as medicine, economics, sociology, extension programs or rehabilitation, have confirmed that this concept is multidimensional.

Sapena et al. (2021), point out that researchers and scholars have emphasized that the concept of the quality of an individual's life is multi-dimensional and multi-faceted. Each of us looks at the quality of his life from an angle, field, or several fields, and it is a relative concept of the same person according to the age stages and situations in which the individual lives and coexists with them. He also adds that when this concept is related to the individual's psychological and social needs, their satisfaction, spiritual, physical, and mental, and then the satisfaction of

these needs is met, then these needs and their satisfaction represent the components of the quality of life of the individual.

The concept of quality of life is a multidimensional concept and that all the measures prepared in this field take this direction, and he adds that any measure of the quality of life must include objective indicators and subjective indicators, and John and his colleagues believes that even though both objective and subjective indicators It is strongly associated with quality of life, but it is striking that the correlation between the two dimensions is considered weak, perhaps because the two trends review two different sets of data (John et al., 2016).

Gobbens (2018) says that over the past two decades, two types of indicators of quality of life have emerged:

1. Objective indicators: It is noted that the enthusiasts of this type of indicator are statisticians, workers in state agencies, scientists, and international organizations interested in development, including (population, social status, work, income and its distribution, transportation, housing, education, and health).
2. Subjective indicators: It is concerned with evaluating the quality of life as individuals perceive it and respond to it and the satisfaction it achieves for them, and then the extent to which they feel satisfaction or happiness, and therefore people's happiness and satisfaction or unhappiness and discontent is the best indicator of the quality of life.

Rohani et al. (2015), state that the majority of the efforts made to measure the quality of life include considering the multidimensional concept, which includes the individual's perception of life satisfaction as measured from the individual's point of view, and it is called subjective quality of life (SQOL) and the characteristics of the situation in which the individual lives, which can be measured objectively It is called objective quality of life (OQOL), but many studies focus on the importance of

subjective aspects in the quality of life measure, and some studies completely neglect the objective aspects.

Freire and Ferreira (2018), point out that there are three dimensions to quality of life, which are as follows:

1. Objective Quality of Life (OQL): It is represented by the material capabilities that society provides, in addition to the personal social life of the individual.
2. Subjective Quality of Life (SQL): this means how each individual feels the good life he is living or the extent of satisfaction and contentment with life, and then the feeling of happiness.
3. Existential Quality of Life (EQL): It means the level of depth of good life within the individual through which the individual can live a harmonious life, in which he reaches the ideal level in satisfying his biological and psychological needs, as well as living in harmony with the prevailing spiritual and religious ideas and values in society.

Abedi et al. (2015) ,believe that the existence of life includes four basic dimensions included in the scale prepared for this purpose: perceived psychological stress, emotion, psychological loneliness, and satisfaction. Khaef and Zebardast (2016), presented a model of quality of life in which objective and subjective indicators of the wide range of life domains and individual values are integrated. This model includes five basic dimensions: physical fitness, material well-being, social well-being, emotional validity, growth, and activity.

Hence, the researcher points to the need to focus more on measuring the subjective aspects of the individual because it is to determine their feelings, and they are the most capable people with a sense of the value of the ablest to reach the determination of the quality of life of individuals, and thus their lives and this is confirmed by Chamberlain (1985), emphasized that measuring the quality of life must be from the

point of view of the individual And not others, even if they are close, and it raises an important question: Whose life is she?

Garratt et al. (2021), stated that there is a consensus that there are four main dimensions of quality of life:

1. Somatic dimension: It is specific to diseases related to symptoms.
2. Functional dimension: It is specific to medical care, and the level of physical activity.
3. Social dimension: It is concerned with communication and social interaction with those around him.
4. Psychological dimension: It is concerned with cognitive functions, emotional state, general awareness of health, mental health, life satisfaction, and happiness.

The World Health Organization (WHO) indicates that the global concept of quality of life consists of several dimensions such as psychological state, emotional state, job satisfaction, life satisfaction, religious beliefs, family interaction, education, and material income. The quality of life is formed by the individual's self-perception of his mental state, physical health, functional ability, and the extent to which he understands his symptoms (Oleś, 2016).

Rimaz et al. (2015), pointed out that there is no need to classify the variables of quality of life into two dimensions (objective and subjective), but rather consider it a classification that lacks some flexibility, as there are other variables outside this binary classification, and thus Rimaz et al., adds that there are eight diverse dimensions of the concept of quality of life, which can vary in the degree of their importance, according to the researcher's orientation and objectives when studying the concept and theoretical logic that governs this study, and the eight dimensions are as follows:

1. The emotional quality of living: includes feelings of safety, spiritual aspects, happiness, exposure to hardship, self-concept, and satisfaction or contentment.
2. Interpersonal relationships: include intimate friendship, affective aspects, family relationships, interaction, and social support.
3. The material quality of living: includes material status, social safety factors, working conditions, property, and social and economic status.
4. Personal advancement: It includes education level, personal skills, and achievement level.
5. Physical quality of living: includes health status, nutrition and recreation, physical activity, level of health care, health insurance, leisure time, and activities of daily living.
6. Self-determinants: These include independence and the ability to make personal choices, self-direction, goals, and values.
7. Social inclusion: It includes social acceptance and status, characteristics of the work environment, integration and social participation, social role, voluntary activity, and housing environment.
8. Rights: These include privacy, the right to vote and vote, the performance of duties, and property right.

2.12.4.Access to Quality of Life

McClure Leah (2021), stated that for a person to feel the quality of life and reach it, some factors must be combined and available, as follows:

First: Individual's self-realization and appreciation

Tus (2020), defines self-concept as the individual's idea and evaluation of himself, including capabilities, goals, and personal entitlement. Desideri et al. (2019), stated that the self-concept of the individual consists of a set of factors, the most important of which are

(determining the role, position, social standards, social interaction, language, and social relations).

Second: Finding positive meaning in life

The concept of the meaning of life is very important. Life must have meaning under all circumstances, and this meaning is in a constant state of change, but it always remains, and Shin et al. (2016), believes that a person can discover that meaning in his life in three different ways. which is next :

1. Doing something new or doing something.
2. Experience lofty experiences and values such as goodness, truth, and beauty.
3. Meeting another human being at the height of his human uniqueness.

Third: The presence of social relationships and social support

Turner et al. (2014), mention that good relationships are considered one of the most important sources of happiness, such that the individual is married in a happy marriage, has friends, and has good relations with family members, relatives, co-workers, and neighbors, and the individual may need training in social skills that bring him happiness.

Social relations are important for the amputee. Through these mutual social relations, they feel importance, respect, and appreciation, as well as a feeling of self-confidence for the disabled. Through this support and these relations, the disabled can empty their concerns and satisfy their needs, as it works to implant mutual trust between the disabled and members of the community. The amputee also feels safe and secure and looks with optimism toward life and the future, and then feels the quality of his life (Czerniecki & Morgenroth, 2017).

Fourth: Satisfaction with life

Chykhantsova (2020), defines life satisfaction as an individual's assessment of the quality of life he lives according to his value system. Workers in the field of mental health and mental pathology alike, as well as

the feeling of satisfaction with life, is an important indicator of healthy mental health indicators, satisfaction pushes the individual to life and increases his desire for it.

The feeling of contentment and happiness is what a person desires. People may describe happiness as a feeling of satisfaction or satiation, self-reassurance, or self-realization, or as a feeling of joy, enjoyment, and pleasure. When the individual reaches the stage of comprehensive satisfaction, it means that he enjoys a good life. It means satisfaction with work, marriage, health, self-abilities, and self-realization (Tasiemski et al., 2021).

Fifth: Availability of psychological hardiness

It defines it as an integrated set of personal qualities of a psychological and social nature, which are qualities that include commitment, challenge, and control, which the individual sees as important qualities for him that enable him to confront difficult situations and address them, as well as situations of psychological hardship, which enable him to successfully coexist with them (Alsukah et al., 2020).

Psychological hardness is an important role in the life of the amputee, which implants in him the spirit of challenge and steadfastness, and strengthens his resolve. It also works to provide the individual with the ability to bear the painful reality in which he lives (Mazzone et al., 2020).

Sixth: Happiness

The feeling of happiness is a state of fun, contentment, and gratification, which arises mainly through the satiation of motives, but it rises to the level of psychological satisfaction, and it is thus conscience that accompanies self-realization. The most important of them is the integration of the individual's personality, self-acceptance, and satisfaction with life, including its pressures and difficulties, as well as happiness may be achieved through love of others and interaction with them is integral to positivity, as well as keenness to establish new relationships, and therefore

the feeling of happiness is part of the individual's sense of the quality of his life (Medvedev & Landhuis, 2018).

Happiness has a great impact on the physical, psychological, and social health of the amputee, and the individual can achieve his happiness through self-acceptance, the love of others, and the establishment of social relationships based on honesty and love, as well as by thinking about things that bring comfort and pleasure in the self, and through work and social activities and a sense of the meaning of life, and there are many things that the individual can achieve and through which he feels happy, and it is an integral part of the individual's awareness of the quality of life (Day et al., 2019).

4.12.5.Quality of Life among Amputations

The use of quality-of-life measures that encompass a wide range of experiences should be encouraged and reflect a movement within the human and biological sciences to value broader parameters rather than just symptom control, decreased mortality, or the increase in life expectancy. Quality of life allows us to understand the fundamental aspects of each individual and can bring results that help in approaching and restructuring care programs (Pocnet et al., 2016).

Quality of life is influenced in a complex way by physical health, psychological state, level of independence, social relationship, and environmental relations (Panzini et al., 2017). Among the domains of quality of life, it appears that psychological functioning and physical health are the most investigated subjects in health since all studies evaluated one or both aspects. However, it has been observed that other domains are also becoming increasingly relevant and important, namely autonomy, interpersonal relationships, rights, and physical, emotional, and material well-being. (Counted et al., 2018).

For patients with amputation, the perception of quality of life is more associated with pain, adaptation to the prosthesis, and psychosocial

well-being than with clinical or demographic variables such as age, gender, level, and cause of amputation (Vaz et al., 2012). The ability to walk is considered central to the perception of quality of life, as it directly impacts the ability to live independently (autonomy) and community participation (Davie-Smith et al., 2017). Another study stresses the importance of maximizing mobility (whether or not using a prosthesis) in patients with lower limb loss, both for the associated immediate functional benefits and for their influence on other domains (Wurdeman et al., 2018).

Patients with amputation highlight the importance of quality of life in defining a successful treatment outcome. Despite this importance, there is a relatively limited number of studies that assess the diversity of factors that influence the quality of life of these individuals (Suckow et al., 2015).

Whereas the quality of life is a multidimensional construct consisting of objective components (such as behavior and environment) and subjective components (psychological well-being and life satisfaction), a serious illness can have a direct impact on a person's state of health, limiting his/her mobility and autonomy. On the other hand, the individuals' satisfaction with their own life may differ from that of other patients, even though they have the same disease due to their objective health and life conditions (Pocnet et al., 2016).

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Persons with amputation may report a reduction in their quality of life immediately after limb loss, but over time the response may change depending on their adaptation to the new condition, with moderate improvement as they live longer with the sequel (Uustal & Meier, 2014).

In the national scenario, the rehabilitation of these patients has advanced in recent years, especially through multidisciplinary interventions and legal support in the public health system. However, there are still difficulties to be overcome, such as delays in referral for the starting of appropriate treatment and inclusion in rehabilitation programs, in addition to the socioeconomic difficulties that lead to an abandonment of the prosthesis, with consequent failure in rehabilitation (Pasquina et al., 2015).

2.13.Social Support and its Relation to Quality of Life among Amputees Patients

The relationship between social support and the quality of life of amputee patients is a crucial aspect of their overall well-being and adjustment to life after amputation. Amputation is a life-altering event that can have profound physical, psychological, and social consequences. Social support refers to the assistance, comfort, and understanding that individuals receive from their social network, such as family, friends, colleagues, and support groups (Cohen & McKay, 2020; Chung et al., 2021).

Therefore, social support is assumed as an important parameter that can influence or be influenced by the quality of life (QoL) itself. A person's standard of living (Costa et al., 2017). Quality of life deals with an individual's perception of their place in life with the culture and traditions in which they lived (Quaresma et al., 2014).

It is indicate that the level and dimensions of quality of life can be significantly increased by providing excessive perceived social support. But sometimes, some kind of physical or mental difficulty becomes an obstacle to obtaining the social support required to lead a healthy and satisfied life (Ates et al., 2019).

From ample studies, it has been observed that lack of social support, particularly on the part of family and friends results in social and psychological issues (Lebacq et al., 2019). Meanwhile, it was also found that individuals with special needs have to face negative attitudes regarding their bodies which most of the time become a source of reducing their self-esteem and developing a sense of poor body image among disabled people (Lin et al., 2021). But by developing positive interactions with one's locality and environment, one could easily cope with all sorts of psychological and mental ailments (Polikandrioti et al., 2020).

According to Xiang et al. (2020), there are some key points regarding the relationship between social support and the quality of life of amputee patients:

1. **Psychological Well-being**: Amputation can lead to feelings of loss, grief, depression, anxiety, and decreased self-esteem. Social support plays a vital role in helping individuals cope with these emotional challenges. Having a strong support network can provide emotional validation, reduce feelings of isolation, and enhance psychological well-being.
2. **Physical Adaptation**: Amputee patients may face physical challenges when adjusting to a prosthetic limb or learning to navigate the world

with a disability. Social support can provide practical assistance, encouragement, and motivation during the rehabilitation process. It may also involve helping with daily tasks, transportation, or participating in physical activities together, which can contribute to improved physical functioning and overall quality of life.

3. **Coping with Stigma and Social Interaction**: Amputee patients may encounter social stigma or discrimination due to their disability. Social support can act as a buffer against the negative effects of stigma, promoting acceptance and inclusion. Additionally, having supportive friends or family members can enhance social interactions and provide opportunities for meaningful social participation.
4. **Information and Resources**: Social support networks can be invaluable in helping amputee patients access relevant information, resources, and specialized services that can improve their rehabilitation, mobility, and overall well-being. Support groups, in particular, can be a valuable source of information and emotional support for amputees.
5. **Sense of Belonging and Identity**: Social support can help amputee patients maintain a sense of belonging and identity, which may be challenged after the loss of a limb. Feeling connected to others who have experienced similar challenges can foster a sense of camaraderie and reduce feelings of alienation.
6. **Long-Term Adjustment**: The process of adjusting to life after amputation can be ongoing and may involve different phases of adaptation. Social support can remain crucial throughout this journey, providing a safety net during challenging times and encouraging continued growth and resilience.

It's important to note that the level and impact of social support can vary between individuals. Some amputee patients may have strong existing support networks, while others may need to seek out new sources of support. Health professionals, including psychologists, counselors, and

rehabilitation specialists, can play a vital role in identifying patients' support needs and facilitating connections to appropriate resources and support groups.

Overall, fostering a strong social support system is essential for promoting the well-being and quality of life of amputee patients as they navigate the physical, emotional, and social challenges of life after limb loss.

2.14.Previous Studies

The researcher, after reviewing the literature of scientific research related to the basics of research and its variables represented in social support and quality of life, through which he developed his perceptions, and his modest effort in searching for studies related to this topic, where this chapter of the study includes previous research and studies and their results.

Valizadeh et al. (2014)

Aimed to explain the understanding of the trauma of patients and the experience of support sources during the process of adaptation to lower limb amputation. This study was conducted using qualitative content analysis. Participants included 20 patients with lower limb amputation due to trauma. Unstructured interviews were used as the main method of data collection. Collected data were analyzed using qualitative content analysis and constant comparison methods. The main theme extracted from the data was support sources. The classes include supportive family, gaining friends' support, gaining morale from peers, and assurance and satisfaction with the workplace. Given the high number of physical, mental, and social problems in trauma patients, identifying and strengthening support sources can be effective in their adaptation to the disease and improvement of the quality of their life.

Razak et al. (2016)

Aimed to determine the impact of lower limb amputation on quality of life (QoL) amongst the Malaysian population undergoing rehabilitation. Quality of life amongst lower limb amputees in Malaysia data was gathered using the validated WHOQOL-BREF questionnaire and interviews with participants. The overall quality of life amongst lower limb amputees in Malaysia was satisfactory. The psychosocial domain played the most prominent role in supporting a good quality of life which scored the highest (66.6), followed by the social relationship domain (63.4), environmental domain (63.0), and physical domain (61.6). Results also showed that the level of amputation played a role in QoL.

Anderson et al. (2017)

Aimed at investigating the moderating influence of perceived social support on the prospective relationship between baseline levels of activities of daily living (ADL) and depressive symptoms during the 1st year following amputation. Out of 73 veterans with new/first unilateral lower extremity amputation due to vascular disease or diabetes. Baseline levels of perceived social support, ADL function, and mobility were assessed by retrospective recall 6 weeks after amputation. Depressive symptoms were measured at 6 weeks and 12 months following surgery. These data allowed us to identify those participants with both low ADL function at baseline and low social support as being at higher risk for depression symptoms post-amputation. The findings support the stress-buffering hypothesis and suggest that perceived social support may be an important modifiable target of intervention among individuals with lower levels of functioning.

Williams (2018)

Aimed at examining the following questions. First, does the type of social support impact the amputee perceived social support satisfaction? Second, does the type of social support impact life satisfaction? Survey methodology was used following attendance at either peer-to-peer or group support. A purposeful sample of 184 participants was assessed using the

Satisfaction with Life Scale and the Multidimensional Scale of Perceived Social Support. ANOVA first showed that peer participants reported significantly greater perceived social support satisfaction than the group. Second, ANOVA showed that participants in peer support groups reported greater life satisfaction than a group. These data assist anyone concerned with helping amputees make support decisions based on the amputees specific needs. From these findings, future research utilizing other forms of social support for amputees can be generated and expanded.

Matos et al. (2019)

Aimed to evaluate the quality of life of patients with lower limb amputation and wearing prostheses. A study was conducted with 49 patients followed in a rehabilitation hospital in the Midwest region of Brazil. A generic instrument (Medical Outcomes Study 36-Item Short-Form Health Survey) for quality of life assessment and Trinity Amputation and Prosthesis Experience are Scale-Revised that is specific for people with amputation were used in addition to a functional assessment measure. The results showed that the time since amputation, male gender and below-knee amputations were predictors of a better perception of quality of life and better adjustment to amputation.

Abouammoh et al. (2021)

Aimed to explore the experiences and needs of lower limb amputees for social and psychological adjustment in Saudi Arabia, according to their perspective. Thirteen patients with lower limb amputation (mean age 47 years) were recruited from a large rehabilitation center in Saudi Arabia for participation in interviews. A focus group discussion with 6 amputees was followed by individual, semi-structured interviews with 8 amputees (which included 1 from the focus group). Patients' needs and reactions before and after amputation were controlled by the surrounding support system. Hopelessness and depression, body image distress, religious attitude, and family and community support all

contributed to shaping the overall patient experience, including psychological and physical adjustment. Facilitating the re-integration of patients with lower limb amputation patients into their communities, as well as providing the required support system and social support is crucial to ensure a healthy adjustment process for amputees.

Puranik et al. (2021)

Aimed to analyze the quality of life (QoL) after major amputations and long-term outcomes. This study included 64 patients who had major upper or lower limb amputations. We analyzed the sociodemographic factors of the patients, the type of procedure, postoperative hospital stay, complications, and follow-up status with both the SF-12 and the World Health Organization Quality of Life (WHOQOL)-BREF questionnaires. The mean age of the study patients was 53.6 years (SD 2.6) and they were mostly male (71.9%). Atherosclerotic peripheral vascular disease (PVD) was the most common indication (37.5%) of amputation, and below-the-knee amputation (46.88%) was the most commonly performed procedure. Major amputations can significantly affect the quality of life of patients, and all efforts should be made to avoid factors that adversely affect their quality of life.

Juma Elywy et al. (2022)

Aimed to investigates social support and its relationship to QoL among amputation cases living in Kut City, Iraq. This correlational study was conducted on 150 participants attending the Prosthetics Center in Kut. We investigated the relationship between social support and the QoL of amputees. The Mean age of the participants was 38 years. They were mostly married males and unemployed with low economic status. Findings show that 68% of the participants expressed poor social support. Their social status, residents, and income had been influenced the social support (34.18±14.978), and 62% expressed a poor QoL (85.37±21.008). There was a significant correlation between social support and QoL (P=0.000),

and social support significantly affected the QoL for amputation cases (P=0.000). There is a strong significant positive correlation between social support and QoL. The QoL among amputated cases was dependent on their social support. If family, friends, and community members provide embellished social support for amputees, they can face adversity and crises and lead their lives more effectively.

2.15. Literature Synthesis

Amputation is a life-altering event that can have profound physical and psychosocial consequences for individuals. Throughout the rehabilitation process, the presence of a strong social support system has been recognized as a critical factor in shaping the quality of life (QoL) experienced by amputees. This literature synthesis aims to explore and analyze existing research on the relationship between social support and the quality of life among amputee patients.

Numerous studies have emphasized the significant impact of social support on the overall quality of life among amputees. Social support is defined as the assistance, comfort, and emotional resources individuals receive from their social networks, including family, friends, and healthcare professionals. It plays a crucial role in buffering the negative effects of amputation and contributes to the adaptive coping mechanisms of patients.

Understanding the importance of social support in the lives of amputees can help healthcare professionals, family members, and friends provide the necessary assistance and encouragement. Creating and fostering a strong support network can significantly contribute to an amputee's emotional well-being, adjustment to the new reality, and ultimately, their overall quality of life.

The literature synthesis highlights the vital role of social support in determining the quality of life among amputees patients. Emotional and practical support from family, friends, and healthcare professionals

significantly contributes to psychological well-being, physical functioning, social integration, and overall life satisfaction. Understanding the importance of fostering a robust social support system for amputees can aid in developing more comprehensive rehabilitation programs and interventions aimed at improving their overall quality of life. Further research is needed to explore specific aspects of social support and their individual contributions to the QoL of amputees patients.

