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MEME KANSERLİ KADINLARDA ÖZ YETERLİLİK, SAĞLIKLA İLGİLİ YAŞAM KALİTESİ VE ETKİLEYEN FAKTÖRLERİN İNCELENMESİ

Yüksek Lisans Tezi

DUMOOA GHENI SHANAN

Çankırı 2021

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Çankırı 2021

ACCEPTANCE AND APPROVAL

ÇAKÜ, Sağlık Bilimleri Enstitüsü'nün 198202303 numaralı Yüksek Lisans öğrencisi Dumooa SHANAN, ilgili yönetmeliklerin belirlediği gerekli tüm şartları yerine getirdikten sonra hazırladığı "Meme kanserli kadınlarda öz yeterlilik, sağlıkla ilgili yaşam kalitesi ve etkileyen faktörlerin incelenmesi" başlıklı tezini aşağıda imzaları olan jüri önünde başarı ile sunmuştur.

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ETHICAL DECLARATION

I present to you, my Master's thesis entitled" **Investigation of self-efficacy, health related quality of life and affecting factors in women with breast cancer**" under the supervision and guidance of my research supervisors including idea and hypothesis and certify that I have written it according to ethics and scientific values, upon which scientific research is based in writing the thesis.

İmza

Tarih

08/09/2021

Dumooa Gheni Shanan

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ABBREVIATIONS AND SYMBOLS

HRQOL :Health-related quality of life

LTCQ :Long-term conditions

SE **:**Self-efficacy

QOL :Quality of life

WHO **:**World Health Organization

SPSS :Statistical Package Of Social Science

COVID :Corona Virus Disease

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Meme Kanserli Kadınlarda Öz Yeterlilik, Sağlıkla İlgili Yaşam Kalitesi Ve Etkileyen Faktörlerin İncelenmesi

Dumooa Gheni Shanan. "Meme kanserli kadınlarda öz yeterlilik, sağlıkla ilgili yaşam kalitesi ve etkileyen faktörlerin incelenmesi",(Yüksek Lisans Tezi), Çankırı, 2021.

ÖZET

Kronik hastalık yönetimi ve yaşam kalitesi üzerinde etkili olan durumlardan bir tanesi de öz yeterliliktir. Bu çalışmanın amacı meme kanserinde öz yeterlilik ve yaşam kalitesi arasındaki ilişkiyi ve etkileyen etmenler incelemektir. Tanımlayıcı tipte yapılan bu çalışma, Dhi Qar'daki Onkoloji Merkezinde yürütülmüştür. Meme kanseri nedeniyle kemoterapi alan kadınlar örneklemi oluşturmuştur (n=200). Veriler sosyo demografik anket formu, Genel Öz-yeterlik Ölçeği (GSE), Sağlıkla İlgili Yaşam Kalitesi Ölçeği (SYKÖ) kullanılarak toplanmıştır. Görüşmeler Arapça yapılmış, veriler yüz yüze görüşme yoluyla toplanmıştır. Veriler 20 Eylül 2020 ile 8 Kasım 2020 arasında toplanmıştır. Veriler SPSS versiyon 26 kullanılarak analiz edilmiştir. Verilerin değerlendirilmesinde; sayı, yüzde, aritmetik ortalama, standart sapma, Kruskal-Wallis testi, Spearman's korelasyon analizleri kullanıldı. Katılımcıların öz yeterlik (2.48±.920) ve yaşam kalitesi düzeyi (14.13±20.75) ortalaması düşük düzeyde tespit edilmiştir. Meme kanserli hastaların öz-yeterlik ile yaşam kalitesi arasında ($p<0.01$), yaş, eğitim, gelir ve öz-yeterlik arasında ($p < 0.05$), yaş, medeni durum, mesleki durum, gelir ve yaşam kalitesi arasında istatistiksel olarak anlamlı bir ilişki vardır ($p<0.05$). Öz-yeterlik ile yaşam kalitesi arasında bulunan anlamlı pozitif ilişkiden yola çıkarak bu hastalara yönelik düzenli eğitimlerin düzenlenmesi, kemoterapi bölümünde fizyolog ve psikiyatri hemşiresi bulunması ve meme kanserli hastaların öz yeterliliklerini arttırmak için daha kapsamlı palyatif bakım verilmesi önerilmektedir.

Anahtar Kelimeler: Öz yeterlilik, sağlıkla ilgili yaşam kalitesi, meme kanseri

Investigation of Self-Efficacy, Health Related Quality of Life and Affecting Factors in Women with Breast Cancer

Dumooa Gheni Shanan. Investigation of self-efficacy, health related quality of life and affecting factors in women with breast cancer (Yüksek Lisansi), Çankırı, 2021.

Abstract: Regarding to the importance of self-efficacy and its impact on health-related behaviors, chronic disease management and quality of life, and limited studies in this field, present study tried to investigated the relationship between self-efficacy and quality of life in breast cancer patients. This descriptive study was done at the Oncology Center in Dhi Qar. Statistical population included all women who had received chemical therapy because of their breast cancer (n=200). The data were collected by using a socio demographic questionnaire form, General Self-Efficacy Scale (GSE), Health Related Quality of Life Scale (HRQOLS). The interviews were conducted in Arabic, data were collected by face-to-face interview. The data collection procedure began in September 20th 2020 until the November 8th 2020. The data were analyzed using SPSS version 26. In the evaluation of the data; number, percentage, arithmetic mean standard deviation, Kruskal-Wallis test, Spearman's correlation analyses were used. The average and standard deviation of both self-efficacy (2.48±.920) and quality of life (14.13±20.75) were estimated on the average level. There is a statistically significant relationship between self-efficacy and quality of life for breast cancer patients with a probability value ($p<0.01$), there is a significant relationship between age, education, income and self-efficacy ($p < 0.05$), and there is a statistically significant relationship between age, marital status, occupational status, income and quality of life ($p<0.05$). Based on the significant positive relation found between self-efficacy and quality of life it's recommended to hold some training courses for these patients, have a physiologist and psychiatric nurse in chemotherapy department, and prepare more palliative care to raise the breast cancer patients' self-efficacy which finally leads to a better quality of life.

Keywords: Self-efficacy, health related quality of life, breast cancer

1. Introduction

Bandura discovered that in order for people to be effective and put in enough effort, they must assume that they should carry out required health-promoting activities, which are known as self-efficacy, and that having this belief promotes the attainment of healthier behaviors (Porter et al., 2016). Social cognitive theory, which identifies self-efficacy as an important factor, is becoming increasingly well-known for its influence on patient adjustment and self-care behaviors (Lev et al., 2010). The simple methodology of measuring self-efficacy is highly recommended for people who are prescribed long-term treatment (Tan, 2016). More self-efficacy is believed to be associated to better results, and lower healthcare expenses are better results. Automotive care for a number of problems was connected, according to a meta-analysis, to moderate but meaningful increases in patient outcomes while a handful of programs showed reduced usage of health care services (Panagiotis et al., 2014).

It is a crucial component of Social Cognitive theory, and its effects on patient adjustment and self-care are increasingly recognized (ALI, 2015). In this idea, there are four components: direct mastering experiments, vicarious experiences, speeches, and finally enthusiasm (physiological states to partly judge their capability, strength, and vulnerability). Performances are the single most important predictor of personal efficiency, this is based on prior triumphs and the performance of others somehow, and those who lack self-efficacy don't appear to know what to do (Yang et al., 2019).

Health-related quality of life (HRQOL) has emerged over the last three decades to reflect the holistic scope of quality of life, both physical and emotional, with an influence on health (Taylor, 2000). HRQOL encompasses physical and mental health expectations (e.g., energy level, mood) as well as their correlations such as health risks and disorders, functioning status, social care, and socioeconomic status on an individual level (Selim et al., 2009). Focusing on HRQOL as a result will help to close the gap between disciplines and programs such as social, mental, and medical. Several new federal policy reforms emphasize the importance of calculating HRQOL in addition to conventional public

health metrics of morbidity and mortality (Harms et al., 2016). Since 1949, when Karnofsky and Burchenal created a therapeutic scale to measure the functional success of cancer patients, HRQL has become a major concern in oncology practice (Karnofsky, 1949). And it's been a major source of benefit for newer treatments (Wagner et al., 2015).

Breast cancer has a lot of medical, psychological and financial problems, which can damage a woman's health and well-being while under therapy (Al-Rasbi et al., 2014). As a fairly high worldwide prevalence of breast cancer, people with the disease are more focused (Bray et al., 2018). The demands of chronic breast cancer increase over time, with certain phases demanding greater demand and stress than others, all the continuous problems are diagnostic acceptance, therapy, mental pain linked to bodily changes and losses, lifestyle changes, uncertainties, and the need for knowledge and support (Lövey et al., 2007). An estimated 715,000 new cases (26.5% of the total) and 577 thousand in less developed countries were detected in 2008 in more developed regions (18.8 %) (Health Canada, 2008). Women still suffer from breast cancer, with 410,000 fatalities globally recorded in 2002, the highest cause of cancer-related mortality (WHO, 2008). The rate of breast cancer mortality in developing nations has progressively increased by the current average of 85% as a result of the improvements in screening procedures and medicines. The survival rate, however, is just around 50-60 percent in wealthy countries (Health Canada., 2008). Despite amazing scientific advances in cancer treatment, chemotherapy also has adverse consequences that decrease their quality of life (QOL). Because fanatics who have been diagnosed with breast cancers are highly vulnerable to multimodal treatment, such as surgery, chemotherapy, and/or radiation therapy, they may require multimodal treatment for a long period (Harms et al., 2016).The consequence is the development of a cascade of related morbidity, All probable adverse effects include pain, exhaustion, lung problems, radiation burns, thirst, anxiety, abortion, and sexual dysfunction (DeSantis, 2011). Even in the case of stressful events such as breast cancer and health effects such as quality of life might be barrier to self-efficacy (Bandura et al., 2011).