Chapter Three

Methodology

Chapter Three

Methodology

In this chapter, we delve into the field side of the study, detailing the methodology, study population, sample selection, study tools, data collection, and statistical processing employed to assess the validity and reliability of two study tools: the social support questionnaire and the quality of life questionnaire. Subsequently, the chapter describes how the study tool was applied to the selected sample members, ensuring a systematic and unbiased approach to data collection. The methods used to analyze the collected data are then detailed, highlighting the statistical processing employed to assess the validity and reliability of the study tools.

The statistical program SPSS-20 was utilized to conduct the analysis, employing various statistical methods to draw meaningful conclusions from the data.

3.1.Study Design

In this study descriptive correlational approach selected to describe the phenomenon, and to indicate the relationship between its components. This study carried out for the period between March 13th 2021 to March 1st 2023

3.2.Administrative Arrangements

Prior to data collection for the study, we obtained the necessary official clearances from relevant authorities. The study was approved by the University of Babylon/College of Nursing Council (**Appendix A1**). Additionally, formal permission to visit the Babylon Rehabilitation Center for Disabled was obtained from the Babylon Health Directorate (Training and Development Division) (**Appendix A2**). Consent was also obtained from the disabled individuals (specifically, amputees) to participate in the study. We provided them with a detailed explanation of the study's objectives and benefits, assuring them that all provided information would

be kept confidential and used solely for scientific and research purposes, respecting their autonomy and privacy.

3.3.Ethical Considerations

A routine procedure for obtaining approval of the research proposal from the Department of Nursing Administration, the Ethics Committee, and the Graduate Studies Committee of the College of Nursing, University of Babylon. There are no risks to the study subjects during the application of the research. Official permission to conduct the study was obtained from the responsible authorities. Oral consent was obtained from the amputees who participated in the study. The confidentiality of the information collected and the privacy of the participants were emphasized. Study participants have the right to refuse or withdraw from the study at any time without any restrictions.

Ethical obligations are one of the most important things that the investigator 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 investigator 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 investigator given a brief explanation about the scientific background of the research and the purpose of conducting. Clients 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 Babylon Rehabilitation Center for Disabled. These center affiliated with the

Babylon Health Department, the Physiotherapy Department at Babylon Rehabilitation Center for the Disabled, which is affiliated with the department. It receives 13,000 disabled people a month, including about 1,400 amputees who are referred for prosthetics and rehabilitation. It offers a group of limb technicians, the Department of Physiotherapy and the Department of Welfare of the Disabled, and aims to provide the best services to patients and to develop a treatment and medical plan for how to deal with these disabilities.

3.5.Sample of the Study

The population of the study consists of the disabled (amputees) in the Hilla City, who number 2507, knowing that the Babylon Center for the Rehabilitation of disability confirmed this with a monthly statistic attending the Rehabilitation Center. Figure (3-1) shows the types of amputation in these statistic. The left and right lower amputation were records the highest number (1729), followed by upper limb amputation (358), followed by lower limb amputation (234), followed by left and right upper limb amputation (113) and those who Syme's amputation (73).

An Convenience sample of (250) amputees was selected approximately 10% of the study population, according to the non-probability sampling method, in order to reveal social support and their quality of life based on interviews and questionnaires. These sample was selected according to the following criteria include:

1. Clients who are any types of amputation.
2. Clients who adult who are aged 18 years and above.

3.6. Instruments of the study

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

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

3.6.1.Socio-Demographic Characteristics

This section include the amputees age, gender, social status, education level, occupation, monthly income, have children, reason for amputation, site of amputation and its duration. Demographic characteristics and factors associated with amputation may be influencing factors the quality of life of an amputee, as they differ from one person to another.

3.6.2.Social Support

After reviewing the investigator psychological literature and previous studies in social support. A questionnaire was adopted and developed by Abu Ghali (2014), as the development of a self-report measure of subjectively assessed social support which consisted of the following:

1. Emotional support (12) items.
2. Financial support (12) items.
3. Information support (12) items

It seems like you have 36 items of social support that were measured using a 4-level Likert scale. The Likert scale consists of four response options: 1=never, 2=rarely, 3=mostly, and 4=always. Each of the 36 items was scored based on respondents' answers using this scale. Using a Likert scale allows you to collect quantitative data on respondents' attitudes or perceptions towards social support. The data collected can be

used for various statistical analyses and insights into the level of social support perceived by the participants. Accordingly, points can be taken range from (36-144). The higher average defined as good social support.

3.6.3.Quality of Life

This tool was adopted and developed by Murad and Al-Jawary (2008). In order to accomplish the QoL assessment of amputee patients, a special instrument has been adopted by the investigators, which is mainly based on the extensive literature review, the opinion of experts dealing with amputee patients, and a preliminary study on a sample of 20 by asking them open-ended questions. The assessment tool consists of three areas:

1. Physical Quality of Life: Which consist of 26-items.
2. Psychological Quality of Life: Which consist of 25-items.
3. Social Quality of Life: Which consist of 15-items.

A Likert scale is a commonly used type of rating scale to measure attitudes or opinions on a specific topic. In your case, it is being used to measure the quality of life. A 3-level Likert scale means that respondents have three options to choose from to indicate their level of agreement or frequency of a particular statement or question. In your scenario, the three response options are "never," "sometime," and "always," with corresponding scores of 0, 1, and 2, respectively. A total of 66 items in your survey, and respondents would choose one of the three options for each of these items. The total score for an individual respondent would be the sum of the scores across all 66 items, indicating their overall quality of life as measured by the Likert scale. Accordingly, points can be taken range from (0-132). The higher average defined as good quality of life.

It appears that the investigator followed specific guidelines when developing the questionnaire to ensure that it effectively collects important and comprehensive information related to the problem at hand while maintaining reliability. The investigator paid attention to avoid using vague and complex questions, likely aiming to make the questionnaire easy to

understand for respondents. Additionally, they utilized closed-ended questions, which means respondents were required to choose from pre-defined answer options, ensuring that the responses are relevant and can be easily analyzed.

3.7.Validity of the Questionnaire

The face validity of a study tool refers to the initial assessment of the tool by experts to determine whether it appears to be valid and relevant for its intended purpose. In this case, the study tool was translated into Arabic, and specialists from diverse nursing departments were invited to participate in the assessment.

The process involved the experts reviewing each item on the study questionnaire and providing their opinions and feedback. The assessment focused on three main aspects:

1. Linguistic Relevance: The experts assessed whether the language used in the translated questionnaire was appropriate, clear, and understandable to the target population (in this case, Arabic-speaking individuals). Ensuring linguistic relevance is crucial to ensure that respondents can comprehend the questions and provide accurate responses.
2. Relationship to Study Variables: The specialists examined each questionnaire item to determine its alignment with the study's intended variables. In other words, they assessed whether the questions were pertinent to the aspects of the research that the tool aimed to measure. This step helps ensure that the questionnaire is measuring what it is intended to measure.
3. Applicability to the Study Community's Setting: The experts evaluated whether the questionnaire items were suitable and applicable to the specific community or population that the study focused on. This step is essential to ensure that the tool is culturally sensitive and relevant to the context in which it will be used.

By involving specialists from various nursing departments to obtain diverse perspectives and expertise to enhance the overall face validity of the questionnaire. The feedback provided by the experts could lead to refinements and improvements to the tool before it is administered to the actual study participants, thereby increasing the likelihood of obtaining meaningful and reliable data.

The validity is determined through the use of panel of (11) experts. They are (6) faculty members from the College of Nursing/ University of Babylon, (2) faculty members from the College of Nursing/ University of Baghdad, (2) faculty member from the College of Nursing/ University of Kufa and (1) faculty member from Hammurabi University Faculty of Medicine (Appendix C). 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 data collection.

3.8.Pilot Study

This preliminary study aimed to assess the stability and credibility of the study tool, evaluate its clarity and efficiency, determine the standard time required to collect data for each subject during the interview procedures, and identify any potential difficulties that may arise. This study was conducted for the period of July 25th to August 3rd 2022

3.8.1.Results of the pilot study

The survey is trustworthy. The quiz could take anywhere between 20 and 25 minutes to complete. The instrument items were clear and the study's underlying phenomena was recognized (Table 3.1)

An accepted coefficient reliability of 0.70 (Cronbach's alpha) for the study questionnaire indicates a reasonable level of internal consistency. Cronbach's alpha is a statistic used to measure the internal consistency of a set of items in a questionnaire or scale. It assesses how well the items in the questionnaire are measuring the same underlying construct or concept. A

Cronbach's alpha value of 0.70 suggests that there is a moderate level of internal consistency among the items in the questionnaire. It means that the items in the questionnaire are moderately related to each other and are measuring the same general concept of interest (in this case, social support and its relation to the quality of life among amputates patients).

3.8.2.Reliability of the Questionnaire:

Based on the provided information, it seems that the investigator conducted interviews with 10% of the study samples, which consisted of 20 amputees. The steps involved in the research process appear to be as follows:

1. Selection of Participants: The investigator selected a subset of the study population, specifically 10% of the total samples. In this case, the 10% subset consists of 20 amputees.
2. Introduction and Invitation: The investigator met with the selected participants in person and introduced them to the study. They likely explained the purpose and goals of the research to the participants.
3. Seeking Participation: After the introduction, the investigator invited the participants to take part in the study. Since the research involves giving opinions on the study variables, they were likely asked to participate in interviews conducted on an individual basis.
4. Explaining the Research: The investigator further explained the purpose and title of the research to the participants, providing them with a clear understanding of what the study aims to achieve.
5. Study Paper: The participants were asked to fill out a study paper by interview. This process was likely carried out individually, with the investigator asking questions related to the study variables and recording the participants' responses.
6. Confirming Simplicity and Understanding: During the interview, the investigator might have assessed whether the study paper was

straightforward and easy to comprehend. This step was essential to ensure that the participants had a clear understanding of the questions being asked.

7. Estimating Time Required: The participants were also asked to estimate the time required to fill out the study tool (interview). This step helped the investigator assess the feasibility of the data collection process and whether it was manageable for participants in terms of time commitment.

Based on the information provided, it seems that the investigator conducted interviews with participants and stayed with them until the interviews were completed. Each interview took approximately 20-25 minutes to fill out a form. After conducting a pilot study and analyzing the data obtained from it, no adjustments were made, and thus the pilot study was excluded from the original sample.

Additionally, the investigator calculated the Cronbach's alpha value for the collected data. The Cronbach's alpha is a measure of internal consistency and reliability of a scale or questionnaire. A Cronbach's alpha value of 0.70 or higher is generally considered acceptable, indicating a high degree of reliability for the measurement instrument used in the study.

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

Reliability Statistics			
Variables	N of Items	Cronbach's Alpha	Ass.
Social Support	36	.87	Accepted
Quality of Life	66	.82	Accepted

It's great to hear that the reliability coefficient for the study instrument, in this case, the questionnaire used to measure social support and quality of life for amputees, indicates that it is a reliable measure. A

high reliability coefficient suggests that the questionnaire consistently measures what it is intended to measure and produces consistent and stable results. By having a reliable questionnaire, investigators can confidently use it to study the phenomenon of social support and quality of life for amputees in the same population at any time in the future. This means that if the same questionnaire is administered to the same group of amputees in the future, investigators can expect to obtain consistent and comparable results, allowing for reliable longitudinal or comparative studies.

Having a reliable instrument is essential in research because it increases the confidence in the validity of the findings and ensures that any changes observed over time are likely due to the actual changes in the phenomenon being studied rather than inconsistencies in measurement. It also enhances the credibility and replicability of the study's results. Investigators can now focus on using this reliable instrument to gain valuable insights into the social support and quality of life experienced by amputees and potentially develop interventions to improve their well-being..

3.9.Methods of Data Collection

The data collection occurred between August 4th , 2022, and October 27th, 2022. During this time, the questionnaire was administered to study participants after obtaining approval from the Babylon Health Directorate. Additionally, the validity and reliability of the questionnaire were verified before proceeding with data collection.

The investigator interviewee the participants (Amputees), 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 (20-25) minutes after taking the important steps that must in the study design.

3.10.Statistical Data Analysis Approach

Statistical analyses were performed using the SPSS version XXIV software program. One-way analysis of variance and independent sample t-test with Bonferroni post-hoc tests were performed for comparison of continuous variables between groups. Descriptive data are presented as mean ± standard deviation for continuous variables and number (%) for categorical variables. Pearson's correlation analysis was used to analyse the level of the correlation between variables. A p-value < 0.05 was considered as statistically significant.

3.10.1.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 "Number (No.) and Percent (%)"

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

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

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

The average score can be calculated by using the following:

$$\boldsymbol{Total\ mean\ of\ scores} = \frac{\boldsymbol{Maximum\ total\ sores - Munimum\ total\ sores}}{\boldsymbol{Levels}}$$

C. Standard Deviation test ±*SD*.

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

D. It uses a correlational coefficient "Cronbach alpha" used in estimating the internal consistency of the study tool.

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

3.10.2.Inferential approach

1. Analysis of Variance (ANOVA)

This test used to determine the differences in dependent variables with regards to independent variables .

Source of variance	Sum of square	d.f	Mean square	F
Between Groups	$SS_B = \sum \frac{(\sum xP1)^2}{n} - \frac{(\sum xP)^2}{n}$	$df_B = K\text{-}1$	$\frac{MS\beta}{MS\beta}$	
Within Groups	$SS_w = \sum \frac{(\sum xP1)^2}{N} - \frac{(\sum xP)^2}{N}$	$df_w = N\text{-}k$	$\frac{SSw}{DFw}$	$\frac{MSB}{MSW}$
Total	$SS_T = \sum \frac{(\sum xP1)^2}{N} - \frac{(\sum xP)^2}{N}$	$df_t = N\text{-}1$		
P-value (≤0.05)				

2. Independent Sample t-test

This test used to determine the differences in dependent variables with regards to independent variables.

$$t = \frac{\mu_A - \mu_B}{\sqrt{\left[\frac{\left(\Sigma A^2 - \frac{(\Sigma A)^2}{n_A}\right) + \left(\Sigma B^2 - \frac{(\Sigma B)^2}{n_B}\right)}{n_A + n_B - 2}\right] \cdot \left[\frac{1}{n_A} + \frac{1}{n_B}\right]}}$$

3. Spearman's Correlation Coefficient (*r*)

Spearman's correlation coefficient (r) is a statistical measure that quantifies the strength and direction of the linear relationship between two continuous variables.

$$\mathrm{P} = 1 - \frac{6 \sum \mathrm{d}2\,\mathrm{i}}{\mathrm{n}\,(\mathrm{n}2 - 1)}$$

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 Studied Sample related to their Socio-demographic Data

Socio-demographic data	Classification	Freq.	%
Age/years (*M± SD= 50.38±13.47*)	<30 years	31	12.4
	30-39 years	25	10.0
	40-49 years	33	13.2
	50-59 years	85	34.0
	60-69 years	66	26.4
	70 years and older	10	4.0
Gender	Male	172	68.8
	Female	78	31.2
Marital Status	Single	53	21.2
	Married	153	61.2
	Divorced	28	11.2
	Widower	16	6.4
Education level	Illiterate	20	8.0
	Read and write	76	30.4
	Primary school	19	7.6
	Intermediate school	17	6.8
	Secondary school	95	38.0
	Collage	23	9.2
Occupation	Employee	85	34.0
	Self-employ	83	33.2
	Retired	27	10.8
	Unemployment	55	22.0
Have sons	Yes	182	72.8
	No	68	27.2
Amputation reason	Condition	121	48.4
	War	88	35.2
	Accident	41	16.4
Amputation site	Lower extremities	141	56.4
	Upper extremities	109	43.6
Amputation duration	<5 years	63	25.2
	5-10 years	65	26.0
	>10 years	122	48.8

Freq. Frequencies; %= Percentage

Finding show participants age, the mean age is 50 (SD= 13.47), the age 50-59 years old were recorded the highest percentage 85 (34%) and the lowest percentage were aged 70 years and older 10 (4.0%). In terms of gender, male participants were predominantly 172 (68.8%) compared to female amputees 78 (31.2%). Results related to marital status, most of the studied sample were married 153 (61.2%) and the small share was widowed 16 (6.4%). In terms of educational level, secondary school graduates scored the highest 95 (38%) compared to the lowest percentage of middle school graduates 17 (6.8%). Occupation-related findings, employment consisted of the highest 85 (34%) and retirees the lowest 27 (10.8%). In terms of sons status, more than a third of the studied sample were have sons 182 (72.8%) as compared with those who are not 68 (27.2%).

Table 4-2:Distribution of Studied Sample related to Clinical Information

Clinical information	Classification	Freq.	%
Amputation reason	Condition	121	48.4
	War	88	35.2
	Accident	41	16.4
Amputation site	Lower extremities	141	56.4
	Upper extremities	109	43.6
Amputation duration	<5 years	63	25.2
	5-10 years	65	26.0
	>10 years	122	48.8

Freq. Frequencies; %= Percentage

In terms of amputation reason, most of the amputations were due to conditions (diseases) 121 (48.4%) and the least causes were accidents 41 (16.4%). Site of amputation related findings, most of the amputation sites were in the lower extremities 141 (56.4%) compared to the upper extremities 109 (43.6%). Concerning duration of amputation, most of the study participants expressed more than 10 years on amputation 122 (48.8%) as compare with less duration 63 (25.2%).

4.3.Level of Social Support of study sample relating to emotional aspect.

Table4-3-1. Distribution of Emotional Support for Amputees

ON	Emotional Support Items	Responses	No.	%	M.s± SD	Level
1	Find my family members by my side when I need them.	Never	3	1.2	3.74±0.709	Good
		Rarely	24	9.6		
		Mostly	8	3.2		
		Always	215	86.0		
2	Feel comfortable and reassured when I find my family members around me.	Never	3	1.2	3.74±0.709	Good
		Rarely	24	9.6		
		Mostly	8	3.2		
		Always	215	86.0		
3	Find my friends around me in times of adversity and crises.	Never	57	22.8	2.96±1.261	Fair
		Rarely	33	13.2		
		Mostly	24	9.6		
		Always	136	54.4		
4	Find serious interest from my friends.	Never	26	10.4	3.30±1.097	Good
		Rarely	45	18.0		
		Mostly	7	2.8		
		Always	172	68.8		
5	My family members make me feel the importance of being in the family.	Never	18	7.2	3.44±0.948	Good
		Rarely	25	10.0		
		Mostly	37	14.8		
		Always	170	68.0		
6	Find all the respect and appreciation from my family members.	Never	11	4.4	3.70±0.807	Good
		Rarely	17	6.8		
		Mostly	8	3.2		
		Always	214	85.6		
7	Find my neighborhood around me in times of crisis and adversity	Never	50	20.0	2.83±1.221	Fair
		Rarely	61	24.4		
		Mostly	21	8.4		
		Always	118	47.2		
8	My family members trust my abilities and energies in the work I do.	Never	42	16.8	3.34±1.158	Good
		Rarely	11	4.4		
		Mostly	17	6.8		
		Always	180	72.0		
9	Find my relatives around me when I need them.	Never	67	26.8	2.93±1.306	Fair
		Rarely	21	8.4		
		Mostly	25	10.0		
		Always	137	54.8		
10	Find some of my family members busy with me when I need them.	Always	32	12.8	3.41±1.053	Good
		Mostly	12	4.8		
		Rarely	28	11.2		
		Never	178	71.2		
11	Some of my family members grumble when I ask them for help (moving around, taking care of food, etc.)	Always	18	7.2	3.47±0.938	Good
		Mostly	24	9.6		
		Rarely	30	12.0		
		Never	178	71.2		
12	Some members of my family feel that I am a burden to them.	Always	17	6.8	3.54±0.908	Good
		Mostly	17	6.8		
		Rarely	30	12.0		
		Never	186	74.4		

Level of Assessment (Poor=1-2; Fair=2.1-3; Good=3.1-4)

In terms of statistical mean and standard deviation, this table demonstrated that the amputation people expressed a good responses to emotional support as indicated by high mean of scores (M.s=3.1-4) at all studied items of the scale except, the amputees expressed a fair emotional support in terms of (Find my friends around me in times of adversity and crises, Find my neighborhood around me in times of crisis and adversity and Find my relatives around me when I need them) as indicated by moderate mean of scores (M.s.=2.1-3).

Table4-3-2. level of financial support of the study sample.

ON	Financial Support Items	Responses	No.	%	M.s± SD	Level
1	My family members provide me with all the money I need to meet my special needs (medicine, food, clothes, etc.)	Never	22	8.8	2.75±1.087	Fair
		Rarely	120	48.0		
		Mostly	6	2.4		
		Always	102	40.8		
2	My family members make every effort to obtain the necessary community assistance and services to provide them to me.	Never	39	15.6	3.42±1.132	Good
		Rarely	11	4.4		
		Mostly	6	2.4		
		Always	194	77.6		
3	My family members provide me with enough money to live a decent life.	Never	53	21.2	2.86±1.256	Fair
		Rarely	57	22.8		
		Mostly	11	4.4		
		Always	129	51.6		
4	Rely on my friends to communicate with community institutions to provide for my own needs.	Never	45	18.0	3.34±1.194	Good
		Rarely	14	5.6		
		Mostly	2	.8		
		Always	189	75.6		
5	Receive in-kind aid from community institutions.	Never	67	26.8	2.84±1.269	Fair
		Rarely	23	9.2		
		Mostly	43	17.2		
		Always	117	46.8		
6	My neighbors stand by me in my financial crises.	Always	38	15.2	3.43±1.131	Good
		Mostly	11	4.4		
		Rarely	6	2.4		
		Never	195	78.0		
7	Feel that my family members blame me for excessive financial expenditures	Always	33	13.2	3.49±1.079	Good
		Mostly	11	4.4		
		Rarely	6	2.4		
		Never	200	80.0		
8	My family members feel that they are unable to provide for my financial requirements.	Always	42	16.8	3.45±1.158	Good
		Mostly	4	1.6		
		Rarely	4	1.6		
		Never	200	80.0		
9	Avoid telling anyone when I am going through financial hardship.	Always	50	20.0	3.36±1.212	Good
		Mostly	4	1.6		
		Rarely	3	1.2		
		Never	193	77.2		
10	Ashamed to ask for financial aid from others.	Always	155	62.0	1.98±1.326	Poor
		Mostly	13	5.2		
		Rarely	15	6.0		
		Never	67	26.8		
11	Get annoyed with some members of my family for watching me in my financial expenses.	Always	25	10.0	3.53±0.988	Good
		Mostly	14	5.6		
		Rarely	14	5.6		
		Never	197	78.8		
12	Some members of my family feel that I am a burden to them due to my large financial expenses.	Always	21	8.4	3.61±0.920	Good
		Mostly	8	3.2		
		Rarely	18	7.2		
		Never	203	81.2		

Level of Assessment (Poor=1-2; Fair=2.1-3; Good=3.1-4)

In terms of statistical mean and standard deviation, this table demonstrated that the amputation people expressed a good level of financial support as indicated by high mean of scores (M.s=3.1-4) at all studied items of the scale except, the amputees expressed a fair financial support related to (My family members provide me with all the money I need to meet my special needs as medicine, food, clothes, etc., My family members provide me with enough money to live a decent life and Receive in-kind aid from community institutions) as indicated by moderate mean of scores (M.s=2.1-3), as well as, the amputees exhibited poor responses in terms of Ashamed to ask for financial aid from others as indicated by low mean of scores (M.s=1-2).