Reza et al., 2017 studied the link of self-efficacy and quality of life in patients getting chemical medical treatment the results were calculable on the typical level of automatic efficacy and variance (11.00 ± 55.78) as well as the quality of life (15.28 ± 75.91). The relationship between self-efficacy and quality of life was intended immediately. The results reveal that there is a purposeful relationship between self-efficacy and the quality of life, physical health, psychological condition, social relation, and atmospheric fulfillment.

A study conducted by Michele Peters et al., 2019 and titled self-efficacy and health-related quality of life assessed multi-morbidity patients who were being seen in medical treatment, a cross-sectional survey of the English medical patient population was performed. A quality of life questionnaire, including the long-term conditions (LTCQ), was given to participants as well as the birth effect disease (DBIS) and hence the self-efficacy to manage chronic illness. The descriptive statistics, analysis of variance, and regression analyses were used to study the relationship between quality of life (dependent variable), self-efficacy, and demographic and disease-related variables, As the result, a 7.55 average (SD 3.34) is forecast for those living with multiple chronic ailments; nevertheless, a mean range of 5.99 (SD 3.34) and psychological issues were predicted for 848 persons with long-term health difficulties (SD 0. 66). The mean score for the burden of sickness was 15.45 (standard deviation [SD] 12), and EQ-5D-5L was 0.69 (standard deviation [SD] 0.28), and EQ-VAS was 65.44 (standard deviation [SD] 23.66), and LTCQ was 69.31 (SD 21.77). The arithmetic mean automatic value was 6.69. (SD 2.53). In cases where the adjustment R2 was greater than zero.70, the use of a regulatory model was critical. Sickness and being good sick or handicapped were all major influences in determining self-efficacy. Some model features vary between models; in the LTCQ model, the inclusion of a psychological state is important.

Selzler et al., (2020) examined self-efficacy of chronic obstacles to pneumonic disease and health-related quality of life, consistently from the beginning to January 2019, data bases were searched. The quality of the procedure was evaluated and meta-analysis was carried out according to PRISMA indicators, The outcome, there was a

positive connection between self-efficacy and HRQOL in thirty and one coefficients (r = 0,38, 95 percent CI [0,32, 0,45]). The strongest interaction between the exercise obstacle auto-efficacy and HRQOL was [0.42, 95% CI [0.30, 0.52]), followed by COPD (r=0.41, 95% CI [0.33, 0.49]), exercise (r=0.40, m |95% CI [0.29, 0.50]) and overall auto-efficacy (r= 0.21, 95% CI [0.14, 0.28]). Generic HRQOL has exhibited a same self-efficacy link with the specific COPD HRQOL (r = 0.38, 95% CI [0.28, 0.47]) (r = 0.38, 95% CI [0.30, 0.46]). The relationship between the exercise and symptoms of CPD is moderately positive and HRQOL is stronger than the general self-efficacy for the exercise and the COPD.

1.1. Important of the study

The number of new cases of breast cancer in 2014 totaled 1.38 million, making up 23% of all cancers diagnosed in women (Gorini et al., 2014). There are more prevalent cancers that can be found in both developed and developing countries, with developing countries having a significantly higher prevalence (Ferlay et al., 2010). By that year 2013, there were a total of 232,340 individuals that were predicted to be diagnosed with the breast cancers, with 39,620 of those women projected to the pass away from the disease (DeSantis et al., 2014). In Western Europe, the incidence rate is 89.7 per 100,000 women, whereas in Eastern Africa, it is 19.3 per 100.000 women, Japan is only developed country where the incidence rate is higher (less than 40 per 100,000) informative analysis by (Forman et al., 2010). According to the International Agency for Cancer Research, Iraq's cancer rate was 31.1 per 100,000 people, which was nearly similar to the surrounding nations of Turkey (28.3%), Syria (23.0%), Saudi Arabia (22.4%), Jordan (47.0%), Iran (18.4%) and Kuwait (47.7%) (Globocan, 2008).

Breast cancer is the most prevalent type of cancer among Iraq women. The latest Iraqi Cancer Registry states that breast cancer is one of the most common types of cancer in women, the study by (Lev et al., 2010). Cancer patients' quality of life and self-efficacy deteriorate over time, and these characteristics are correlated with an individual's overall well-being. Researchers discovered a strong negative correlation between

psychological depression and cancer patients' symptom distress, as well as their ability to care for themselves, their confidence in their own abilities, and their overall quality of life. This, combined with a significant positive correlation between quality of life and self-efficacy, supports the hypothesis that better psychological health is linked to increased self-efficacy a change in the quality of life (Lev et al., 2010).

Additional, no adequate research has been done on the subject in Iraq. This investigation may provide a contribution to the field of psychological and social research by illustrating the aspects of the relationship between self-efficacy and health-related quality of life in women with breast cancer. This research focused on two crucial aspects of a woman's life when she is diagnosed with breast cancer. As one of the most significant factors that helps a woman with breast cancer feel more positive and in charge of her treatment is self-efficacy. This research will help to draw the attention of psychiatrists and nurse who works in oncology units to the importance of enhancing patients' psychological well-being and self -efficacy, and thereby improving their health outcomes.

1.2. Objectives of the study

- To evaluation of the health related quality of life for study participants.
- To find out the relationship between health related quality of life and self-efficacy.
- To predict health-related quality of life, and self-efficacy levels.
- To find out the relationship between health-related quality of life, self-efficacy, and some demographic variables.

1.3. Hypothesis

H0: Self -efficacy in women with breast cancer is not effective on health related quality of life.

H1: Self -efficacy in women with breast cancer is effective on health related quality of life.

H2: Sociodemographic characteristics of women with breast cancer affect self-efficacy and health-related quality of life.

1.4. Conceptual Framework

It's important that the study as a whole provides a coherent account of the work undertaken and the commitment it brings to measuring self-efficacy and improving cancer patients' quality of life, the aim of nursing study is to either answer questions or address issues that are important to the field it has been proposed that experience gained from nursing studies should be added to nursing theory in order to be useful (Greenway et al., 2019). For example, Mock et al., 2007 suggest that nursing researchers should use a conceptual model that offers an adequate research framework since this allows for the coordination of data collection, interpretation, and clarification of results within a scientific context. According to Carryer, et al., (2013), nursing philosophy provides evidence that research increases the quality and efficacy of nursing. To explain the thesis analysis, the researcher used the Bandura hypothesis. Refers to a person's supposed ability to understand or execute tasks at a certain stage ,Self-efficacy (SE) is described as the conviction that one can perform confidently and competently in a given situation, according to Bandura's theory. It's a big factor in how people respond to stress in terms of their emotions and behaviors (Bandura, 1997).

The self-efficacy hypothesis may be able to understand whether family caregivers' ability to deal with stress varies. Self-efficacy has been shown in studies to have beneficial effects on family care quality of life, as well as emotional and physical health, self-efficacy is a variable characteristic that correlates with temperament and experience

and may be influenced by intervention. As a result, self-efficacy may be an effective tool for influencing health-related family treatment. Self-efficacy has been conceptualized as global, specific to caring, or relevant to specific caring domains/tasks in the literature on caring. Self-efficacy values are formed in particular contexts and differ with contextual influences, so the above conceptualization is flavored today (Bandura, 1997). Maslow's philosophy of quality of life, which is now considered a consistent theory of quality of life, was also adopted by the scholar. Maslow's philosophy of growth toward peace and true being is founded on the idea of individual desires. He characterized his approach as a personal growth-based existentialistic psychology of self-actualization, we become more autonomous, strong, comfortable, and safe when we take more responsibility for our own lives and put more of our positive qualities to work. Maslow's idea of self-actualization seems to have a lot of potential in western medicine. Since most chronic conditions do not go away among the latest biomedical therapies, it is possible that the true difference our patients will make for the better is to understand and live the virtuous course of personal development (Ventegodt et al., 2003).

1.5. Limitation of the study:

- The main limitation of research is the lack of generalization due to the sample (random) and the presence of a weak sample.
- The communication with samples because of COVID-19 pandemic and its consequences, Many women with breast cancer who are hospitalized refuse to fill out the questionnaire, and the overload on healthcare systems and healthcare workers.