Table4-3-3. level of informational support of the study sample.

ON	Information Support Items	Responses	No.	%	M.s± SD	Level
1	Turn to my family for advice when I'm in trouble.	Never	20	8.0	2.97±0.865	Fair
		Rarely	36	14.4		
		Mostly	126	50.4		
		Always	68	27.2		
2	Rely on the advice and suggestions of my friends to avoid mistakes	Never	99	39.6	2.68±1.427	Fair
		Rarely	12	4.8		
		Mostly	10	4.0		
		Always	129	51.6		
3	When I face a problem or crisis I find my relatives around me to help me.	Never	115	46.0	1.93±981	Poor
		Rarely	51	20.4		
		Mostly	70	28.0		
		Always	14	5.6		
4	My family provides me with any natural remedies I need	Never	62	24.8	2.62±1.119	Fair
		Rarely	35	14.0		
		Mostly	89	35.6		
		Always	64	25.6		
5	Feel comfortable when I find a friend to complain about my troubles and problems	Never	33	13.2	2.98±0.977	Fair
		Rarely	22	8.8		
		Mostly	112	44.8		
		Always	83	33.2		
6	My family members are keen to develop life skills.	Never	84	33.6	2.48±1.165	Fair
		Rarely	17	6.8		
		Mostly	94	37.6		
		Always	55	22.0		
7	My family members give me solutions to the problems I face in my daily life	Never	181	72.4	1.52±0941	Poor
		Rarely	20	8.0		
		Mostly	37	14.8		
		Always	12	4.8		
8	Consult my family members on many matters that pertain to my life.	Never	87	34.8	2.48±1.171	Fair
		Rarely	9	3.6		
		Mostly	100	40.0		
		Always	54	21.6		
9	My family members help me when I have a sudden problem.	Never	52	20.8	2.76±1.083	Fair
		Rarely	29	11.6		
		Mostly	97	38.8		
		Always	72	28.8		
10	Avoid revealing any problem I have to anyone	Never	103	41.2	2.27±1.193	Fair
		Rarely	26	10.4		
		Mostly	71	28.4		
		Always	50	20.0		
11	Reject advice from my friends.	Never	65	26.0	2.47±1.097	Fair
		Rarely	55	22.0		
		Mostly	77	30.8		
		Always	53	21.2		
12	Work alone, away from my family	Never	40	16.0	2.80±1.005	Fair
		Rarely	35	14.0		
		Mostly	110	44.0		
		Always	65	26.0		

Level of Assessment (Poor=1-2; Fair=2.1-3; Good=3.1-4)

In terms of statistical mean and standard deviation, this table demonstrated that the amputation people expressed a moderate level of information support as indicated by moderate mean of scores (M.s=2.1-3) at all studied items of the scale except, the amputees expressed a poor responses in terms of (When I face a problem or crisis I find my relatives around me to help me and My family members give me solutions to the problems I face in my daily life) as indicated by low mean of scores (M.s=1-2).

Table 4-3-4:Overall Assessment of Social Support for Amputees

Scale	Min.	Max.	M	SD	Score	No.	%
Social Support (12 Q)	38	126	108.41	17.94	Poor (36-72)	16	6.4
					Moderate (72.1-108)	97	38.8
					Good (108.1-144)	137	54.8
					Total	250	100.0

Min.: Minimum; Max.: Maximum, M: Mean for total score, SD=Standard Deviation for total score

Results indicate that the amputees responses on overall social support scale ranged from 38-126 by the overall responses at total mean score equal to 108.41 (SD=17.94), and according to the study criteria, this indicated that the (54.8%) amputees with a high level of social support (Fig. 4-1).

4.4.Level of Quality of Life of the sample related to physical aspect.

Table4-4-1. Distribution of Physical Quality of Life

ON	Physical QoL Items	Always	Sometime	Never	M.s± SD	Level
		No.(%)	No.(%)	No.(%)		
1	I need someone to help me when I'm not going to take a shower	145 (58)	44 (17.6)	61 (24.4)	0.66±0.842	P
2	I need to use some aids when I'm not going to take a shower	168 (67.2)	37 (14.8)	45 (18)	0.51±0.776	P
3	I avoid showering when there are many infections at the end of the amputated limb	149 (59.6)	38 (15.2)	63 (25.2)	0.66±0.848	P
4	I am having difficulties getting dressed or changing clothes	152 (60.8)	29 (11.6)	69 (27.6)	0.67±0.876	F
5	When changing my clothes I need someone to help me	170 (68)	25 (10.0)	55 (22.0)	0.54±0.825	P
6	I identify with a certain type of clothing	153 (61.2)	36 (14.4)	61 (24.4)	0.63±0.845	P
7	Need a prop or aid when using health facilities	170 (68.0)	15 (6.0)	65 (26.0)	0.58±0.874	P
8	Face difficulties while relieving myself or when entering health facilities	168 (67.2)	13(5.2)	69(27.6)	0.60±0.889	P
9	Suffer from the lack of vertical seats in the toilets in most places	171(68.4)	21(8.4)	58(23.2)	0.55±0.839	P
10	Have difficulties walking when wearing the prosthesis	151 (60.4)	19(7.6)	80(32.0)	0.72±0.915	F
11	Suffer from lack of control over the prosthesis	169 (67.6	28(11.2)	53(21.2)	0.54±0.811	P
12	Need help climbing stairs	150(60.0)	22(8.8)	78(31.2)	0.71±0.907	F
13	I'm afraid of bleeding every time I use the prosthesis	151(60.4)	55(22.0)	44(17.6)	0.57±0.768	P
14	Have a misfit of the stump with the prosthesis	171(68.4)	53(21.2)	26(10.4)	0.42±0.665	P
15	Find it hard to turn in bed on my own	138(55.2)	75(30.0)	37(14.8)	0.60±0.727	P
16	Need supports to help me stand or sit	157(62.8)	39(15.6)	54(21.6)	0.59±0.817	P
17	Have difficulty moving inside and outside the house or when getting in the car	193(77.2)	25(10.0)	32(12.8)	0.36±0.690	P
18	Need a wheelchair to help get around	152(60.8)	40(16.0)	58(23.2)	0.62±0.832	P
19	Suffer from not having someone in the family to help me while using the chair	160(64.0)	22(8.8)	68(27.2)	0.63±0.877	P
20	Have difficulty accessing centers for the disabled	156(62.4)	28(11.2)	66(26.4)	0.64±0.867	P
21	Suffer from cracks in the skin at the end of the limb (stump)	168(67.2)	30(12.0)	52(20.8)	0.54±0.811	P
22	Suffer from bleeding in the end of the extremity	159(63.6)	36(14.4)	55(22.0)	0.58±0.818	P
23	Complain of frequent infections and pus at the end of the limb	162(64.8)	39(15.6)	49(19.6)	0.55±0.795	P
24	Suffer from swelling (edema) of the skin, especially when wearing the prosthesis	141(56.4)	35(14.0)	74(29.6)	0.73±0.884	F
25	Felt a burning sensation at the end of the amputated limb while wearing the prosthesis	120(48.0)	62(24.8)	68(27.2)	0.79±0.841	F

26	Suffer from lower back pain due to different lengths of legs	92(36.8)	60(24.0)	98(39.2)	1.02±0.868	F

Level of Assessment (Poor [P]=0-0.66; Fair [F]=0.67-1.33-; Good [G]=1.34-2)

In terms of statistical mean and standard deviation, this table demonstrated that the amputation people expressed a poor quality of life associated physical life as indicated by low mean of scores (M=0-0.66) at all studied items of the scale except, the amputation cases expressed a fair quality of life in terms of (Don't have difficulties while getting dressed or changing clothes, Have difficulties walking when wearing the prosthesis, Need help climbing stairs, Suffer from swelling (edema) of the skin, especially when wearing the prosthesis, Felt a burning sensation at the end of the amputated limb while wearing the prosthesis and Suffer from lower back pain due to different lengths of legs) as indicated by moderate mean of scores (M=0.67-1.33).

Table4-4-2. level of psychological support of the study sample.

ON	Psychological QoL Items	Always	Sometime	Never	M.s± SD	Level
		No.(%)	No.(%)	No.(%)		
1	Feel that the handicap is the reason for the sympathy and compassion of others	120(48.0)	14(5.6)	116(46.4)	0.98±0.969	F
2	Suffer from frustration and failure after a disability	164(65.6)	17(6.8)	69(27.6)	0.62±0.884	P
3	Suffer from emotional distress after the amputation	180(72.0)	17(6.8)	53(21.2)	0.49±0.816	P
4	Feel bitterness and pain as a result of losing a limb	182(72.8)	16(6.4)	52(20.8)	0.48±0.811	P
5	Feel sad and depressed after the injury	181(72.4)	19(7.6)	50(20.0)	0.48±0.801	P
6	Suffer from the family's lack of understanding of my psychological condition	137(54.8)	44(17.6)	69(27.6)	0.73±0.861	F
7	Feel jealousy and hatred when I see others enjoying bodily integrity	66(26.4)	13(5.2)	171(68.4)	1.42±0.883	P
8	Lost hope of walking after the amputation	176(70.4)	23(9.2)	51(20.4)	0.50±0.806	P
9	Get angry, upset and agitated whenever others talk about my disability	169(67.6)	26(10.4)	55(22.0)	0.54±0.821	P
10	Feel unable to face everyday problems	139(55.6)	36(14.4)	75(30.0)	0.74±0.889	F
11	Can't find anyone from the family who encourages me to overcome the crisis I live in	101(40.4)	11(4.4)	138(55.2)	1.15±0.965	F
12	Feel like a useless person in life	167(66.8)	26(10.4)	57(22.8)	0.56±0.830	P
13	I feel annoyed when I visit centers for the disabled	166(66.4)	25(10.0)	59(23.6)	0.57±0.834	P
14	The injury negatively affected my self-esteem and self-esteem (loss of self-confidence)	163(65.2)	26(10.4)	61(24.4)	0.59±0.842	P
15	Feel uncomfortable looking at my body in a woman	171(68.4)	26(10.4)	53(21.2)	0.53±0.816	P
16	Can no longer do my duty at work as I used to	172(68.8)	25(10.0)	53(21.2)	0.52±0.816	P
17	Lost my interest and ambitions in life	166(66.4)	26(10.4)	58(23.2)	0.57±0.839	P
18	Lost my current job and have no hope of finding a new job	142(56.8)	19(7.6)	89(35.6)	0.79±0.936	F
19	Feel like my friends are avoiding me	141(56.4)	20(8.0)	89(35.6)	0.79±0.935	F
20	Get annoyed when people look at me	134(53.6)	40(16.0)	76(30.4)	0.77±0.886	F
21	Wish I had lost my life to live physically disabled	166(66.4)	28(11.2)	56(22.4)	0.56±0.829	P
22	Have been suffering from lack of sleep since the injury	142(56.8)	16(6.4)	92(36.8)	0.80±0.940	F
23	Feel like I don't have the ability to make decisions about different topics	139(55.6)	18(7.2)	93(37.2)	0.82±0.939	F
24	Feel like I'm losing my role in life	199(79.6)	34(13.6)	17(6.8)	0.27±0.577	P
25	It is better not to mix with people	202(80.8)	21(8.4)	27(10.8)	0.30±0.645	P

Level of Assessment (Poor [P]=0-0.66; Fair [F]=0.67-1.33-; Good [G]=1.34-2)

In terms of statistical mean and standard deviation, this table demonstrated that the amputation people expressed a poor quality of life

associated psychological life as indicated by low mean of scores (M=0-0.66) at all studied items of the scale except, the amputation cases expressed a fair quality of life in terms of (Feel that the handicap is the reason for the sympathy and compassion of others, Suffer from the family's lack of understanding of my psychological condition, Feel unable to face everyday problems, Can't find anyone from the family who encourages me to overcome the crisis I live in, Lost my current job and have no hope of finding a new job, Feel like my friends are avoiding me, Get annoyed when people look at me, Have been suffering from lack of sleep since the injury and Feel like I don't have the ability to make decisions about different topics) as indicated by moderate mean of scores (M=0.67-1.33).

Table4-4-3. level of social support of the study sample

ON	Social QoL Items	Always	Sometime	Never	M.s± SD	Level
		No.(%)	No.(%)	No.(%)		
1	Cannot longer do sports	210(84.0)	25(10.0)	15(6.0)	0.22±0.537	P
2	My family thinks I'm helpless	225(90.0)	13(5.2)	12(4.8)	0.15±0.458	P
3	Others make fun of my abilities after a handicap	204(81.6)	32(12.8)	14(5.6)	0.24±0.542	P
4	Suffer from the lack of facilities in the centers for the disabled	187(74.8)	45(18.0)	18(7.2)	0.32±0.601	P
5	Feel the lack of cooperation of the nursing staff in the care centers	202(80.8)	35(14.0)	13(5.2)	0.24±0.527	P
6	Suffer from the lack of financial support from the state	157(62.8)	64(25.6)	29(11.6)	0.49±0.694	P
7	Cannot longer participate in social events	195(78.0)	35(14.0)	20(8.0)	0.30±0.610	P
8	The treatment of my family members towards me is less than it was before the injury	143(57.2)	17(6.8)	90(36.0)	0.79±0.936	F
9	My income decreased after the injury	181(72.4)	18(7.2)	51(20.4)	0.48±0.807	P
10	Feel that I am a burden on my family and relatives	174(69.6)	17(6.8)	59(23.6)	0.54±0.850	P
11	Cyclical decline in the family and negatively	159(63.6)	11(4.4)	80(32.0)	0.68±0.923	F
12	The treatment of (colleagues) with me after the injury deteriorated	158(63.2)	24(9.6)	68(27.2)	0.64±0.881	P
13	Cannot longer perform my role as a husband	141(56.4)	32(12.8)	77(30.8)	0.74±0.900	F
14	The loss of a limb has a significant impact on the performance of religious rituals	135(54.0)	20(8.0)	95(38.0)	0.84±0.940	F
15	Can't go to worship centers to do what my religion requires	172(68.8)	18(7.2)	60(24.0)	0.55±0.850	P

Level of Assessment (Poor [P]=0-0.66; Fair [F]=0.67-1.33-; Good [G]=1.34-2)

In terms of statistical mean and standard deviation, this table demonstrated that the amputation people expressed a poor quality of life associated social life as indicated by low mean of scores (M=0-0.66) at all studied items of the scale except, the amputation cases expressed a fair

quality of life in terms of (The treatment of my family members towards me is less than it was before the injury, Cyclical decline in the family and negatively, Cannot longer perform my role as a husband and the loss of a limb has a significant impact on the performance of religious rituals) as indicated by moderate mean of scores (M=0.67-1.33).

Table 4-4-4:Overall Assessment Quality of Life among Amputees

Scale	Min.	Max.	M	SD	Score	No.	%
QOL (15 Q)	18	110	39.82	23.04	Poor (0-44)	154	61.6
					Moderate (44.1-88)	81	32.4
					Good (88.1-132)	15	6.0
					Total	250	100.0

Min.: Minimum; Max.: Maximum, M: Mean for total score, SD=Standard Deviation for total score

Results indicate that the amputees responses on overall quality of life scale ranged from 18-110 by the overall responses at total mean score equal to 39.82 (SD=23.04), and according to the study criteria, this indicated that the (61.6%) of amputees with a poor quality of life (Fig. 4-2).

4.5.Statistical Differences in Quality of Life for the study sample with regard their Socio-Demographic Variables

Table 4-5-1: Statistical Differences in Quality of Life with regard Age (n=250)

Age groups	Source of variance	Sum of Squares	d.f	Mean Square	F-statistic	Sig.
QoL	Between Groups	4.751	5	.950	9.051	.001
	Within Groups	25.617	244	.105		
	Total	30.368	249			

.

The analysis of variance showed that there were statistically significant differences in quality of life between amputees with respect to age groups (F=9.051; p= .001) (Fig. 4-3).

Table 4-5-2: Statistical Differences in Quality of Life with regard Gender (n=250)

	Gender	Mean	SD	t-value	d.f	Sig.
QoL	Male	.64	.356	3.094	248	.002
	Female	.50	.312			

.

The independent sample t-test showed that there were statistically significant differences in quality of life between amputees who are male and those who are female (t=3.094; p=.002)(Fig. 4-4).

Table 4-5-3: Statistical Differences in Quality of Life with regard Marital Status (n=250)

Marital Status	Source of variance	Sum of Squares	d.f	Mean Square	F-statistic	Sig.
QoL	Between Groups	1.041	3	.347	2.911	.035
	Within Groups	29.327	246	.119		
	Total	30.368	249			

.

The analysis of variance showed that there were statistically significant differences in quality of life between amputees with respect to marital status (F= 2.911; p=0.05) (Fig. 4-5).

Table 4-5-4: Statistical Differences in Quality of Life with regard Education Level (n=250)

Education Level	Source of variance	Sum of Squares	d.f	Mean Square	F-statistic	Sig.
QoL	Between Groups	1.234	5	.247	2.068	.070
	Within Groups	29.134	244	.119		
	Total	30.368	249			

.

The analysis of variance showed that there were no-statistically significant differences in quality of life between amputees with respect to education level (t= 2.068; p= .070).

Table 4-5-5: Statistical Differences in Quality of Life with regard Occupation (n=250)

Occupation	Source of variance	Sum of Squares	d.f	Mean Square	F-statistic	Sig.
QoL	Between Groups	9.923	3	3.308	39.801	.001
	Within Groups	20.445	246	.083		
	Total	30.368	249			

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The analysis of variance showed that there were statistically significant differences in quality of life between amputees with respect to occupation (F=39.801; p= .001) (Fig. 4-6).

Table 4-5-6: Statistical Differences in Quality of Life with regard Sons Status (n=250)

	Sons	Mean	SD	t-value	d.f	Sig.
QoL	Yes	.63	.361	2.559	248	.011
	No	.51	.298			

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The independent sample t-test showed that there were statistically significant differences in quality of life between amputees who have sons and those who are not (t=2.559; p=.011) (Fig. 4-7).

Table 4-5-7: Statistical Differences in Quality of Life with regard Reason for Amputation (n=250)

Reason	Source of variance	Sum of Squares	d.f	Mean Square	F-statistic	Sig.
QoL	Between Groups	2.253	2	1.126	9.895	.001
	Within Groups	28.116	247	.114		
	Total	30.368	249			

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The analysis of variance showed that there were statistically significant differences in quality of life between amputees with respect to reason for amputation (F= 9.895; p= .001) (Fig. 4-8).

Table 4-5-8: Statistical Differences in Quality of Life with regard Site of Amputation (n=250)

	Site	Mean	SD	t-value	d.f	Sig.
QoL	Lower Extremity	.51	.305	4.460	248	.001
	Upper Extremity	.71	.373			

.

The independent sample t-test showed that there were statistically significant differences in quality of life between amputees who amputated in upper and lower extremities (t= 4.460; p= .001) (Fig. 4-9).

Table 4-5-9: Statistical Differences in Quality of Life with regard Duration of Amputation (n=250)

Duration	Source of variance	Sum of Squares	d.f	Mean Square	F-statistic	Sig.
QoL	Between Groups	3.608	2	1.804	16.652	.001
	Within Groups	26.760	247	.108		
	Total	30.368	249			

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The analysis of variance showed that there were statistically significant differences in quality of life between amputees with respect to duration amputation (F=16.652; p= .001) (Fig. 4-10).

Table 4.6.Correlation Coefficient between Social Support and Quality of Life among Amputees

Spearman's Correlation	1	2	3	4	5
1.Social Support	1				
2.Physical QoL	.153**	1			
3.Psychological QoL	.235**	.115	1		
4.Social QoL	.170**	.116	.311**	1	
5.QoL	.250**	.421**	.734**	.455**	1

The Spearman's correlation coefficient (r_S) values provide a measure of the strength and direction of the relationship between the variables, while the p-values determine the statistical significance of these relationships. For the entire population, the correlations are as follows:

Social support and physical quality of life: r_S = 0.153, p = 0.000 (highly significant). Social support and psychological quality of life: r_S = 0.235, p = 0.000 (highly significant). Social support and social quality of life: r_S = 0.170, p = 0.000 (highly significant). These results suggest that higher levels of social support are associated with better physical, psychological, and social quality of life for the overall population.

Moreover, there is a specific focus on amputees, and the relationship between social support and quality of life is found to be even stronger for this group:

Social support and quality of life among amputees: r_S = 0.250, p = 0.000 (highly significant). This indicates that among amputees, the positive impact of social support on their overall quality of life is even more pronounced.

In summary, the study suggests that social support plays a crucial role in enhancing the various dimensions of quality of life, and this relationship holds true for the general population as well as being particularly important for individuals with amputations.

Chapter Five

Discussion

Chapter Five

Discussion of the Results

Social support can get him out of the atmosphere of illness, inspire him with a great deal of optimism and hope, and make him forget the amputated part, even temporarily. This contributes to strengthening the amputee's ability to face the missing part, not only from a psychological, but also from a clinical biological point of view, as many studies have demonstrated that social support improves quality of life, and this hope in turn contributes to enhancing the patient's immune response.

Amputation has become one of the problems of today's society, whether it be lifestyle related or due to accident or disease. There is a large number of people who have one or both amputated lower limbs and this situation tends to increase worldwide. Quality of life is often acknowledged as an important outcome of rehabilitation programs for people with amputation. Despite the importance of the subject, the number of studies focusing on the multiplicity of factors influencing this matter is still limited.

The study aimed to investigate the social support and its relation to quality of life for amputation cases. 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

5.1.1.Participants Age

In this study, the average age of amputees being 50 years old with a standard deviation of ± 13.47 suggests that the amputee population has a relatively wide age distribution. This means that while the average age is 50, there is considerable variability in the ages of amputees, with some being much younger and others much older. The finding that the age group 50-59 years recorded the highest percentage of amputees indicates

that there is a significant proportion of individuals who undergo amputations during their fifties. This may be due to various factors, such as age-related health conditions, accidents, or medical interventions. This age range is critical in terms of understanding the potential causes and risk factors leading to amputations and could inform targeted prevention and intervention strategies. The results are comparable with other studies showing that the majority of patients are males between the ages of 45 and 65 years (mean age: 49.29 years) which means that it most commonly includes the productive age group (Malik et al., 2012). Desmond (2007) showed that the majority of patients were 51 years old. In addition, the results of Marzen-Groller and Bartman (2005) indicated that the majority (75%) of amputations occur in people over 50 years of age.

The mean age of samples from other studies is generally dependent on the population group surveyed, mainly related to the reason for the amputation. There is data in the literature showing the mean age at the time of amputation to range from 25 to 89 years (Asano et al., 2008; Coffey et al., 2014; Sinha et al., 2014). Among the articles examined, there is a tendency to search for similar causative groups, ie vascular, traumatic or tumor. In the survey by Asano et al. In 2008, the median age was 62 years for vascular and non-vascular causes. Other authors recorded a mean life of 27.3 years for unilateral amputees and 31.9 years for bilateral amputees (Akarsu et al., 2013).

Age plays an important role in amputations, as Pasquina et al. (2014), it was found that most of the advanced ages had amputations due to a disease such as diabetes or vascular disease. Fralick et al. (2020), found that most traumatic amputees are of the juvenile and middle-aged category.

5.1.2.Participants Gender

The results of current study, which compared male and female amputees, revealed a significant disparity in the gender distribution within the participant pool. Specifically, the study found that male participants were predominantly represented compared to female amputees. Studies show that the incidence of amputations by gender may change according to the regions studied, but global data indicate that it is higher in males (Krassioukov et al., 2009).

The higher number of amputees among male compared to females may be due to the fact that males are more often members of the family who venture out to work or travel for the same purpose; Therefore, more at risk of road accidents and work accidents. In addition, the majority of males work in the military field, which women are not entitled to join. This may be another reason why the frequency of amputations in males exceeded that of females among our study population.

This supports findings from previous studies that amputation is more common among males than among females (Yakubu et al., 1996; Olaogun and Lamidi, 2005). The global minimalist study (Bernatchez et al., 2021) also indicated that the incidence of amputation is similar in females and males in some regions and higher in females than males in other regions although the overall incidence is higher in males than in females (Meffen et al., 2021).

Men are more likely to have amputations due to frequent accidents than women. This was stated in the study of Shruthi et al. (2013), where he confirmed that the majority of accidents were among males more than females. A study by Sinha et al. (2011), at the Center for Orthotics and Rehabilitation in Mumbai, India, also found that 88% of the respondents were male while females made up only 12% of the respondents.

5.1.3.Participants Occupation

Many of the participants in this study were unemployed and had poor to moderate socioeconomic conditions. The adult population (40-59 years) lost work due to illness. Thus, amputation has a significant impact on employability, and this must be addressed through vocational rehabilitation and other means. However, the study by Labroca et al. (2019), on patients with symmetrical peripheral gangrene with large amputations, reported that despite multiple amputations, no patients were long-term bedridden.

5.1.4.Causes of Amputation

Disease condition such as diabetes was found to be the main cause of amputation in this study, followed by war as the second reason for amputation and accidents ranked third among the studied sample. This finding is similar to that of previous studies by Johannesson et al. (2009), who reported that individuals with diabetes had a significantly higher rate of amputation compared to individuals without diabetes. Increased amputation rates among people with diabetes are attributed to poor knowledge of diabetes and diabetic foot care. This has contributed to an increase in the average age at which amputation occurs.

Grudziak (2019), the incidence of gangrene-related amputations was 45.6%. Dedicated trauma centers are expected to report disease-related amputations as the most common procedure (Kobayashi et al., 2011). The following are the traumatic causes of amputation: traffic accidents (motorcycle or car), agricultural machinery, electric shock or firearms. Cancer represents a rarer causation compared to the other causes mentioned, namely those due to malignant bone tumors, which comprised 6% of all tumors in individuals under 20 years of age (Pasquina et al., 2014).

In contrast, a study by Moxey et al. (2010), found that 39% of patients who underwent major amputations over a five-year time period in England had a primary diagnosis of diabetes, and 43% had a diagnosis of cardiovascular disease, with only 13.9% of the procedures being secondary to infection or trauma . These findings support the findings that 54% of all limb loss cases found in the United States are conditions secondary to vascular disease, and that two-thirds also involve the co-morbid diagnosis of diabetes (Ziegler-Graham et al., 2008). In addition to the current literature, amputations also result from military combat or other types of violence (King, 2012).

5.1.5.Site of Amputation

This study also reveals that the majority of participants' amputations occurred in the lower extremities. Below the knee amputation is the most common procedure worldwide. The growing consensus on limb-preserving surgery has helped reduce the level of amputation in the modern era (Leite et al., 2018; Hemingway et al., 2021).

This finding is similar to that of previous studies by Ziegler-Graham et al. (2008), and the National Amputee Statistical Database (NASD, 2009), indicated that lower-limb amputations are more common than upper-limb amputations; It also revealed that lower limb amputations occur in much higher numbers than upper limb amputations. This finding is further supported by Tseng et al. (2007).

5.2.Social Support For Amputees

The current study on amputee patients revealed promising results regarding their social support. According to the findings, the participants demonstrated a high level of social support, with a mean score of 108.41 (±17.94). This indicates that, on average, the amputee patients in the study perceived strong emotional, informational, and practical assistance from their social network (table 4-2-7). Having good social support is crucial for

individuals dealing with physical challenges, such as amputation, as it can significantly impact their overall well-being and adjustment to their new circumstances. Social support can provide emotional comfort, practical assistance in daily activities, and access to valuable information and resources.

The study's positive outcome suggests that the amputee patients' support networks were effective in meeting their needs, helping them cope with the physical and emotional consequences of their condition. Such support may have contributed to their enhanced psychological resilience, better adaptation to their prosthetic limbs, and a more positive outlook on life after the amputation.

It's important to recognize the significance of social support in the rehabilitation process of amputees, as it can help improve their quality of life, reduce feelings of isolation or loneliness, and facilitate their reintegration into society and daily activities. However, it is worth noting that every individual's experience may differ, and additional research may be needed to understand the specific factors contributing to the strong social support observed in this study. Overall, these findings highlight the importance of promoting and fostering social support networks for amputee patients, as it can play a vital role in their physical and emotional recovery and help them lead fulfilling lives despite the challenges they may face.

Also, current study findings come in agreement with findings from Gaza strip, the existence of a high level of social support is due to the nature of the united and cooperative Palestinian society, especially at the time of adversity and crises that it is constantly experiencing with the barbaric occupation (Salah, 2016).

Social support relieves suffering, increases feelings of happiness, provides self-esteem and confidence, generates positive feelings, and reduces the negative impact of external events. Relationships are generally

one of the most important sources of happiness that man needs daily during his practical life with social, friends, and at work, which provides themselves with happiness and psychological comfort (Falgares et al., 2019).

Research studies have shown that social support has a great role in adaptation and coping with diseases, such as amputation. Support refers to protecting and establishing a social interaction that starts with communication and after a while, it leads to an empathic relationship and ultimately an immune system for the patient (Vanaki et al., 2003; Taghavi et al., 2011; Valizadeh et al., 2014).

Current study findings come in the same line with finding of Heszlein-Lossius et al. (2018), because of the nature of society, it is based on human, moral and religious foundations. Pedras et al. (2018) and Abu-El-Noor et al. (2022), persons with disabilities receive social support from official institutions. Roepke et al. (2017), customer satisfaction with social support depends on the continuity and kindness of others. MacKay et al. (2022).

Current study findings is higher than finings of Williams et al. (2004), due to poor social relationship. Senra et al. (2012), Social support varies in different societies and with different disabilities. Murray and Forshaw (2013), social support depends on economic qualifications, and the poor society cannot provide it. Hawkins et al. (2016), because of the uncooperative nature of society. The differences may be due to geographical location and nature of societies.

The reason for this from the researcher's point of view is that the most important types of support from the point of view of the disabled and the amputee, which is the psychological and social (emotional) support that the amputee receives from his surroundings, as it affects the psychological and social aspect of the amputee, and also the support of friends is of great

importance in increasing the psychological strength of the amputees and the disabled.

As for the financial support, it is especially valuable for the amputee because of its repercussions on the economic side in order to obtain treatment. As for informational support, many people with disabilities are dynamic, and they do not seem to have this support that has emerged as it depends on the knowledge of others. As being, the social support is an important source of psychological and social support that the amputee needs in his daily life, as its size and level of satisfaction affect how the amputees perceives the various pressures of life, methods of confronting them and dealing with events, and plays an important role in satisfying the need for psychological and social security. And reduce the level of psychological suffering resulting from the severity of the events associated with the disability and have an effective effect in alleviating the symptoms of depression.

In the end, social support is an important issue that has a great reality in the recipient's life and depends on the nature of the society in terms of the moral, cooperative and religious aspect. Providing more support from those around the amputee and rehabilitation institutions for amputees so that they can face adversity, adversity and crises and lead a life more effectively.

5.3.Quality of Life among Amputees

The assessment of quality of life in amputee patients is a critical aspect of healthcare and rehabilitation. In this study, a total of 44 questions were utilized to evaluate various dimensions that contribute to the overall quality of life of amputees. The researchers developed a scoring system, where the possible range of scores on the questionnaire was from 0 to 132.

A score of 0 to 44 indicates a poor quality of life, suggesting that the patient is experiencing significant challenges and limitations in their

physical, emotional, and social well-being. This score range might be associated with a decreased ability to cope with the amputation, reduced mobility, psychological distress, and limited social participation.

A score of 44.1 to 88 corresponds to a moderate quality of life. This range signifies that while the patient is managing reasonably well, they still face certain difficulties and restrictions due to their amputation. They might have adapted to some extent, but there are still areas of their life that are impacted by the limb loss.

A score of 88.1 to 132 indicates a good quality of life for amputees. This range suggests that the patient has successfully adjusted to their condition and is experiencing a relatively high level of well-being. They are likely to have regained functional independence, psychological resilience, and an active social life despite the challenges posed by the amputation.

It is important to note that assessing quality of life in amputees is a multidimensional process, encompassing physical, psychological, social, and environmental factors. The questionnaire's use in this study provides a valuable tool for healthcare professionals to identify areas where amputee patients may require additional support, interventions, or resources to enhance their overall quality of life. By understanding the specific needs of each individual, healthcare providers can tailor their care and rehabilitation programs to maximize the well-being and functional outcomes of amputee patients.

Major amputations can significantly affect patients' quality of life, and every effort must be made to avoid factors that negatively affect their quality of life (Puranik et al., 2021). It is estimated that 85% of the amputations that occur in the national scenario affect the lower extremities, and in 2011 the recorded percentage was about 94% among the amputations. People with amputations need to adjust to loss and changes in

the pace of life in personal, social and professional interactions (MATOS et al., 2020).

There are few studies examining the quality of life of patients with limb amputations compared to other diseases. Previous studies focused their approach primarily on physical performance and prosthetic use. However, in the past ten years, new research approaches have been introduced to understand the psychosocial aspects of this population, all of which had a poor quality of life (Akyol et al., 2013).

According to Wald and Alvaro (2004), amputation has become a common problem in today's society. There are a number of people who have had one or both limbs amputated, and the situation is on the rise all over the world. A traumatic amputation is a catastrophic work-related injury and is often a major cause of disability and poor quality of life.

This finding is similar to that of previous studies by Zidarov et al. (2009), which indicate that all participants had poor physical function scores (ability to step out and general fitness) at baseline and remained poor at three-month follow-up. The results of the study of Sinha et al. (2011), among (65) patients whose limbs were amputated on the same line. This outcome is considered to be the most important factor influencing the physical health component of QOL, while employment status and comorbidities mainly affected the mental and social health component of QOL in amputees.

As demonstrated in our study, the total transferred QoL domain score was lowest in the physical, psychosocial, and social domain. Amputees must adapt physically, socially, and psychologically to a change in body structure, functioning, and appearance. Effective psychological counseling at the pre-amputee stage may be useful in relieving amputees' psychological stress and anxiety related to the procedure and life afterwards.

The results of this study reinforce the fact that amputation is still associated with lower quality of life scores. Participants should receive a structured approach to rehabilitation and support tailored to the specific needs of people with amputations.

Healthcare providers can improve patient care by assessing all factors associated with physical and psychosocial adjustment. This is the hypothesis that some factors, such as encouraging better self-care, reduced dependence, more social interaction, less isolation, and enhanced preventative measures, can improve functional ability and quality of life after amputation (Puranik et al., 2021).

5.4.Factors Associated Quality of Life among Studied Amputees

Quality of life (QoL) is increasingly being recognized as an important outcome for rehabilitation programs, and has mainly been used to compare the efficacy of interventions or to compare amputees with other diseased populations. There is relatively a limited number of studies primarily focusing on analyzing the multitude of factors influencing QoL in amputees.

Based on the findings of the present study, it can be concluded that the quality of life automatically drops after losing any important part of one's body. The most affected aspects are the physical and mental ones and this is very frequent in amputation. The age, gender, marital status, occupation, monthly income, sons status, rezones of amputation, site of amputation and duration of amputation are found as statistically significant factors with total quality of life. It is need to be that the participants receive a structured rehabilitation program which is appropriate to the specific needs of people with limb amputation in order to be able to find out its impact on their functional status and QOL.

The abovementioned factors should be addressed in order to ensure holistic reintegration and participation, and to enable the amputees to regain or maintain QoL. Prospective longitudinal studies are recommended to systematically study the change in QoL over time and to assess its determinants.

When judging the success or failure of lower limb amputation, the assessment of QoL outcome is paramount. A number of factors need to be taken into consideration to ensure holistic reintegration of the amputees back into the society, as the following considered an influencing factors associated poor or good quality of life and includes:

5.4.1.Quality of Life between Age Groups

The observation of differences in the quality of life across different age groups, as indicated in Table 4-4-1, highlights the dynamic nature of human well-being throughout the lifespan. The results reveal a significant correlation between age and quality of life, with distinct patterns observed as individuals progress through various stages of life.

According to the findings, the quality of life is at its lowest during the younger ages. This may be attributed to various factors, such as the challenges of early adulthood, establishing a career, financial stress, and relationship complexities. However, it is crucial to note that the definition of "quality of life" can vary, encompassing physical, mental, and social well-being.

As age advances, the quality of life tends to gradually improve. This positive trend could be influenced by several factors, such as increased stability in personal and professional life, greater experience and wisdom, and stronger social connections. Middle adulthood and early senior years often represent a time of relative stability and contentment for many individuals.

However, the results indicate that this trend changes when individuals reach around 70 years of age. At this point, the quality of life may begin to deteriorate due to the natural aging process and potential health challenges associated with aging. Body catabolisms, which refer to the breakdown of complex molecules within the body, can play a role in this decline, affecting physical and cognitive functions.

Understanding these age-related differences in the quality of life can have significant implications for various fields, such as healthcare, social support systems, and public policy. Providing appropriate resources and interventions tailored to the specific needs of different age groups can help enhance overall well-being and address age-related challenges effectively.

It is essential to approach this data with sensitivity and acknowledge that individual experiences may vary widely within each age group. Factors such as personal circumstances, lifestyle choices, and access to healthcare can also significantly influence an individual's quality of life, even within a particular age category. Therefore, a comprehensive and holistic approach is necessary to ensure the well-being of people of all ages.

These findings are supported by Dunn (1996), who found that younger amputees are more likely to develop psychiatric conditions than older amputees due to activity restriction. Pran et al. (2021), confirmed that advanced age (70 and over) is negatively associated with quality of life after amputation due to deteriorating health status. On the other hand, people under the age of 40 suffer from poor quality of life due to their requirements.

Another study of recent and long-term amputees, belonging to a young or old age group, found that in the older group, the longer the period since amputation, the fewer psychological symptoms and less depression

(Alves Costa & Pereira, 2018). Psychiatric symptoms increased in younger amputees, and depression and social isolation increased. Younger amputees appear to be anxious and sensitive people who have difficulty integrating into society (Vincent et al., 2015).

Frank et al. (1984) and Shabaan et al. (2006), also report a significant relationship between psychological status and age of the amputee patient. In the more recent literature, another study by Covey (2012), of more than 113 patients during the period following accident, illness or injury, found that age, gender, and cause of amputation were closely related to psychological state. Juma Elywy et al (2022), emphasized that the deterioration of the quality of psychological life could lead to a deterioration in the quality of physical and social life among younger amputees.

Moreover, Shankar et al. (2020), overall QoL scores as well as individual domain scores were found to be better in the age groups 20-39 years and 40-59 years and lower in those over 60 years of age. In a study in Pakistan, individual QoL domain and total QoL scores were found to be higher in the 20-40-year-old and 41-60-year-old groups. However, a statistically significant association with QOL and different age groups was found (Mazher et al., 2013). According to the results of another study, lower QoL scores in older age groups (>70) are attributed to the possibility that these people seek comfort and maintain social status by prioritizing interpersonal relationships rather than their level of physical functioning due to age-related musculoskeletal disorders and physical activity limitations Of which (Deans, 2008).

5.4.2.Quality of Life between Gender Differences

The study's key findings suggest that females with limb amputation experience a lower quality of life compared to males with limb amputation. The statistical analysis showed a significant difference between the two

groups, with a t-value of 3.094 and a p-value of 0.002. This indicates that the observed difference in quality of life between the two groups is unlikely to be due to chance.

In cases of limb amputation, the average quality of life score for women was recorded as 0.50, whereas for men, it was 0.64. The lower quality of life score for women indicates that they are more psychologically and socially affected by the amputation compared to men.

Table 4-4-2 likely provides more detailed information on the specific aspects of quality of life that were assessed in the study. This may include factors such as physical functioning, emotional well-being, social interactions, and overall life satisfaction. Unfortunately, without the table data, it is challenging to delve further into the specific areas where women might have scored lower than men.

These findings are crucial as they highlight the importance of considering gender differences when evaluating the impact of limb amputation on an individual's quality of life. The study suggests that healthcare providers and support systems should be aware of the potential gender-based disparities in psychological and social adjustment following limb amputation and provide tailored care to address the specific needs of female amputees. Further research and interventions may be necessary to better understand and improve the quality of life outcomes for all individuals who undergo limb amputation. This is in agreement with a study by Adegoke et al. (2012), in amputations, male participants scored higher compared to female participants on a total QoL score; The highest and lowest scores are found within psychosocial quality of life.

Also, it is consistent with a study by Williams et al. (2004), demonstrating that being female is a significant predictor of greater symptoms of depression six months after amputation. In addition, some longitudinal studies have failed to note significant changes in psychosocial

outcomes over time among people with amputations. This distribution is consistent with another study by Dunn (1996), which revealed that male individuals with upper or lower limb amputations had higher QOL in several domains, including emotional reactions and social isolation, compared to females. In the same line a study by Deans et al. (2008), which examined QOL in 75 individuals with amputations above or below the knee, indicated that QOL in the somatic domain is most affected in females.

The better ability of the female population to adjust to the limitation does not reflect a better perception of quality of life, as the scores are lower than those in males, which is confirmed in previous studies (Demet et al., 2003). And is also consistent with data from the Brazilian population. The authors associated the better quality of life assessment by male patients because they are more sociable and mainly due to the larger social support network. Knezevic et al. (2015) report that women have the lowest scores in all the variables tested except for physical functioning.

5.4.3.Quality of Life between Groups of Marital Status

The quality of life for amputees is a multifaceted and complex topic, influenced by various factors, including social support, psychological well-being, and marital status. Studies have shown that there are notable differences in the quality of life among amputees based on their marital status. According to research (as represented in Table 4-4-3), amputees who are married tend to experience significantly improved quality of life compared to their single counterparts. The data indicates that married amputees exhibit higher average scores, suggesting that being in a committed relationship positively impacts their well-being.

One of the primary reasons behind this disparity can be attributed to the presence of social support from family and their spouses. Being married provides amputees with an emotional safety net, as they have someone to

lean on during challenging times. This social support can help them cope with the physical and emotional challenges that come with limb loss, leading to a more positive overall experience.

On the other hand, single amputees may face difficulties in their quality of life due to various reasons, as indicated by Figure 4-5. The psychological aspect plays a significant role here, as societal norms and expectations might make it more challenging for singles to find acceptance in the context of marriage. This potential sense of exclusion and loneliness could have adverse effects on their mental well-being and overall quality of life.