2. LITERATURE REVIEW

2.1. Breast Cancer

In 2012, there were over 1.6 million new instances of breast cancer worldwide, making it a global cancer, Breast cancer is the most common kind of cancer in the globe the number one cause of women's deaths due to cancer is still childbirth. In spite of improvements in illness survival in resource-rich countries, however, death rates have actually increased in lower and middle-income countries because of hazard (Anderson et al., 2008). In the Eastern Mediterranean Region, cancer is the fourth most common cause of death after cardiovascular sickness, respiratory disease, and burns. The WHO recognizes 21 states in the Middle East, North Africa, and Central Asia as members of the EMR. Afghanistan, Bahrain, Djibouti, Iran, Iraq, Kuwait, Libya, Morocco, Palestinian Territories, Oman, Pakistan, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, the United Arab Emirates, and Yemen are all countries included. In 2012, in the EMR population, there were 292,677 incidences of cancer and 176,139 fatalities. Of the five most frequently reported cancers in women, breast, colorectum, cervix, ovary, and non-lymphoma Hodgkin's are among the most commonly occurring malignancies. A total of 99,000 breast cancer cases have occurred in the country (Alwen et al., 2016).

The exponential increase in incidence and the increased prevalence of young people who have experienced advanced disease phases are two elements which warrant an increasing effort to prevent breast cancer, as well as the most important malignancy, within the EMR. As a result, several nations in the region have dismal survival rates of five years of breast cancer in comparison with high-income countries (Al Alwen, 2000).

Breast cancer has been a significant problem to women's health in Iraq, with a cancer-related mortality rate of 23% being the top cause of death for women second to cardiovascular disorders (Arthur et al., 2010). Since 1986, malignancy in the Iraqi population has become the most common. According to the latest Iraqi Cancer Registry in 2012, there are an estimated 32,500,000 new cancer cases, of which 9,268 men and 11,833 females have been registered (Al-Hashimi et al., 2014).

The crude prevalence of both tumors was 61,69 per 100,000. (53.31 for males and 70.59 for females). 4,115 cases of breast cancer were verified throughout the year, accounting for 19.5% of all newly-diagnosed malignancies, and 34% for all women, with an incidence of around 22% of 100,000 women. Women were the most prevalent in their 40s and 50s (aged 45–49 years) whereas women were the highest age-specific in their 50s and 50s (ages 50–54 years). Early diagnostics of the disorder were established, with the likely incidence of poorly differentiated kinds of tumor, as demonstrated by substantially high levels of nuclear aneuploidy. The fatality rate is therefore calculated at over 60%. (Madu et al., 2010). Breast cancer is caused by the breast tissue, Signs of breast cancer include a breast lump, a breast form difference, skin dimpling, fluid that comes from the nipple, a newly bent nipple, or a skin patch red or scavenged. Among individuals who are distant from sickness, there may be bone discomfort, swollen lymph nodes, shortness of breath or yellow skin. Women, obesity, lack of physical activity and drunkenness are also the variables of risk for breast cancer, and hormone replacement medication following menopause. All of these risk factors include ionizing radiation, early menstrual period, childhood late in life, age, life-long breast cancer and the family history of breast cancer. A heritable propensity transmitted by one's ancestors such as BRCA1 and BRCA2, among others, causes around five to ten percent of instances. The filling of milk ducts and lobules that provide milk for these ducts is the most likely site for breast cancer. Ductal carcinomas are caused by the ducts whereas lobules are formed by the lobules. More than 18 kinds of breast cancer exist. Others are caused by a genetic mutation, including ductal carcinoma in situ. Injuries not invasive yet. The diagnosis of breast cancer is confirmed by a suspicious tissue sample. Additional scans are performed after diagnosing cancer to evaluate whether it has progressed beyond the breast and which treatments are best conducted (Elseaty et al., 2020).

The mix of breast cancer screening improvements and hazards remains controversial. According to a 2013 Cochrane research, it is questionable whether mammograms are more harmful than advantageous because a considerable portion that is positive does not suffer from the condition (Duffy et al., 2013).

In a 2009 research for the Task Force of the US Preventive Services, there were indications of gains among persons aged 40 to 70 (Nelson et al., 2009). Tamoxifen or raloxifen are two medications that can be taken in persons at high risk of developing breast cancer. Operative removal of both breasts is another prophylactic approach in certain high-risk people. A range of treatment can be utilized in persons diagnosed with cancer, including surgery (Mustafa et al., 2016).

Breast cancer is a multi-step procedure involving many cell types, and detection is also difficult around the world. One of the most effective ways to avoid breast cancer is to diagnose it early. Breast cancer patients in some developing countries have a 5-year relative survival rate of more than 80% thanks to early detection and treatment. Great strides have been made in the awareness of breast cancer and the advancement of preventative approaches in the last decade. Breast cancer stem cells have shown the pathogenesis and tumor drug-resistant pathways, and several genes linked to breast cancer have been discovered. At the moment, for chemoprevention of breast cancer, people now have more drug choices, and biological prevention has recently been introduced to increase patients' quality of life (Sun et al., 2017).