It's important to note that these findings are general trends and may not apply to every individual case. There are many other factors that can influence the quality of life among amputees, such as access to healthcare, socioeconomic status, and personal coping mechanisms. Therefore, while marital status appears to have an impact on the quality of life of amputees, it is just one piece of the larger puzzle.

To improve the quality of life for all amputees, it is crucial to focus on providing comprehensive support systems that address physical, emotional, and psychological needs. This can include access to appropriate medical care, rehabilitation programs, psychological counseling, and community engagement to foster a sense of belonging and social support, regardless of marital status. By addressing these diverse aspects, we can work towards enhancing the overall well-being and happiness of amputees, promoting a more inclusive and supportive society. When asked about his wife's role as a supporter, a 35-year-old man reported: "My wife used to help my mother to take care of me when I most needed it." (Adegoke et al., 2012).

This findings in line with Mohammed and Shebl (2014), who demonstrated in their findings that there were significant differences in

quality of life between people with amputation with respect to marital status, the married better than those who are single and other class of social status. With amputation, marriage support is the main source of psychological strength among amputees and patients with chronic disease in general (Valizadeh et al., 2014).

5.4.4.Quality of Life between Groups of Occupation

The quality of life among amputees is influenced by various factors, and one significant determinant is their employment status. In Table 4-4-5, it is evident that the quality of life among amputees who are employees differs from those who are self-employed, retired, or unemployed.

Among the different categories, amputees who are retired seem to have a significantly higher quality of life. This could be attributed to various factors such as having access to retirement benefits, more free time to engage in leisure activities, and potentially reduced stress compared to their working counterparts.

Employment status, especially among the male population, plays a crucial role in determining the quality of life. In many societies, men are traditionally considered the primary earning members of the family. Therefore, their employment status directly impacts the family's standard of living and their own sense of self-worth.

Interestingly, the study (Fig. 4-6) found that amputees who are self-employed and unemployed seem to have a more influential quality of life compared to those who are employed or retired. This could be due to several factors such as self-employed flexibility, unemployed adaptation and job satisfaction.

It is essential to consider these findings to develop targeted interventions and support systems for amputees, especially those in different employment situations. Providing resources, vocational training, and opportunities for self-employment could help enhance the quality of

life among amputees who face unique challenges in the workforce. Additionally, addressing societal norms that place undue pressure on male employment status can be instrumental in improving the overall well-being of amputees and their families. The loss of employment as a direct consequence of amputation. This suggests that amputation has a significant impact on employability, and should be addressed by vocational rehabilitation and other means.

Employment prospects can be further limited due to lack of academic training and qualifications (Journeay et al., 2018). In the current study, 38.0% of amputees had a secondary school graduated. Finding a less physically demanding job might be an impediment for the amputees due to lack of appropriate educational qualifications mandatory for such jobs.

5.4.5.Quality of Life between Groups of Having Sons

The study presented in the discussion focuses on the impact of having sons on the quality of life of amputees. The researchers examined a sample of participants, where 72.8% had sons and 27.2% did not have any sons, as indicated in Table 4-1.

The main finding of the study suggests that the presence or absence of children, specifically sons, has a significant influence on the quality of life experienced by amputees. The researchers conducted an independent sample t-test to compare the quality of life between these two groups.

The results of the t-test revealed that there were statistically significant differences in the quality of life between amputees who have sons and those who do not. The t-value of 2.559 indicates the magnitude of the difference between the two groups, while the p-value of 0.011 indicates the probability of obtaining such a difference by chance alone. The p-value is below the conventional threshold of 0.05, suggesting that the findings are unlikely to be due to random chance and are considered statistically significant.

Overall, this study adds valuable insights to the existing literature on the quality of life of amputees. The presence of sons seems to play a notable role in determining the overall well-being and satisfaction of amputees. However, it is important to consider that the study has its limitations, such as the sample size and potential confounding factors that were not accounted for. Further research may be needed to confirm and extend these findings to better understand the complex relationship between having children and the quality of life in amputees.

This findings is supported by Abouammoh et al. (2021), parents and children were mentioned by the participants as being their main source of support, even among married patients. One married participant stated: "My father was ready to do anything to help me through this…when I got home, I found my house to be fully equipped with handicapped facilities." (male, 35 years). Another single participant added: "My mum used to make sure that I was being entertained the whole time." (female, 36 years, focus group). Two young female participants reported needing support; however, too much of that may backfire on their ability to adjust mentally and physically to their new life. A participant who seemed to understand her mother's concerns noted: "My mum never left me alone! She used to come with me to school and then to the university every day the whole day to make sure that I don't need anything. It was tiring for her… and a bit limiting for me.

Older patients, including those with spouses, tended to get their physical, psychological and financial support from their sons. Sons role in the physical support of amputation patients (Miller et al., 2021).

5.4.6.Quality of Life between Groups of Amputation Reasons

The quality of life among amputees can be influenced by various factors, and the reasons for amputation can play a significant role in shaping their experiences. Table 4-4-8 presents a comparison between

amputees who undergo amputation due to medical conditions (diseases) and those who experience amputations due to war and accidents. It's important to note that each individual's experience and quality of life can vary widely within these groups, and numerous other factors can influence their well-being, such as access to healthcare, family support, and personal resilience. Comprehensive and individualized care is essential to help amputees, regardless of their circumstances, achieve the best possible quality of life.

In the current findings, Aljarrah et al. (2017) and Castillo-Avila et al. (2021), quality of life index values for amputees who were amputated with a pathological condition had lower quality of life than those who were amputated for reasons other than pathological conditions. In addition, KOVAČ et al. (2015), those who were amputated with a disease had a significantly worse quality of life than the unrelated others. These results are clear that the diseases associated with amputation worsen the quality of life.

Indicates that amputation is a major life event potentially affecting QoL many years after the event. In this study, the comorbidities were found to be the most important factors influencing the of QoL, whereas and comorbidities impacted mainly the component of QoL in amputees.

5.4.7.Quality of Life between Groups of Amputation Site

The independent sample t-test is a statistical analysis used to compare the means of two groups to determine if there are any significant differences between them. In this case, the study compared the quality of life scores of amputees who had undergone amputations in their upper and lower extremities.

The results of the t-test indicate that there is a statistically significant difference in the quality of life between the two groups. The mean quality of life score for amputees with upper extremity amputations

(M=0.71) was higher than the mean quality of life score for amputees with lower extremity amputations (M=0.51).

The t-value (t=4.460) is a measure of how much the means of the two groups differ relative to the variation within each group. A higher t-value indicates a larger difference between the means of the groups. The p-value (p=0.01) represents the probability of obtaining these results by chance alone. In this case, a p-value of 0.01 means that there is only a 1% chance that the observed differences in quality of life scores between the two groups occurred due to random variation.

Based on these results, it can be concluded that amputees who underwent upper extremity amputations tend to have a significantly higher quality of life compared to those who underwent lower extremity amputations. This finding may have implications for healthcare professionals, rehabilitation specialists, and policymakers in tailoring support and interventions for individuals based on the location of their amputations to improve their overall quality of life. However, it is essential to remember that the study's findings should be interpreted with caution, and further research may be needed to establish a more comprehensive understanding of the relationship between amputation location and quality of life.

People with lower limb amputation had worse QOL as compared to the general population. Results of the current study supported that amputation continued to be associated with poorer quality of life over some dimension for male and female. These were demonstrated by physical functioning activities, physical role, and bodily pain. This finding is consistent with previous research; Demet et al.(2003), study revealed that upper limb amputees' high reported QOL (compared to lower limb amputees) is primarily related to their responses pertaining to "physical disability, pain, and energy level.

Patients with lower limb amputation had a worse perception of their quality of life, especially with regard to the dimensions of vitality and functional capacity, when compared with the general population (Sawaia, 2009). Other studies point to impairment mainly regarding physical aspects and pain (Amtmann et al., 2015; Mohammed & Shebl, 2014) and the physical function was worse assessed both in the initial evaluation (before rehabilitation) and in the three months follow-up after the training (Krassioukov et al., 2009).

Another incongruent study carried out in Malaysia revealed, according to the site of amputation, quality of life is better among patients with a through upper amputation compared to those with lower-knee amputation (Htwe et al., 2015).

5.4.8.Quality of Life between Groups of Amputation Duration

The discussion of the study focusing on the quality of life among amputees with different durations of amputation (less than 5 years, 5-10 years, and more than 10 years) reveals some interesting findings. Table 4-4-10 provides insight into how the quality of life varies across these groups. The key takeaway is that the higher the duration of amputation, the more significantly it is associated with poor quality of life.

Fig. 4-11 further illustrates this trend by showing that patients with amputations for less than 5 years had higher quality of life scores compared to those with amputations lasting up to 10 years. This suggests that, generally, amputees who have been living with their amputations for a shorter period tend to have a better quality of life compared to those who have been amputated for a longer time.

There could be various reasons behind these findings. Amputees who have been living with their condition for a shorter time might still be adapting to their new circumstances and are likely to receive more immediate support and attention from medical professionals and

rehabilitation programs. Additionally, the novelty of the situation might lead to more focused efforts to enhance their quality of life.

On the other hand, amputees with longer durations of amputation may face challenges related to prosthetic adjustments, long-term medical issues, and potentially decreased social support over time. These factors might contribute to their lower quality of life scores compared to those with shorter durations of amputation.

It's important to note that every individual's experience is unique, and the study's findings should be interpreted with consideration for the specific circumstances of each amputee. Nonetheless, the results do highlight the significance of providing ongoing support and care for individuals with amputations, particularly those who have been living with their condition for an extended period, to improve their overall quality of life. This may involve targeted interventions, counseling, and access to resources that address their evolving needs over time. Further research and understanding in this area can lead to more tailored and effective approaches to support amputees in improving their well-being and overall quality of life.

Based on those regards, this findings come in agreement with Matos et al. (2019), stressed in their findings, significant difference was observed regarding amputation time with limitation adjustment ($p = 0.028$), which indicates that, in general, the scores of those patients with over 10 years amputation were higher, compared to those up to 10 years amputation time.

5.5.Association between Social Support and Quality of Life of Amputees

A positive correlation between social support and quality of life among amputee patients indicates that as the level of social support increases, the quality of life for these individuals also improves. The

correlation coefficient (rS) of 0.250 signifies a moderate positive relationship between the two variables. This means that higher levels of social support are associated with higher levels of quality of life, though the strength of the correlation is not extremely strong.

The p-value of 0.000 indicates that the correlation is highly significant. In statistical terms, this means that the probability of obtaining a correlation coefficient as extreme as 0.250 by chance alone is essentially negligible. Therefore, we can confidently conclude that the observed relationship between social support and quality of life among amputee patients is not due to random chance and is likely to be a real, meaningful association.

The findings suggest that social support plays a crucial role in enhancing the well-being and overall satisfaction of amputee patients. Social support can come from various sources, such as family, friends, support groups, healthcare professionals, or community organizations. This support can provide emotional comfort, practical assistance, and a sense of belonging, which may help individuals cope with the challenges associated with amputation and adapt to their new circumstances.

Improved quality of life may manifest in several ways for amputee patients, such as better psychological well-being, greater self-esteem, enhanced physical functioning with prosthetics or assistive devices, and increased participation in social activities and daily life.

As a result, healthcare professionals and support systems should recognize the importance of fostering social support networks for amputee patients. By promoting and strengthening social connections, professionals can positively impact the quality of life for these individuals, aiding in their overall rehabilitation and adjustment to life after amputation. Additionally, further research may be conducted to explore the specific aspects of social support that have the most significant influence on the quality of life of

amputee patients, leading to more targeted interventions and support programs.

This findings come in the same line with Juma Elywy et al. (2022), investigated the social support and quality of life among amputees in Kut City. There is a strong significant and positive correlation between social support and QoL due to QoL among amputated cases was dependent on their social support. Providing strong social support by family, friends, and community members for amputees helps them face adversity and crises and lead their lives more effectively.

In another, participants who receives acceptable social support, expressed a greatly satisfied with their life (Williams, 2018). Perceived social support moderated the relationship between baseline daily activates of living functioning and depressive symptoms at 12 months (Anderson et al., 2017). Several modifiable characteristics influence QoL after lower limb amputation including depression and participation in daily living. This finding suggests the importance of addressing individuals' affective status to regain or maintain QoL (Davie-Smith et al., 2017).

This result is logical in light of the importance of social support that individuals with amputees receive, the degree of their satisfaction with it, and its quantitative and qualitative perception. The importance of support also lies in helping individuals solve their problems and make appropriate decisions, which promotes their ability to face life and its challenges, as well as what support includes providing material and in-kind supplies necessary for the life requirements that he needs.

Also, Liu et al. (2010), pointed to the importance of social support in helping the individual summon his psychological powers to solve his problems. Social support contributes to the tasks required of the individual, provides the individual with material resources and multiple skills, and the ingredients for guidance and counseling in order to confront stressful life

events. Social support helps the person with social strategies appropriate for the situation he is exposed to and protect him from adverse psychological effects.

It may be related to the mechanism of providing social support for amputees, which is based on understanding the psychological characteristics of this group and dealing with them with flexibility, patience, generosity, and understanding of their circumstances away from pity and kindness. Social support deals with the availability of skills and the ability to direct them to better coexist with the reality imposed on them and achieve sufficient amount of mental health. Godlewska and Harmer (2021), reported that dealing with difficult life events positively coexisted if social support was provided for the individual. Lakey and Orehek (2011), added that social support is an essential source of security that a person lives in from the world in which he lives.

The researcher attributes this to the importance and feasibility of social support for cases of amputation, as circumstances impose on them the loss of parts of their bodies. This condition leads to their sense of inferiority social isolation, lack of interaction and social integration, and loss of job work. However, when the elements of social support are available in their various dimensions and mere realization. Individuals see that other individuals help and care for them and that in itself will alleviate the pain and pressures experienced by these individuals. The social support helps them to play their role according to their abilities and potential and thus enjoy psychological health and happiness that helps them to continue the path of life despite its cruelty and to achieve their goals, which makes their lives meaningful and of value.

This issue is confirmed by Juma Elywy et al (2022), that the individual who enjoys social support from others becomes self-confident and able to provide social support to others, and is less prone to

psychological disorders and more able to overcome frustrations. The person can solve his problems positively and soundly, so we find that social support increases from the individual's ability to resist frustration and reduce a lot of psychological suffering.

People who have been amputated greatly affected because they lost the ability to mobilize and be independent. It has been found that the overall quality of life of amputees who attend rehabilitation is very poor. Social support, and the availability of rehabilitation facilities helped the adjustment process after amputation. The amputees who expressed high social support showed a better quality of life than those who did not express high social support.

A possible limitation of this study is its correlational character. Longitudinal studies are suggested for this population, as this will allow a better description of the variation in quality of life over time. And, because of the large number of factors that can influence changes in quality of life and the importance of understanding the significance of these factors for the individuals concerned, a methodology that encompasses both quantitative and qualitative research should be used simultaneously with the analysis of the nature of their interrelationships.

Quality of life is inherently complex and determined by many factors. The questionnaire generated was based on physical, psychological and social aspects and may not reflect the actual complexity of this variable. Therefore, interpretation of the results should be considered with caution.

Chapter Six

Conclusions & Recommendations

Chapter Six

Conclusions and Recommendations

6.1.Conclusions:

In light of the results interpretations and its discussion, this concludes that:

6.1.1. The quality of life varies across different age groups, with lower levels during younger ages and gradual improvement as age advances. However, the trend changes after 70 years, where the quality of life may decline due to aging-related challenges.

6.1.2. Female amputees tend to have a lower quality of life compared to male amputees.

6.1.3. Married amputees experience higher quality of life compared to single amputees.

6.1.4. Retired amputees tend to have a higher quality of life compared to those who are employed, self-employed, or unemployed.

6.1.5. Quality of Life between Groups of Having Sons: The presence of sons positively impacts the quality of life among amputees. Social support from family, especially children, plays a crucial role in enhancing the well-being and overall satisfaction of amputee patients.

6.1.6. Amputees who undergo amputation due to medical conditions may experience lower quality of life compared to those with amputations due to other reasons.

6.1.7. Amputees with upper extremity amputations tend to have a higher quality of life compared to those with lower extremity amputations.

6.1.8. Amputees with shorter durations of amputation generally have better quality of life compared to those with longer durations.

6.1.9. There is a positive correlation between social support and quality of life among amputees. Higher levels of social support are associated with higher levels of quality of life.

6.2.Recommendations:

In light of the conclusions reached by the study, the researcher recommends the following:

6.2.1. The social media should interested in awareness the people to raise the level of support provided by families, relatives and friends in order to maintain the level of quality of life and promote amputees towards achieving a better quality of life.

6.2.2. Increasing interest by community institutions in the category of amputees and working to provide support and assistance in all its forms and dimensions in order to enhance self-confidence and reach them towards achieving a better quality of life and satisfaction with it.

6.2.3. Encourage amputee patients to lean on their family and friends for emotional support, understanding, and encouragement. Loved ones can help them through difficult times, accompany them to medical appointments, and engage in various activities together, fostering a sense of inclusion and normalcy.

6.2.4. Suggest joining amputee support groups or community organizations. Interacting with individuals who have gone through similar experiences can provide a sense of belonging, reduce feelings of isolation, and offer valuable advice on coping strategies and practical challenges.

6.2.5. Suggest attending rehabilitation centers or specialized clinics where amputees can receive physical therapy and occupational therapy. Besides improving physical functioning, these centers often provide opportunities to socialize with other patients during group sessions.

6.2.6. Further studies need to be conducted to assess the quality of rehabilitative services provided to the amputees in rehabilitations centers.

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Appendices

University of Babylon
College of Nursing
Research Ethics Committee
Issue No:
Date: / /2022

جـامـعة بـابـل
كـلية التمريـض
لجنة اخلاقيات البحث العلمي

Approval Letter

To,
RusullHamzaKhsara

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 relation to Quality of Life for Amputation Cases at Babylon Rehabilitation Center for Disabled"**

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
7 /8/2022

UNIVERSITY OF BABYLON - FACULTY OF NURSING

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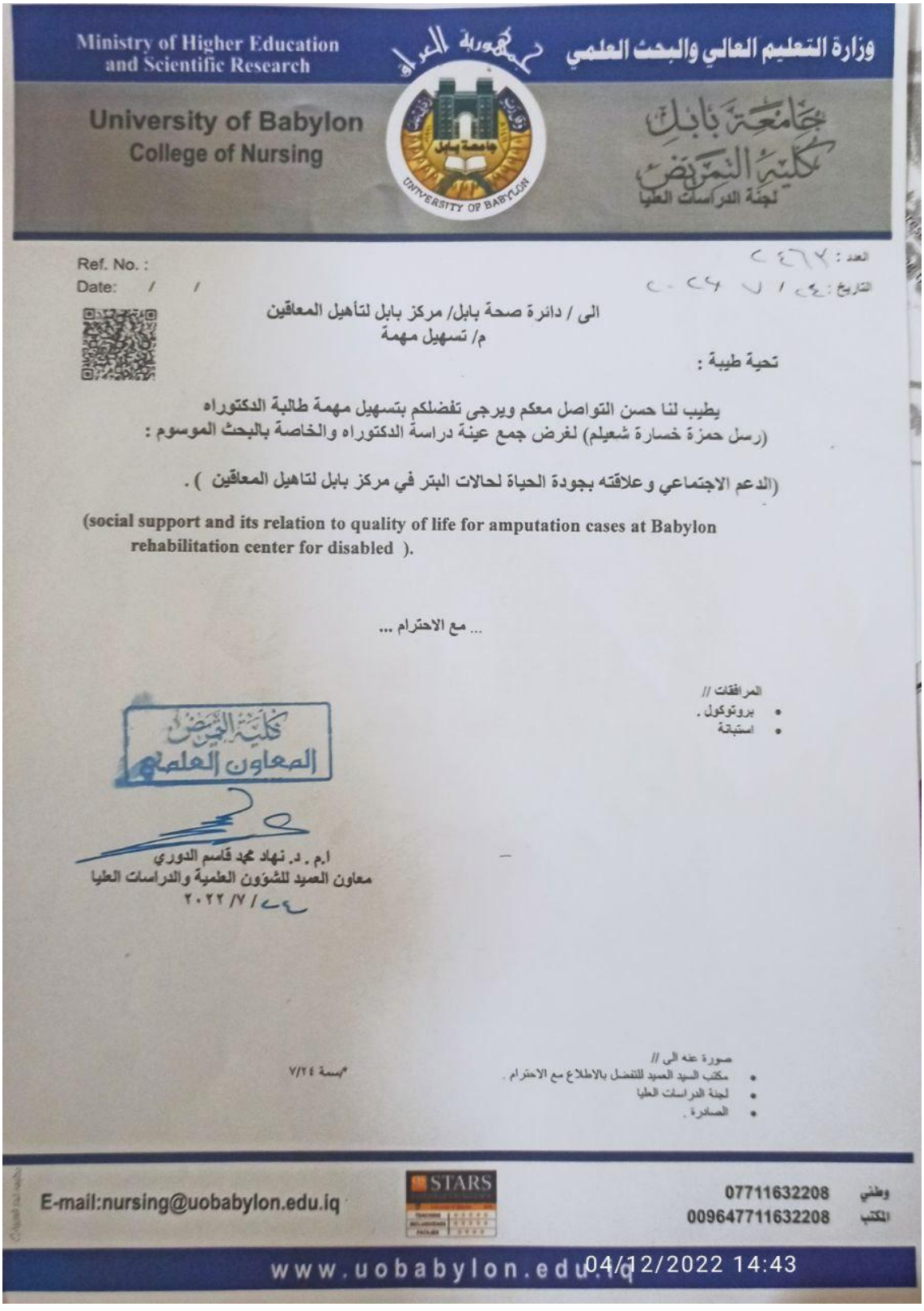

وزارة التعليم العالي والبحث العلمي
جمهورية العراق
Ministry of Higher Education and Scientific Research
جامعة بابل
كلية التمريض
لجنة الدراسات العليا
University of Babylon
College of Nursing

العدد : ٢٤٦٧
التاريخ : ٢٤ / ٧ / ٢٠٢٢
Ref. No. :
Date: / /

الى / دائرة صحة بابل/ مركز بابل لتأهيل المعاقين
م/ تسهيل مهمة

تحية طيبة :

يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالبة الدكتوراه
(رسل حمزة خسارة شعيلم) لغرض جمع عينة دراسة الدكتوراه والخاصة بالبحث الموسوم :

(الدعم الاجتماعي وعلاقته بجودة الحياة لحالات البتر في مركز بابل لتاهيل المعاقين) .