2. 2 Self –Efficacy

Perceived self- effectiveness is characterized as expectations of people on their potential to attain certain achievements that impact on activities throughout their life. Individual self-efficacy affects their feeling, thinking, inspiring, and acting. The four primary processes produce these diverse effects, as people maintain their ideas. Among them are cognitive, emotional, emotional and selection systems. A good sense of effectiveness promotes personal performance and wellbeing in some instances. People who trust their skills consider tough tasks rather than risks of escaping as obstacles to overcome. Such an effective approach encourages intrinsic curiosity and thorough absorption in happenings. They set themselves tough goals and stick firmly to them. They strengthen and sustain their efforts in the face of failure. They recover their sense of effectiveness after missteps or defeats they blame their failure on a failure to make good

use of commitment or a failure to learn. They are confident in their abilities to control risky conditions. Such a positive approach leads to personal achievements, relieves tiredness and lessens the chance of depression (Bandura., 2010).

On the other side, those who question their capabilities shun hard activities that they regard as personal difficulties. They have poor expectations and a wavering adherence to their goals. In the face of significant tasks, people concentrate on their personal defects, difficulties and a variety of undesirable repercussions rather than on how to carry out the task properly, They slow down their efforts and give up readily in the face of adversity. It takes a long time to rebuild a sense of effectiveness after defeat or loss. It does not take long for them to lose confidence in their talents since they interpret poor success as an inability to achieve success. They're tired and depressed (Bandura., 1991).

Self-efficiency influences any area of human activity, It considerably influences both the capacity to confront situations properly and the judgments a person makes by assessing the values a person has on his potential to influence circumstances. These outcomes are especially evident and convincing in terms of spending habits like health care (Schwarzer, 2005).

The psychologist Albert Bandura characterizes self-performance as a trust in his ability to excel or fulfill a mission under special circumstances. It is impacted by the sense of self-efficacy that one addresses goals, activities and difficulties (Schwarzer et al., 2008). The notion of self-efficacy underpins the social cognitive philosophy of Bandura, which highlights the relevance of observer learning and social experience in personality formation. In practically every scenario, an individual's behavior and emotions are conditioned according to the social cognitive theory, encompassing social interactions and cognitive process. Self- effectiveness is an important characteristic of social cognitive science, as it is dependent on external views and self-perceptions. The personal conception of external social cues is called self-efficacy. People who feel they are capable of doing well, are more likely to see formidable problems as mastery than

preventing them, as Bandura hypothesizes (Mischel et al.,1995). Part of intelligence education can, according to a social cognitive theory utilized in psychology, education, and discussion, be strongly linked to studying individuals in the social interactions, experiences and impacts outside medias. As an extension to his social learning theory, Albert Bandura created this idea. People remember the chain of events when they witness a model doing the action and its repercussions according to theory and using it to steer future conduct. The public will also be encouraged to observe a paradigm to repeat previously learn behavior. In other words, human beings are not only trying to form new habits and then enhancing them or failing; the lifespan of mankind is built on the repeating of the conduct of others. The behavior of people is commended or disciplined, both depending on whether they are recompensed or penalized for it and on the results of their behavior. The media presents role models in many circumstances for a wide spectrum of individuals (Bryant et al., 2009).

2.2.1.Sources of Self-Efficacy

The vision of people on their effectiveness has four primary sources of impact; the most potent means of developing a good sense of effectiveness are mastery encounters. Successes create a great trust in one's competence. Failures destroy it, particularly when a strong sense of efficacy develops before they emerge. If people have just basic victories, they demand rapid results and are rapidly sidetracked by deception. For a strong sense of effectiveness, it requires experience in overcoming problems by persevering devotion. All human failures and challenges are beneficial since they show that achievement is usually committed in a constant fashion. People who believe they have what they need to excellence persist and reverse retrograde obstacles easily. They develop better by persevering in challenging times (Bandura., 2010).