(social support and its relation to quality of life for amputation cases at Babylon rehabilitation center for disabled).

... مع الاحترام ...

المرافقات //
- بروتوكول .
- استبانة

كلية التمريض
المعاون العلمي

ا.م . د. نهاد محمد قاسم الدوري
معاون العميد للشؤون العلمية والدراسات العليا
٢٠٢٢ /٧/ ٢٤

صورة عنه الى //
- مكتب السيد العميد للتفضل بالاطلاع مع الاحترام .
- لجنة الدراسات العليا
- الصادرة .

*بسمة ٧/٢٤

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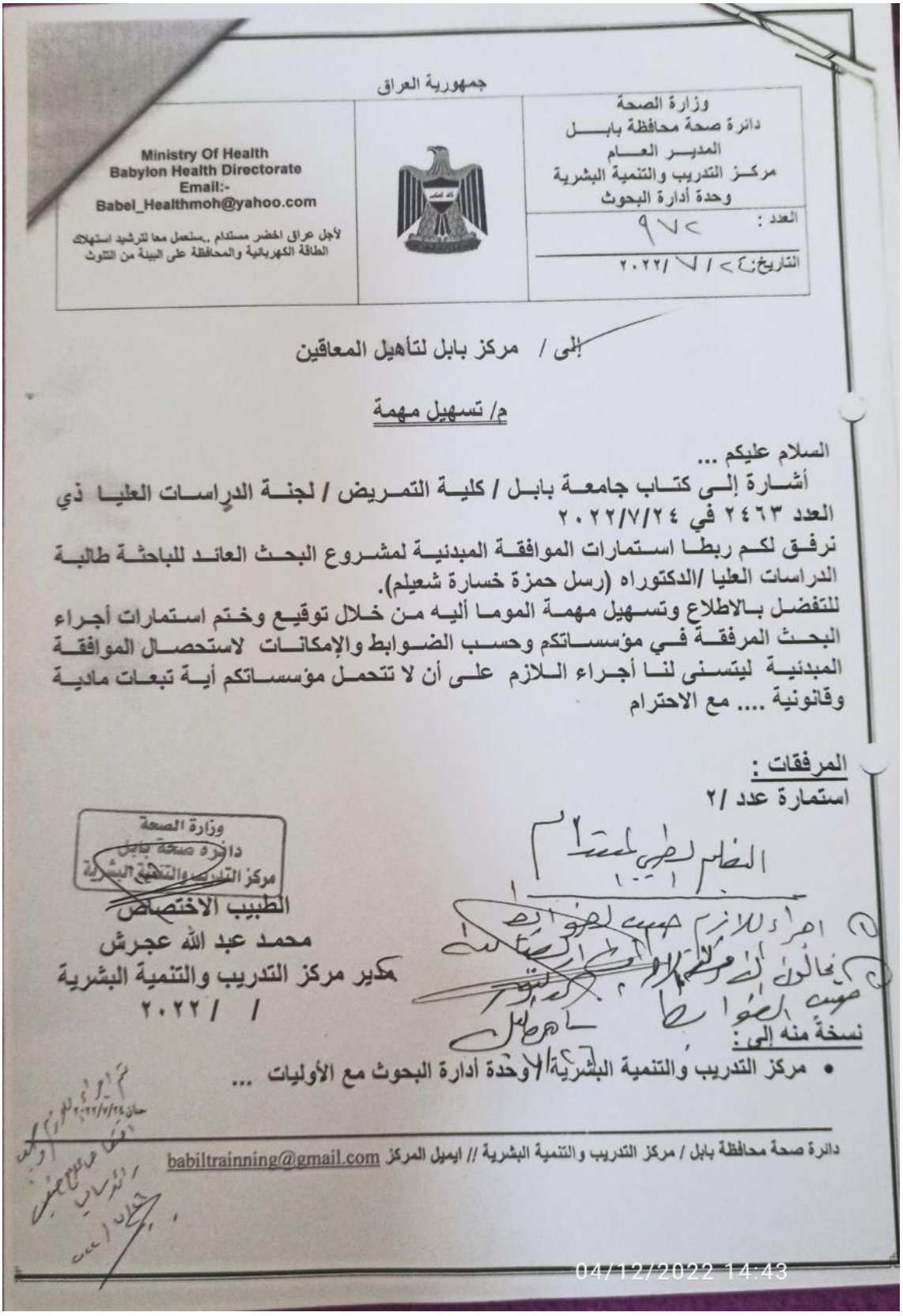

جمهورية العراق

وزارة الصحة
دائرة صحة محافظة بابـــل
المديـــر العـــام
مركـــز التدريب والتنمية البشرية
وحدة أدارة البحوث

العدد : ٩٧٤
التاريخ: ٢٤ / ٧ / ٢٠٢٢

Ministry Of Health
Babylon Health Directorate
Email:-
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لأجل عراق اخضر مستدام ..سنعمل معا لترشيد استهلاك الطاقة الكهربائية والمحافظة على البيئة من التلوث

إلى / مركز بابل لتأهيل المعاقين

م/ تسهيل مهمة

السلام عليكم ...
أشـارة إلـى كتـاب جامعـة بابـل / كليـة التمـريض / لجنـة الدراسـات العليـا ذي العدد ٢٤٦٣ في ٢٠٢٢/٧/٢٤
نرفـق لكـم ربطـا اسـتمارات الموافقـة المبدئيـة لمشـروع البحـث العائـد للباحثـة طالبـة الدراسات العليا /الدكتوراه (رسل حمزة خسارة شعيلم).
للتفضـل بـالاطلاع وتسـهيل مهمـة المومـا أليـه مـن خـلال توقيـع وختـم اسـتمارات أجـراء البحـث المرفقـة فـي مؤسسـاتكم وحسـب الضـوابط والإمكانـات لاستحصـال الموافقـة المبدئيـة ليتسـنى لنـا أجـراء الـلازم علـى أن لا تتحمـل مؤسسـاتكم أيـة تبعـات ماديـة وقانونية .... مع الاحترام

المرفقات :
استمارة عدد /٢

وزارة الصحة
دائرة صحة بابل
مركز التدريب والتنمية البشرية

الطبيب الاختصاص
محمد عبد الله عجرش
مدير مركز التدريب والتنمية البشرية
/ /٢٠٢٢

نسخة منه إلى :
- مركز التدريب والتنمية البشرية/ وحدة أدارة البحوث مع الأوليات ...

دائرة صحة محافظة بابل / مركز التدريب والتنمية البشرية // ايميل المركز babiltrainning@gmail.com

04/12/2022 14:43

جمهورية العـــراق

Ministry Of Health
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وزارة الصحة والبيئة
دائرة صحة محافظة بابـــل
المديـــر العـــام
مركـــز التدريب والتنمية البشرية
لجنة البحوث

04/12/2022 14:43

استمارة رقم :- ٢٠٢٢/٠٣

وزارة الصحة
دائرة صحة بابل
مركز التدريب والتنمية البشرية
لجنة البحوث

رقم القرار :- ٨٨
تاريخ القرار :- ١٨/ ٨ /٢٠٢٢

قرار لجنة البحوث

تحية طيبة ...

درست لجنة البحوث في دائرة صحة بابل مشروع البحث ذي الـرقم (٢٠٢٢/٠٨٥/ بابل) المعنون (الدعم الاجتماعي وعلاقته بجودة الحياة لحالات البتر في مركز بابل لتأهيل المعاقين) والمقدم من الباحثة (رسل حمزة خسارة) إلى وحدة أدارة البحوث والمعرفي مركز التدريب والتنمية البشرية في دائرة صحة بابل بتاريخ ٢٠٢٢/٧/٢٨ وقررت :

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

مـــــع الاحتـــرام

الدكتور / محمد عبد الله عجرش
رئيس لجنة البحوث
٢٠٢٢/ /

نسخة منه إلى :
- مكتب المدير العام / مركز التدريب والتنمية البشرية / وحدة إدارة البحوث ... مع الأوليات.

سونران

بسم الله الرحمن الرحيم

Dissertation Title

Social Support and its relation to Quality of Life for Amputation Cases at Babylon Rehabilitation Center for Disabled

عنوان الأطروحة

الدعم الاجتماعي وعلاقته بجودة الحياة لحالات البتر في مركز بابل لتأهيل المعاقين

Part I: Socio-demographic Information

1. **Age** ☐ years
2. **Gender**
   - Male ☐
   - Female ☐
3. **Social state**
   - Single ☐
   - Married ☐
   - Divorced ☐
   - Widower ☐
4. **Education level**
   - Unable to read and write ☐
   - Primary school ☐
   - Middle school ☐
   - Secondary school ☐
   - Institute ☐
   - College and above ☐
5. **Occupation**
   - Employee ☐
   - self-employ ☐
   - Retired ☐
   - Unemployed ☐
6. **Monthly income**
   - Enough ☐
   - Certain limit enough ☐
   - Not enough ☐
7. **Have you Children**
   - Yes
   - No
8. **The reason for your amputation**
   - Condition ☐
   - In the war ☐
   - Car accident ☐
9. **Amputation site**
   - Lower extremities ☐
   - Upper extremities ☐
10. **Duration of Amputation** ☐ years

Part II: Social Support for Amputation Cases

First: Emotional Support

List	Paragraph	Never	Rarely	Mostly	Always
1	Find my family members by my side when I need them.				
2	Feel comfortable and reassured when I find my family members around me.				
3	Find my friends around me in times of adversity and crises.				
4	Find serious interest from my friends.				
5	My family members make me feel the importance of being in the family.				
6	Find all the respect and appreciation from my family members.				
7	Find my neighborhood around me in times of crisis and adversity				
8	My family members trust my abilities and energies in the work I do.				
9	Find my relatives around me when I need them.				
10	Find some of my family members busy with me when I need them.				
11	Some of my family members grumble when I ask them for help (moving around, taking care of food, etc.)				
12	Some members of my family feel that I am a burden to them.				

Second: Financial support

List	Paragraph	Never	Rarely	Mostly	Always
1	My family members provide me with all the money I need to meet my special needs (medicine, food, clothes, etc.)				
2	My family members make every effort to obtain the necessary community assistance and services to provide them to me.				
3	My family members provide me with enough money to live a decent life.				
4	Rely on my friends to communicate with community institutions to provide for my own needs.				
5	Receive in-kind aid from community institutions.				
6	My neighbors stand by me in my financial crises.				
7	Feel that my family members blame me for excessive financial expenditures				
8	My family members feel that they are unable to provide for my financial requirements.				
9	Avoid telling anyone when I am going through financial hardship.				
10	Ashamed to ask for financial aid from others.				
11	Get annoyed with some members of my family for watching me in my financial expenses.				
12	Some members of my family feel that I am a burden to				

	them due to my large financial expenses.				

Third: Information Support

List	Paragraph	Never	Rarely	Mostly	Always
1	Turn to my family for advice when I'm in trouble.				
2	Rely on the advice and suggestions of my friends to avoid mistakes				
3	When I face a problem or crisis I find my relatives around me to help me.				
4	My family provides me with any natural remedies I need				
5	Feel comfortable when I find a friend to complain about my troubles and problems				
6	My family members are keen to develop life skills.				
7	My family members give me solutions to the problems I face in my daily life				
8	Consult my family members on many matters that pertain to my life.				
9	My family members help me when I have a sudden problem.				
10	Avoid revealing any problem I have to anyone				
11	Reject advice from my friends.				
12	Work alone, away from my family				

Part III: Quality of Life for Amputation Cases

First: Physical Quality of Life

List	1. Bathing and personal hygiene	Always	Sometime	Never
1	I need someone to help me when I'm not going to take a shower			
2	I need to use some aids when I'm not going to take a shower			
3	I avoid showering when there are many infections at the end of the amputated limb			
List	**2. Putting on and changing clothes**			
4	I am having difficulties getting dressed or changing clothes			
5	When changing my clothes I need someone to help me			
6	I identify with a certain type of clothing			
List	**3. Use of health facilities**			
7	Need a prop or aid when using health facilities			
8	Face difficulties while relieving myself or when entering health facilities			
9	Suffer from the lack of vertical seats in the toilets in most places			
List	**4. Hiking with a prosthesis**			
10	Have difficulties walking when wearing the prosthesis			
11	Suffer from lack of control over the prosthesis			
12	Need help climbing stairs			
13	I'm afraid of bleeding every time I use the prosthesis			
14	Have a misfit of the stump with the prosthesis			
List	**5. On-the-go**			
15	Find it hard to turn in bed on my own			
16	Need supports to help me stand or sit			
17	Have difficulty moving inside and outside the house or when getting in the car			
18	Need a wheelchair to help get around			
19	Suffer from not having someone in the family to help me while using the chair			
20	Have difficulty accessing centers for the disabled			
List	**6. Health problems**			
21	Suffer from cracks in the skin at the end of the limb (stump)			
22	Suffer from bleeding in the end of the extremity			
23	Complain of frequent infections and pus at the end of the limb			
24	Suffer from swelling (edema) of the skin, especially when wearing the prosthesis			

25	Felt a burning sensation at the end of the amputated limb while wearing the prosthesis			
26	Suffer from lower back pain due to different lengths of legs			

Second: Psychological Quality of Life

List	Paragraph	Always	Sometime	Never
1	Feel that the handicap is the reason for the sympathy and compassion of others			
2	Suffer from frustration and failure after a disability			
3	Suffer from emotional distress after the amputation			
4	Feel bitterness and pain as a result of losing a limb			
5	Feel sad and depressed after the injury			
6	Suffer from the family's lack of understanding of my psychological condition			
7	Feel jealousy and hatred when I see others enjoying bodily integrity			
8	Lost hope of walking after the amputation			
9	Get angry, upset and agitated whenever others talk about my disability			
10	Feel unable to face everyday problems			
11	Can't find anyone from the family who encourages me to overcome the crisis I live in			
12	Feel like a useless person in life			
13	I feel annoyed when I visit centers for the disabled			
14	The injury negatively affected my self-esteem and self-esteem (loss of self-confidence)			
15	Feel uncomfortable looking at my body in a woman			
16	Can no longer do my duty at work as I used to			
17	Lost my interest and ambitions in life			
18	Lost my current job and have no hope of finding a new job			
19	Feel like my friends are avoiding me			
20	Get annoyed when people look at me			
21	Wish I had lost my life to live physically disabled			
22	Have been suffering from lack of sleep since the injury			
23	Feel like I don't have the ability to make decisions about different topics			
24	Feel like I'm losing my role in life			
25	It is better not to mix with people			

Third: Social Quality of Life

List	Paragraph	Always	Sometime	Never
1	Cannot longer do sports			
2	My family thinks I'm helpless			
3	Others make fun of my abilities after a handicap			
4	Suffer from the lack of facilities in the centers for the disabled			
5	Feel the lack of cooperation of the nursing staff in the care centers			
6	Suffer from the lack of financial support from the state			
7	Cannot longer participate in social events			
8	The treatment of my family members towards me is less than it was before the injury			
9	My income decreased after the injury			
10	Feel that I am a burden on my family and relatives			
11	Cyclical decline in the family and negatively			
12	The treatment of (colleagues) with me after the injury deteriorated			
13	Cannot longer perform my role as a husband			
14	The loss of a limb has a significant impact on the performance of religious rituals			
15	Can't go to worship centers to do what my religion requires			

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H Murad, S., & J Al-Jawary, B. (2008). Assessment of quality of life of amputee in war victims. *Annals of the College of Medicine, Mosul*, *34*(1), 42-53.

عزيزي المراجع/

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:

١. العمر:

☐ سنه

٢. الجنس:

ذكر ☐ أنثى ☐

٣. الحالة الاجتماعية:

متزوج ☐ اعزب ☐ مطلق ☐ ارمل ☐

٤. التحصيل التعليمي:

لا يقراه ولا يكتب ☐ خريج ابتدائية ☐ خريج متوسطة ☐

خريج إعدادية ☐ كلية فما فوق ☐

٥. المهنة :

موظف ☐ اعمال حره ☐ متقاعد ☐ لا يعمل ☐

٦. الدخل الشهري:

يكفي ☐

يكفي الى حد ما ☐

لا يكفي ☐

٧. هل لديك أبناء:

نعم ☐ كلا ☐

٨. سبب وصولك لحالة البتر:

حالة مرضية ☐ في الحرب ☐ حادث سيارة ☐

٩. مكان البتر:

الاطراف السفلى ☐ الاطراف العليا ☐

١٠. مدة الإصابة : ☐ **سنة**

الجزء الثاني: المساندة الاجتماعية لحالات البتر:

اولا: المساندة الوجدانية

ت	الفقرات	أبدا	نادرا	غالبا	دائما
١	أجد أفراد أسرتي بجانبي عندما أحتاج إليهم.				
٢	أشعر بالراحة والطمأنينة عندما أجد أفراد أسرتي حولي.				
٣	أجد أصدقائي حولي وقت المحن والأزمات .				
٤	أجد الاهتمام الجاد من أصدقائي.				
٥	يشعرني أفراد أسرتي بأهمية وجودي في الأسرة .				
٦	أجد كل الاحترام والتقدير من أفراد أسرتي.				
٧	أجد جواريني حولي وقت الأزمات والشدائد				
٨	يثق أفراد أسرتي بقدراتي وطاقاتي فيما أقوم به من أعمال.				
٩	أجد أقاربي حولي وقت الحاجة إليهم.				
١٠	أجد بعض أفراد أسرتي مشغولين عني وقت الحاجة إليهم.				
١١	يتذمر بعض أفراد أسرتي عندما أطلب منهم المساعدة (في التنقل، في العناية، بالطعام..الخ)				
١٢	يشعرني بعض أفراد أسرتي بأنني عبء ثقيل عليهم.				

ثانيا: المساندة المالية

ت	الفقرات	أبدا	نادرا	غالبا	دائما
١	يوفر أفراد أسرتي لي كل ما أحتاجه من المال لسد احتياجاتي الخاصة (علاج، غذاء، ملابس..الخ)				
٢	يبذل أفراد أسرتي كل الجهد للحصول على المساعدات والخدمات المجتمعية الضرورية لتقديمها لي.				
٣	يوفر أفراد أسرتي لي المال الكافي للعيش بحياة كريمة.				
٤	أعتمد على أصدقائي في الاتصال مع المؤسسات المجتمعية لتوفير حاجياتي الخاصة.				
٥	أتلقى من المؤسسات المجتمعية مساعدات عينية .				
٦	يقف جيراني بجانبي في الأزمات المالية التي أمر بها.				
٧	أشعر أن أفراد أسرتي يلومني بسبب الإفراط في المصروفات المالية				
٨	يشعرني أفراد أسرتي بعدم قدرتهم على توفير متطلباتي المالية .				
٩	أتجنب إن أبوح لأحد عندما أمر بضائقة مالية.				
١٠	أخجل من طلب المساعدات المالية من الآخرين.				

١١	أتضايق من بعض أفراد أسرتي لمراقبتهم لي في مصروفاتي المالية.				
١٢	يشعرني بعض أفراد أسرتي أنني عبء عليهم لكثرة مصروفاتي المالية.				

ثالثا: المساندة المعلوماتية

ت	الفقرات	أبدا	نادرا	غالبا	دائما
١	الجأ إلى أفراد أسرتي في تقديم النصائح عندما أكون في مشكلة.				
٢	أعتمد على نصائح ومقترحات أصدقائي لتجنب الأخطاء				
٣	عندما أواجه مشكلة أو أزمة أجد أقربائي حولي لمساعدتي.				
٤	يزودني أفراد أسرتي بأي علاجات طبيعية أحتاج إليها				
٥	اشعر بالراحة عندما أجد صديقا أشكو له متاعبي ومشكلاتي				
٦	يحرص أفراد أسرتي على تطوير مهارات الحياتية.				
٧	يقدم أفراد أسرتي لي حلولا لمشكلاتي التي أواجهها في حياتي اليومية				
٨	أستشير أفراد أسرتي في كثير من الأمور التي تخص حياتي.				
٩	يساعدني أفراد أسرتي عندما أواجه مشكلة مفاجئة.				
١٠	أتجنب أن أبوح بأي مشكلة تواجهني لأحد				
١١	أرفض النصيحة من أصدقائي.				
١٢	اعمل بمفردي بعيدا عن إفراد أسرتي				

الجزء الثاني: جودة الحياة لدى حالات البتر

اولا: جودة الحياة البدنية

ت	١. الاستحمام والنظافة الشخصية	دائما	أحيانا	أبدا
١	أحتاج إلى مساعدة أحد الأشخاص عند ألا ستحمام٠			
٢	احتاج إلى استخدام بعض الأدوات المساعدة عند ألا ستحمام٠			
٣	أتجنب الاستحمام عند كثرة الالتهابات في نهاية الطرف المبتور			
ت	**٢. ارتداء وتغيير الملابس**			
٤	أواجه صعوبات أثناء ارتداء أو تبديل الملابس			
٥	عند تغيير ملابسي أحتاج إلى شخص يساعدني			
٦	أتحدد بنوع معين من الملابس			
ت	**٣. استعمال المرافق الصحية**			
٧	احتاج إلى مساند أو معينات عند استخدام المرافق الصحية			
٨	أواجه صعوبات أثناء قضاء حاجتي أو عند دخول المرافق الصحية			
٩	أعاني من عدم توفر المقاعد العمودية في دورات المياه في اغلب الأماكن			
ت	**٤. المشي لمسافات بوجود طرف اصطناعي**			
١٠	أواجه صعوبات أ ثناء المشي عند ارتداء الطرف الاصطناعي			
١١	أعاني من عدم السيطرة على الطرف الاصطناعي			
١٢	أحتاج إلى مساعدة أثناء صعود السلالم			
١٣	يراودني الخوف من حصول النزف كلما استخدمت الطرف الاصطناعي			
١٤	أعاني من عدم ملائمة الجدعة مع الطرف الاصطناعي			
ت	**٥. الحركة والتنقل**			
١٥	ألاقي صعوبة في الاستدارة في الفراش بمفردي			
١٦	أحتاج إلى مساند تساعدني على الوقوف آو الجلوس			
١٧	أعاني من صعوبة التنقل داخل المنزل وخارجة آو عند صعود السيارة			
١٨	أحتاج إلى كرسي متحرك للمساعدة في التنقل			
١٩	أعاني من عدم وجود شخص في آلاسرة لمساعدتي أثناء استخدام الكرسي			
٢٠	أعاني من صعوبة الوصول إلى مراكز رعاية المعوقين			
ت	**٦. المشاكل الصحية**			
٢١	أعاني من تشققات جلدية في نهاية الطرف (الجدعة)			
٢٢	أعاني من وجود نزف دموي في نهاية الطرف			
٢٣	أشكو من الالتهابات المتكررة والقيح في نهاية الطرف			

٢٤	أعاني من وجود (وذمة) تورم جلدي وخاصة عند ارتداء الطرف الاصطناعي			
٢٥	أحس بوجود حرقة في نهاية الطرف المبتور أثناء ارتداء الطرف الاصطناعي			
٢٦	أعاني من الألأم أسفل الظهر لاختلاف طول الساقين			

ثانيا: جودة الحياة النفسية

ت	الفقرات	دائما	أحيانا	أبدا
١	أشعر بان العوق هو سبب عطف الآخرين وشفقتهم علي			
٢	أعاني من الإحباط والفشل بعد حصول العوق			
٣	أعاني من التوتر الانفعالي بعد حصول البتر			
٤	أشعر بالمرارة والألم نتيجة فقدان أحد الإطراف			
٥	أشعر بالحزن والاكتئاب بعد الاصابة			
٦	أعاني من عدم تفهم الأسرة لحالتي النفسية			
٧	أشعر بالغيرة والحقد عندما أنظر للآخرين وهم يتمتعون بسلامة الجسد			
٨	فقدت الأمل في المشي بعد حصول البتر			
٩	أشعر بالغضب والانزعاج والاستثارة كلما تحدث الآخرين عن عوقي			
١٠	أشعر بعدم القدرة على مواجهة المشكلات اليومية			
١١	لا أجد من يشجعني من الأسرة على تجاوز الأزمة التي أعيشها			
١٢	أشعر باني شخص غير ذي فائدة في الحياة			
١٣	أشعر بالانزعاج عند مراجعة مراكز رعاية المعوقين			
١٤	أثرت الإصابة بصورة سلبية على احترامي وتقديري لذاتي (فقدان الثقة بالنفس)			
١٥	أشعر بالانزعاج عند النظر إلى جسمي في المرأة			
١٦	لم اعد قادرا على القيام بواجبي في العمل كما كنت سابقا			
١٧	فقدت اهتمامي وطموحاتي في الحياة			
١٨	فقدت عملي الحالي وليس لي أمل في الحصول على عمل جديد			
١٩	أشعر أن أصدقائي يعمدون إلى تجنب التعامل معي			
٢٠	أنزعج عندما ينظر الناس ألي			
٢١	أتمنى لو فقدت حياتي على أن أعيش معاقا جسديا			
٢٢	أعاني من قلة النوم منذ حصول الإصابة			
٢٣	أشعر بعدم وجود القدرة على اتخاذ القرارات إزاء المواضيع المختلفة			
٢٤	أشعر بفقدان دوري في الحياة			
٢٥	أفضل عدم الاختلاط بالناس			

ثالثا: جودة الحياة الاجتماعية

ت	الفقرات	دائما	أحيانا	أبدا
١	لم اعد قادرا على ممارسة الأنشطة الرياضية			
٢	يعتقد أفراد أسرتي أني شخص عاجز			
٣	يسخر الآخرون من إمكانياتي بعد حصول العوق			
٤	عاني من عدم وجود تسهيلات في مراكز رعاية المعوقين			
٥	أحس بعدم تعاون الكادر التمريضي في مراكز الرعاية			
٦	أعاني من عدم توفر الدعم المادي من قبل الدولة			
٧	لم اعد قادر على المشاركة في المناسبات الاجتماعية			
٨	تدنت معاملة أفراد أسرتي تجاهي عما كانت علية قبل الاصابة			
٩	تدنى مستوى دخلي المادي بعد حصول الإصابة			
١٠	اشعر باني أشكل عالة على أهلي وأقاربي			
١١	تراجع دوري في الأسرة وبصورة سلبية			
١٢	تدنت معاملة (زملائي) معي بعد الإصابة			
١٣	لم اعد قادرا على أداء دوري كزوج			
١٤	لفقدان أحد الأطراف أثر كبير في أداء الطقوس الدينية			
١٥	لا أتمكن من الذهاب إلى مراكز العبادة للأداء ما تقتضيه ديانتي			

خبراء تحكيم استمارة الاستبانة

ت	اسم الخبير	اللقب العلمي	الاختصاص	مكان العمل	سنوات الخبرة
١	د.محمد فاضل خليفة	استاذ	جامعة بغداد\كلية التمريض	تمريض صحة الأسرة والمجتمع	٤٠
٢	د. حسن علوان بيعي	استاذ	جامعة بابل\ كلية طب حمورابي	طب صحة الأسرة والمجتمع	٤٠
٣	د. عبد المهدي عبد الوهاب	استاذ	تمريض الصحة النفسية	كلية التمريض/ جامعة بابل	٤٠
٤	د. سلمى كاظم جهاد	استاذ	تمريض صحة المجتمع	كلية التمريض/ جامعة بابل	٣٨
٥	د. أركان بهلول ناجي	استاذ	تمريض صحة المجتمع	كلية التمريض/ جامعة بغداد	٣٦
٦	د. فاطمة وناس ألحسناوي	استاذ	تمريض صحة المجتمع	كلية التمريض/ جامعة كوفة	٣٠
٧	د. هاله سعدي عبد الواحد	استاذ	تمريض صحة المجتمع	كلية التمريض/ جامعة بغداد	٢٠
٨	د.ناجي ياسر سعدون	أستاذ	تمريض صحة المجتمع	جامعة بابل/كلية التمريض	٣٣
٩	د. رعد كريم فرج	استاذ مساعد	تمريض صحة المجتمع	كلية التمريض/ جامعة بغداد	٣٨
١٠	د. منصور عبد الله فلاح	استاذ مساعد	تمريض صحة المجتمع	كلية التمريض/ جامعة كوفة	١٧
١١	د. محمد باقر حبيب	مدرس	تمريض صحة المجتمع	كلية التمريض/ جامعة بغداد	١٥