The second way of developing and strengthening the self-creative effectiveness is the vicarious interactions conducted by social models. Seeing others close to themselves superior by constantly making efforts raises observer confidence that they too can take on similar chores necessary to achieve success. On the other side, the observation of the

failure of others against tremendous dedication diminishes the judgements of observers of their own efficacy and harms their efforts. The perceived similarity to models has an important effect on the influence on perceived self-efficacy of modeling. The closer the templates are, the more their accomplishments and weaknesses seem believable. The presumed self-efficacy of people is not changed by the action or results of the models as they view the models as somewhat distinct. Modeling impacts do not offer a social benchmark that measures one's own talents. People are looking for qualified role models with the necessary capabilities. Competent models convey information and teach viewers to use their action and articulated ways of thinking to adequately use strategies and approaches for satisfying environmental needs. Acquiring improved methods has been demonstrated to raise perceived self-efficacy. Social belief is the third technique to enhance people's confidence in their excellence. In the face of a challenge, those who have verbally convinced that they are able to conquer the challenge are more likely than individuals who have doubts of their self and focus on personal problems to mobilize and to engage more effectively. Convincing increases in perceived self-efficacy enhance knowledge acquisition and a sense of personal effectiveness in the way that people work hard enough achieve excellence (Bandura., 1998). Not only do they improve people's confidence in their capabilities, they are designing scenarios for them in ways that boost performance and prevent them from failing frequently. They evaluate self-improvement instead than triumphing over others (Jerusalem et al., 1992).

They also assess their capabilities in part on the basis of their bodily and emotional state. They regard stress and anxiety as warning signs of imminent failure. Exhaustion, aches and pain are seen by people as symptoms of physical weakness in occupations that need strength and endurance. People are typically swayed by their own opinion of their own efficiency. Positive mood improves perceived effectiveness and decreases bad mood. The fourth technique to adjusting the self-beliefs of effectiveness is to reduce people's stresses and to alter their unfavorable mental inclinations and their assessments of their physical states. This is not so much how acute emotional and physical responses are, but how that matters. Those that have a strong sense of efficiency

tend to consider the emotive excitement as a stimulating contributor to achieve accomplishment, while those who suffer from self-doubt regard it as weak (Bandura, 2010).

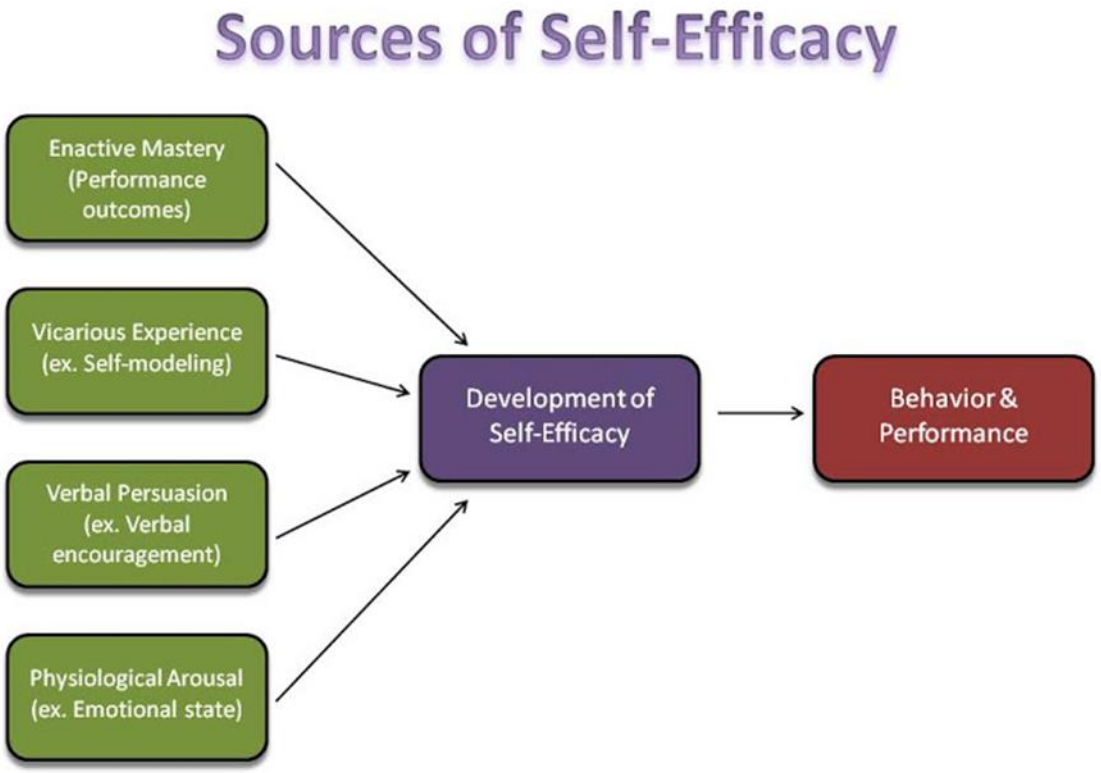


Figure 2.1 . Sources of Self-Efficacy (Bandura, 2010).