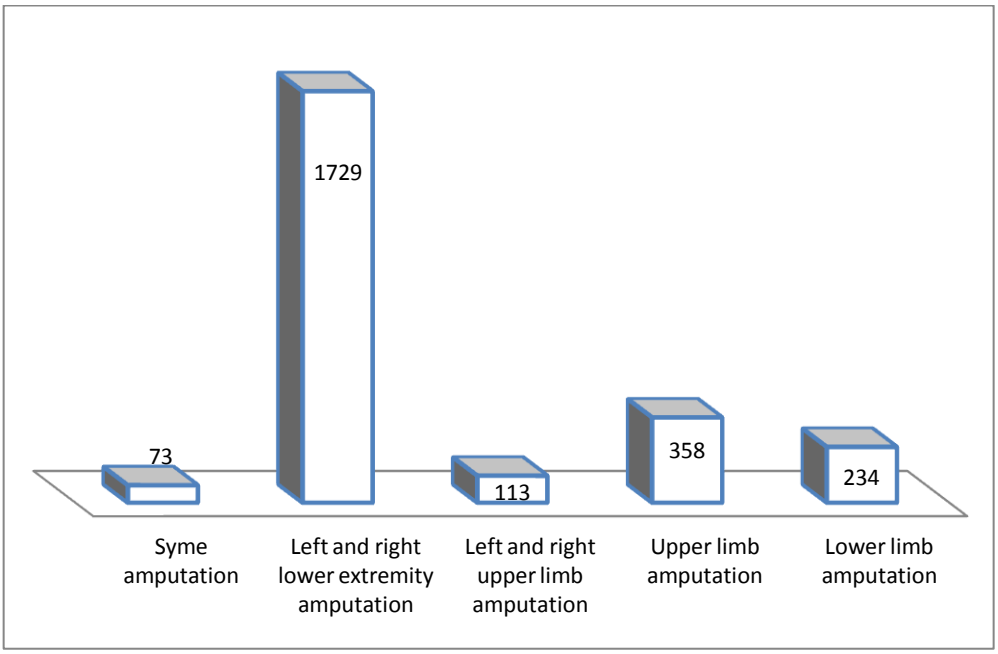


Fig.3-1. Distribution of Disability according to Amputation Types

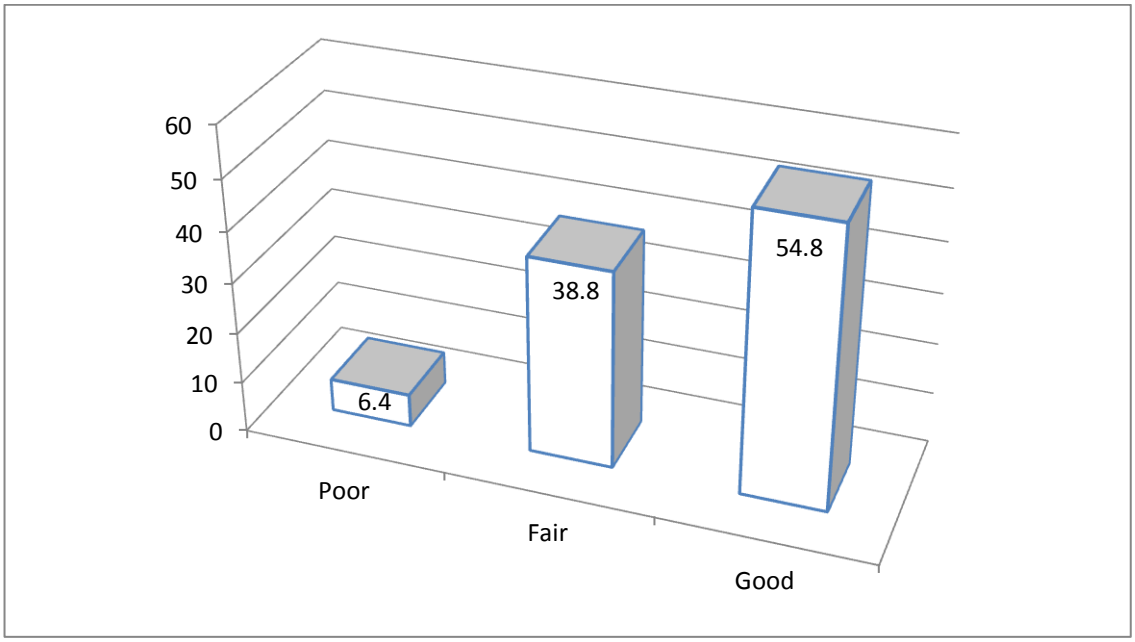


Figure 4-1: Social Support of the study sample

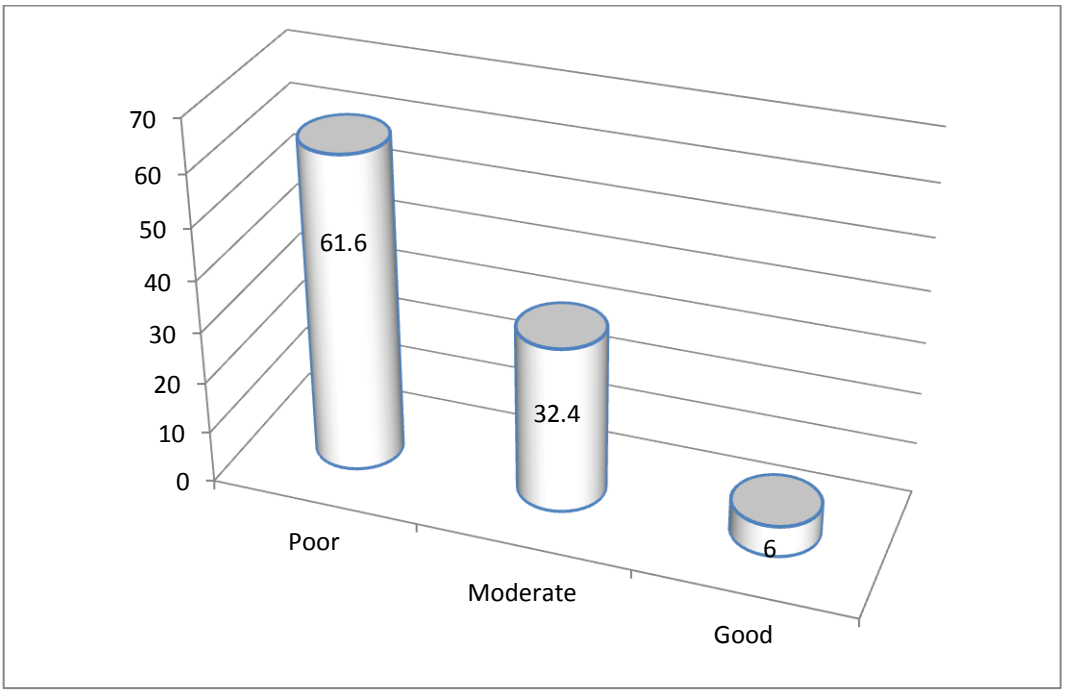


Figure 4-2: Overall Quality of Life

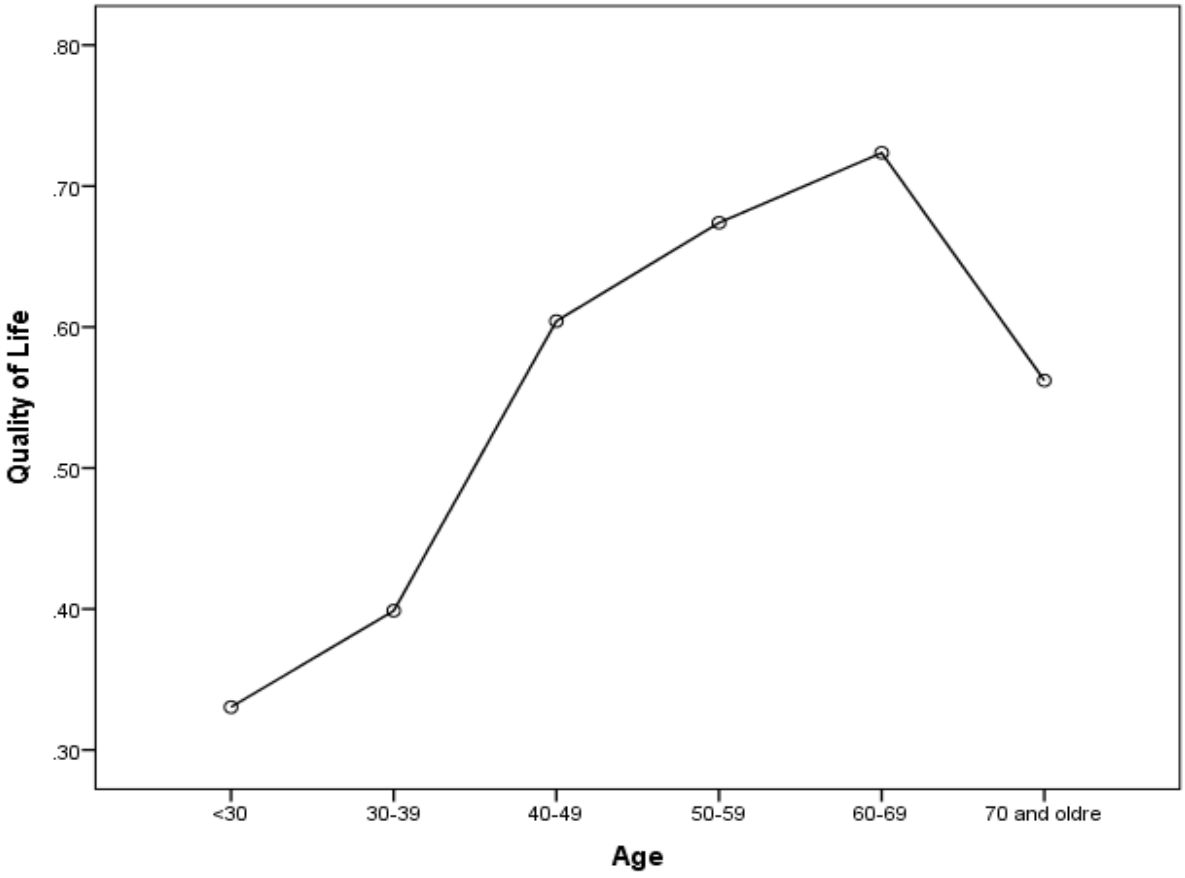


Figure 4-3:Quality of Life according to Amputees Age

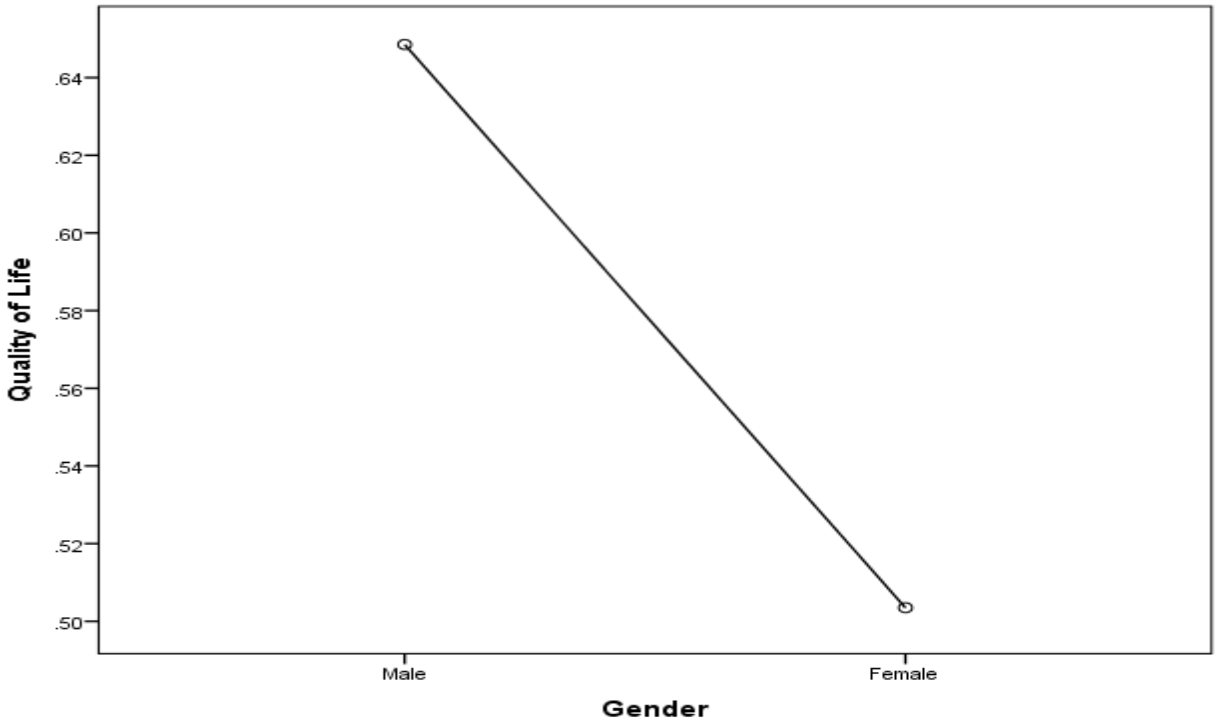


Figure 4-4:Quality of Life according to Amputees Gender

Figure 4-5:Quality of Life according to Amputees Marital Status

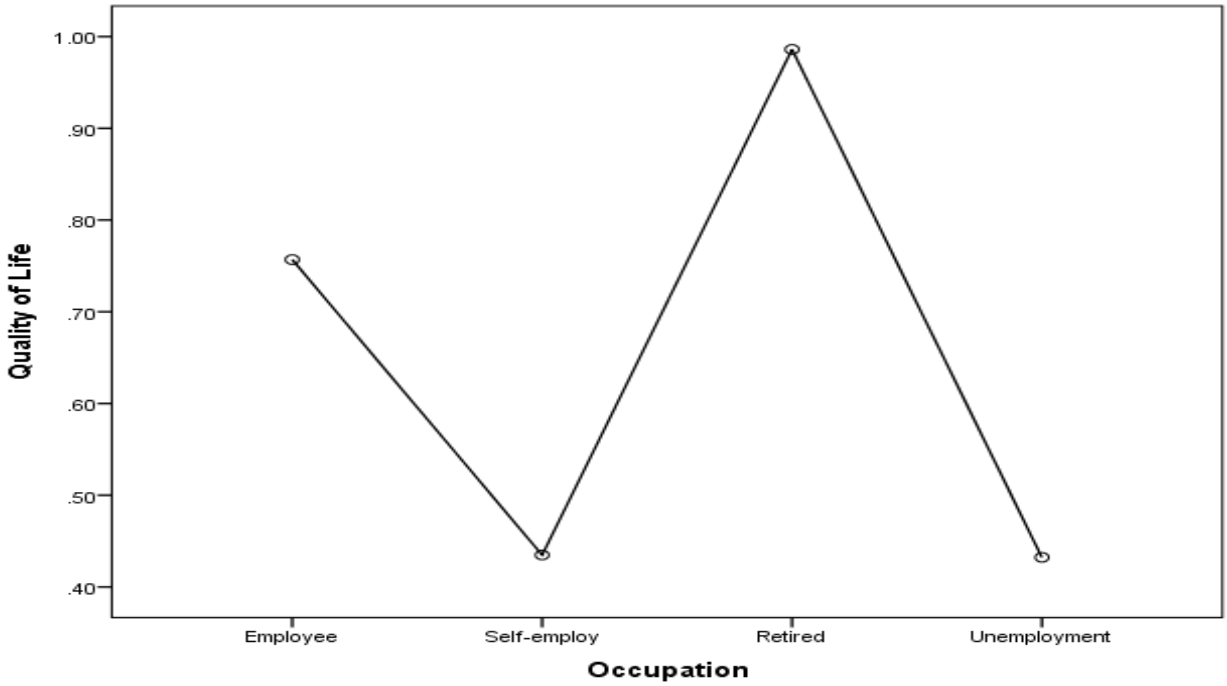


Figure 4-6:Quality of Life according to Amputees Occupation

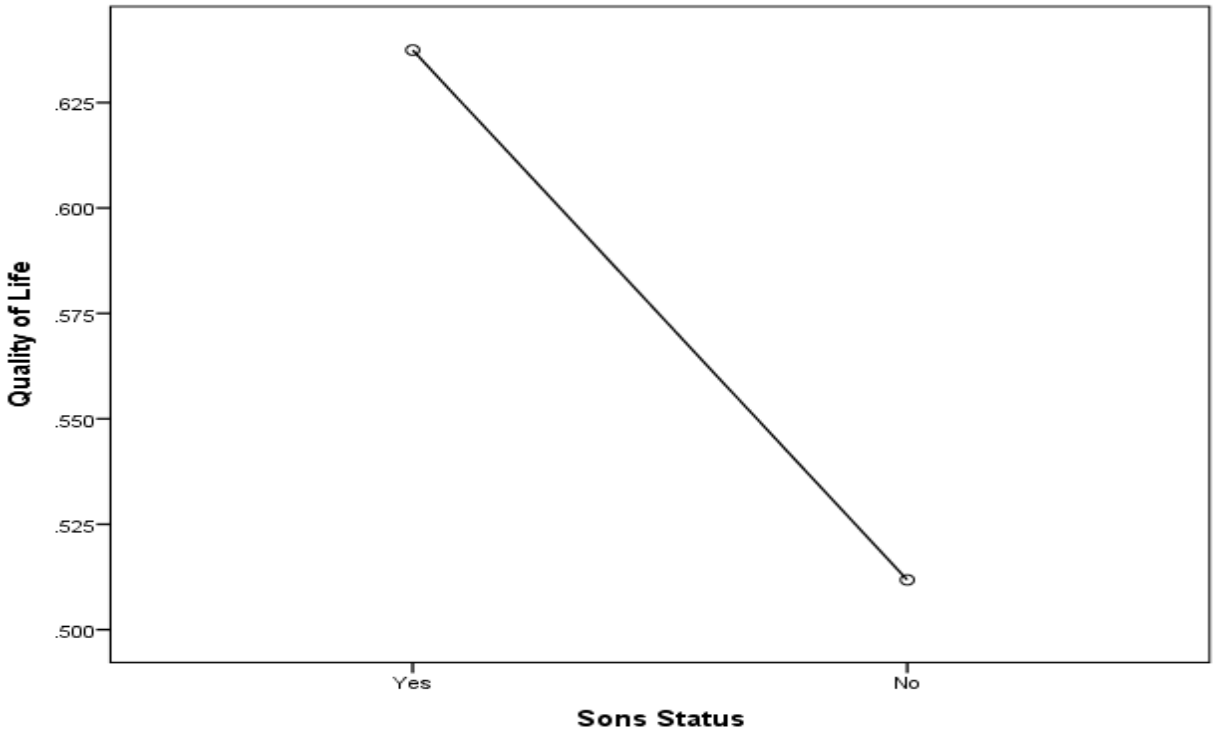


Figure 4-7:Quality of Life according to Amputees Sons Status

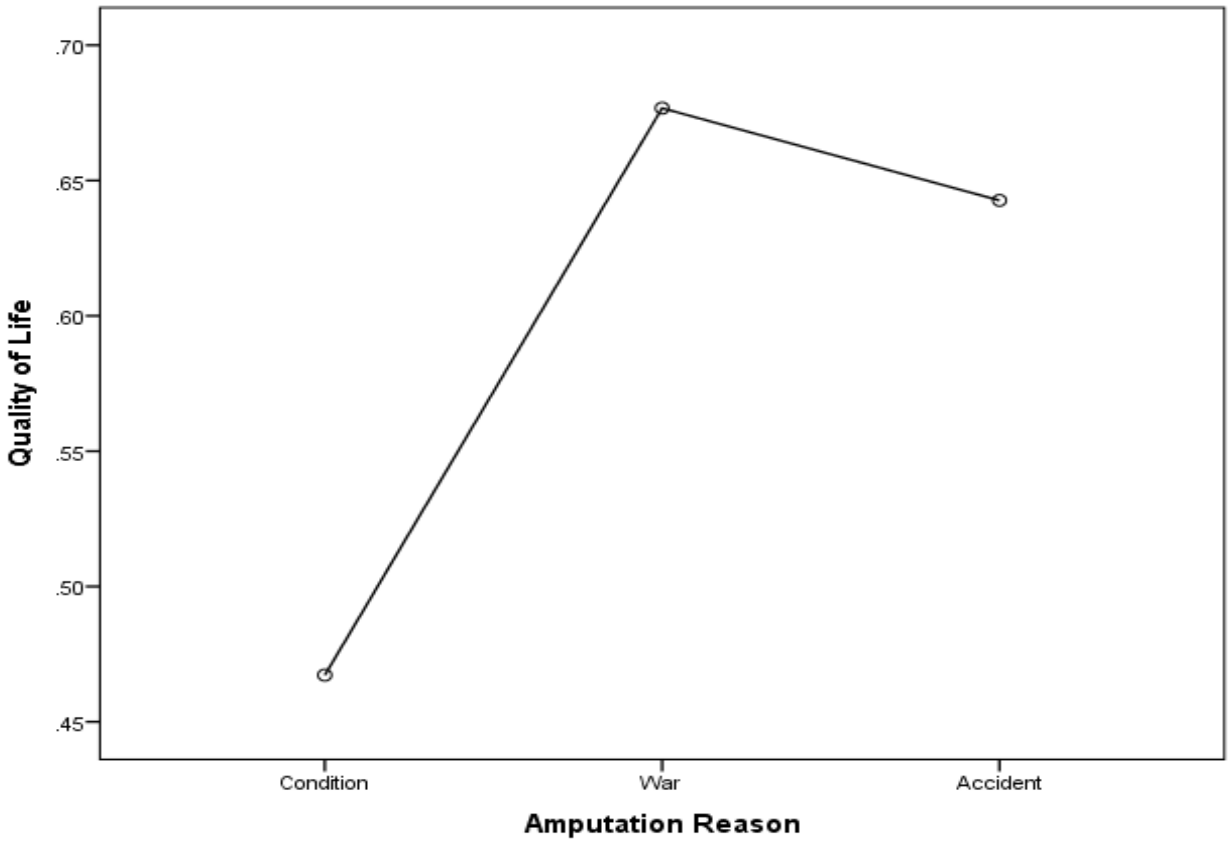


Figure 4-8:Quality of Life according to Amputees their Reason for Amputation

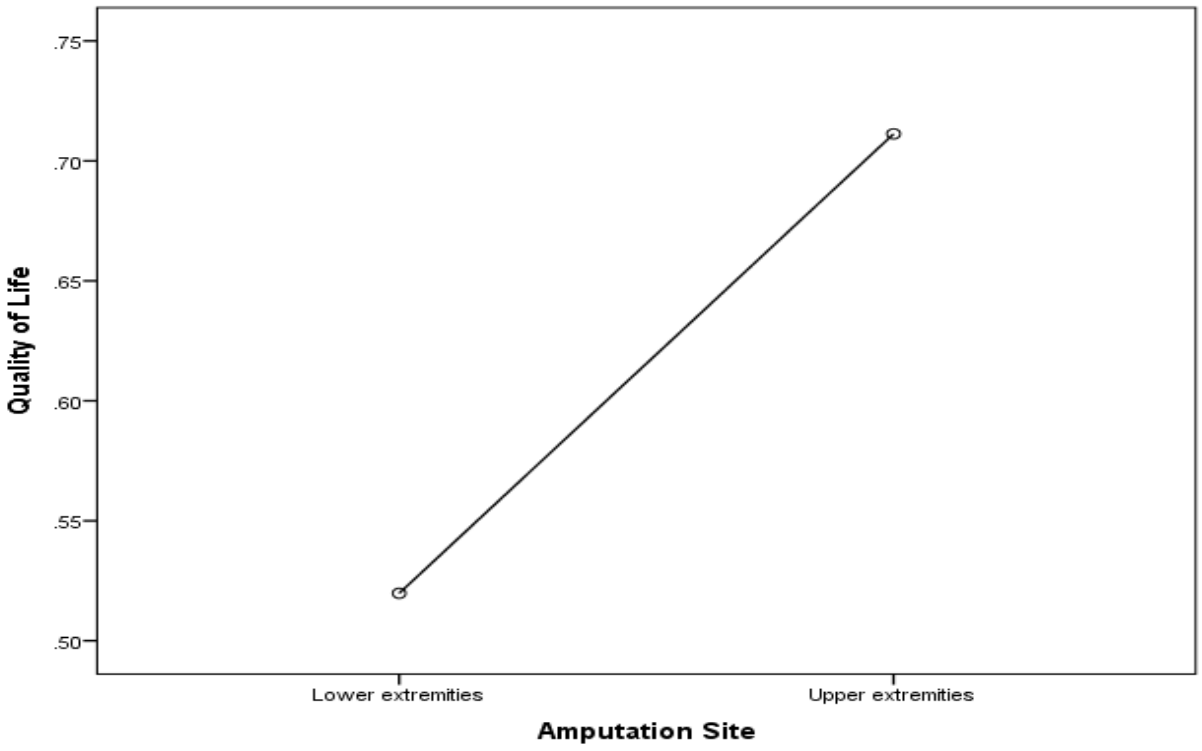


Figure 4-9:Quality of Life according to Amputees their Site of Amputation

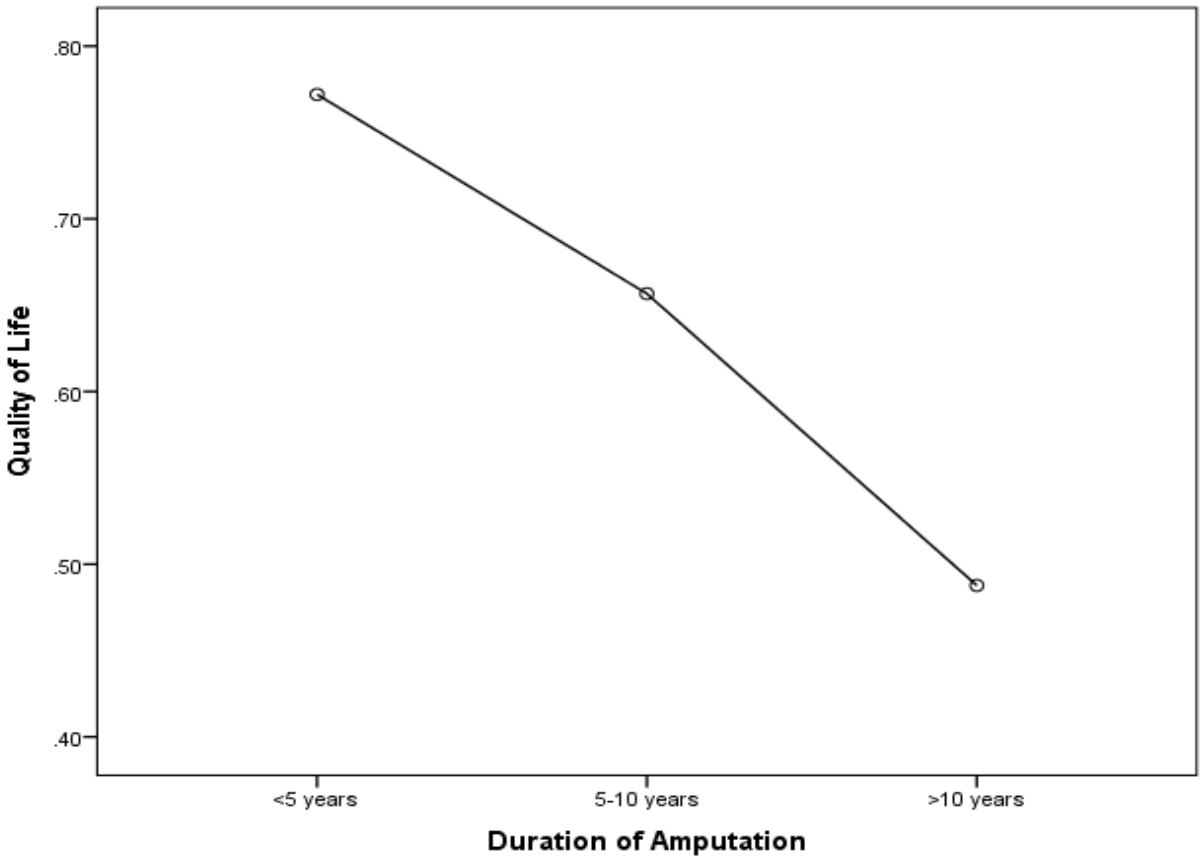
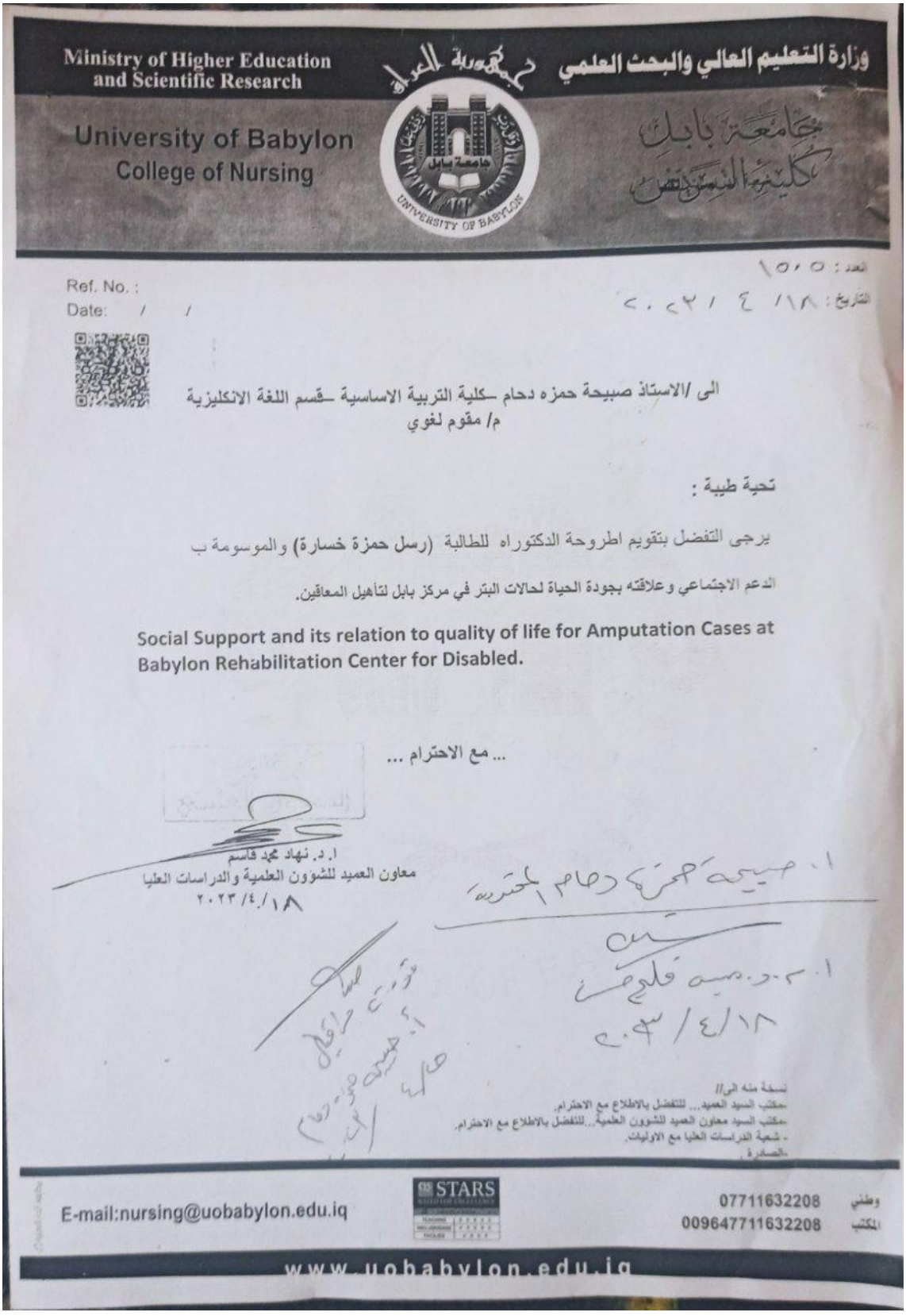


Figure 4-10:Quality of Life according to Amputees their Duration of Amputation



Ministry of Higher Education and Scientific Research

وزارة التعليم العالي والبحث العلمي

جمهورية العراق

University of Babylon
College of Nursing

جامعة بابل
كلية التمريض

العدد: ١٥٠٥
التاريخ: ١٨/ ٤/ ٢٠٢٣

Ref. No. :
Date: / /

الى /الاستاذ صبيحة حمزه دحام –كلية التربية الاساسية –قسم اللغة الانكليزية
م/ مقوم لغوي

تحية طيبة :

يرجى التفضل بتقويم اطروحة الدكتوراه للطالبة (رسل حمزة خسارة) والموسومة ب

الدعم الاجتماعي وعلاقته بجودة الحياة لحالات البتر في مركز بابل لتأهيل المعاقين.

Social Support and its relation to quality of life for Amputation Cases at Babylon Rehabilitation Center for Disabled.

... مع الاحترام ...

ا. د. نهاد محمد قاسم
معاون العميد للشؤون العلمية والدراسات العليا
١٨/٤/٢٠٢٣

ا. صبيحة حمزة دحام المحترمة

ا. م. د. صبيحة فليح حسن
١٨/٤/٢٠٢٣

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الخلاصة

الخلفية: البتر هو حدث يغير الحياة ويمكن أن يؤدي إلى تحديات جسدية ونفسية، مما يجعل الدعم الاجتماعي ضروريا للتكيف والرفاهية. يشمل البحث عينة متنوعة من مبتوري الأطراف ويفحص نوع ومدى الدعم الاجتماعي الذي يتم تلقيه من العائلة والأصدقاء والمجتمع. لذلك تهدف الدراسة إلى تقييم الدعم الاجتماعي وعلاقته بجودة الحياة بين المرضى المبتورين.

المنهجية: دراسة ارتباطية وصفية أجريت في مركز بابل لتأهيل المعاقين في الفترة من ١٣ مارس ٢٠٢١ إلى ١ مارس ٢٠٢٣. تألفت عينة الدراسة من ٢٥٠ شخصا مبتورا تم اختيارهم وفقا لنهج أخذ العينات الغير الاحتمالي. تم التحقق من صدق الاستبيان من قبل الخبراء لإثبات صحته وتم التحقق من موثوقيته من خلال دراسة تجريبية. وبلغ العدد الإجمالي للفقراة المدرجة في الاستبيان ٣٦ فقرة للدعم الاجتماعي و ٦٦ فقرة لجودة الحياة. جمعت البيانات باستخدام طريقة المقابلات وحللت من خلال تطبيق التحليل الإحصائي الوصفي والاستدلالي.

النتائج: أشارت النتائج إلى أن متوسط عمر المشاركين كان ٥٠ عاما، (٦٨,٨٪) من الذكور و (٦١,٢٪) من المتزوجين و (٣٨٪) من خريجي الدراسة الاعدادية. أفاد أكثر من نصف المستجيبين (٥٤,٨٪ و ٦١,٦٪) بمستوى عال من الدعم الاجتماعي وجودة حياة رديئة، على التوالي. تختلف جودة الحياة حسب العمر والجنس والحالة الاجتماعية والمهنية ووجود الأبناء والأسباب ومكان ومدة البتر ($p = .000$). من بين النتائج المثيرة للاهتمام ، هناك علاقة إيجابية بين الدعم الاجتماعي وجودة الحياة بين مبتوري الأطراف ($r = 0.250$ ؛ $p = .000$).

الاستنتاجات: تشير النتائج إلى وجود علاقة كبيرة وإيجابية بين الدعم الاجتماعي وجودة الحياة بين مبتوري الأطراف. تشير النتائج إلى أن مبتوري الأطراف الذين لديهم مستويات أعلى من الدعم الاجتماعي يميلون إلى تجربة جودة حياة أفضل بشكل عام. وهذا يسلط الضوء على أهمية وجود شبكة اجتماعية داعمة في مساعدة الأفراد على تبني التغلب على التحديات المرتبطة بها.

التوصيات: من خلال توفير الدعم العاطفي والمالي والمعلوماتي، يمكن للشبكات الاجتماعية أن تساهم في تحسين الرفاهية ونوعية الحياة الشاملة لمبتوري الأطراف. تؤكد هذه النتائج على الحاجة إلى التدخلات والبرامج التي تعزز الدعم الاجتماعي لتحسين حياة الأفراد الذين يعانون من فقدان الأطراف.

جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جامعة بابل
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أطروحة مقدمة الى

مقدم الى مجلس كلية التمريض جامعة بابل

في استيفاء جزئي لمتطلبات درجة دكتوراه الفلسفة في التمريض

من قبل

رسل حمزة خسارة

بإشراف

أ.د. أمين عجيل ألياسر أ.د. ندى خزعل هندي

آذار /٢٠٢٣ شعبان/١٤٤٤