2.2.2. The effect of self-efficacy on the human function

People tend to minimize self-efficient tasks when carrying out tasks that need strong self-efficacy. Self -effectiveness that is far higher than true capacity adds to overestimating the completion capacity of the mission. However, growth and capacity development are stunted when self-efficacy is far lower than true ability. According to studies, the best degree of personal efficiency is marginally above capacity; in this

situation, people choose to take up challenging challenges and to gain experience (Nakamura et al., 2014). The self-evolution is composed of qualities like importance, power and generality to explain how one feels that one can successfully achieve a certain task (Porta et al., 2003).

• Motivation: High self-efficacy may effect motivation positively or negatively. High levels of self-performance increase the chances of trying to accomplish and continuing with one's efforts (Schunk, 1990). The more efforts invested, the greater the hope of autonomy or supremacy (Bandura, 1977). Low auto efficiency might lead to an impoverishment that is a bad consequence. The experiment that shocked animals led Martin Seligman to explore the helplessness learned. This concept is similar to a second mouse attempting to move when it has already been put in a cage, according to the experiment, where escaping shocks was not possible. This circumstance results in poor self-efficacy, assuming that no effort can make a contribution to the completion of the task (Seifert, 2011).

•Performance of work: As management theorists and professionals are applicable in the workplace, they have adopted the idea of self-efficacy. In general, self-efficacy is optimistically and solidly associated to job success. But the complexity of the mission affects this interplay. For more intricate activities than for relatively simple jobs, the link between self-efficiency and successful performance has been worse. According to the results of this study, managers need to have accurate job reports, concise and succinct orders and the required supporting items. Staff employs five essential self-influencing skills to begin, control and sustain their behaviors in accordance with the social cognitive theory: symbolization, prediction, observational, self-regular and self-reflective (Stajkovic et al., 2003).

•Patterns of thought and answers: Self-effectiveness in various ways influences thinking and reactions:

- Those with low self-efficacy may take tasks more difficult than those with low self-efficacy, and those with high self-efficacy believe that tasks are easy. This can cause lagging work to be prepared and tension to be increased.

- In the face of an auto-effective challenge, the people become unstable and untrustworthy.

- People with strong self-efficacy have a greater chance of seeing a problem in broader terms in order to find the proper solution.

- Obstacles tend to make more efforts to inspire those with high self-efficiency, whereas persons with low self-effectiveness are more likely to be disheartened and abandoned.

- A person of high self-efficiency is responsible for external reasons whereas a person of poor self-effectiveness is at fault for low ability (Schwarzer, 2014).

• Habits linked to health: In a number of experiments, self-efficacy was examined to examine their ability to change the behavior of wellness behaviors (Schwarzer, 2008). Greater self-effectiveness correlates with a higher level of confidence and a greater likelihood of having a healthy lifestyle. The increase in health benefits, such as better quality of life, results in an increase in interest in healthy practices. Automatic effectiveness is necessary to make decisions connected to health (such as physical activity, diet, smoking, seat belt use, contraceptive usage, dental hygiene, and breast self-examination). Self-effectiveness values are mind buildings that decide whether or not an improvement in wellness behavior, how much dedication is to be put forward and how long it is to be kept in the face of reversal. Self-efficacy influences how people achieve their health objectives (e.g., 'I plan to reduce my smoking' or 'I want to stop totally smoking') (Conner et al., 2005).

•Control site relationship: Bandura showed that auto-efficacy disparities are related with drastically divergent world conceptions (Sailors et al., 2010). Those with a high level of self-efficacy think of themselves, that they have the ability of their life, and that their choices and choices effect- them. For example, a highly independent student with bad

performance in an examination would most probably blame his loss for a lack of training. If a student fails an exam, he or she is probably to blame for an error which the student has no impact on as a task too complicated or demanding (Jackson, 2000).

2.2.3. Sub classifications for self-efficacy

For example, the general self-efficacy scale assesses independence in its entirety (Luszczynska et al., 2015). It is often evaluated in particular functional situations. A variety of techniques have been described and assessed for the term “social self-efficacy”. According to Smith and Betz social self-efficacy is "an individual's belief in their competence to participate in social interaction activities to initiate and maintain relationships amongst people". They have utilized their own tool, the level of perceived social autonomy, to evaluate social autonomy in six areas; establishing friends, looking for intimate relationships, social security and self-esteem. Support or support and performance in public environments, organizations or parties (Smith et al., 2010). Social autonomy has lately been advocated in terms of perception (trust in learning what to do in social circumstances) and action (trust in social settings) and operationalization (Grieve et al., 2014).

Matsushima et al examined self-efficiency by focusing on self-confidence in the social skills of personal connections, faith in peers and friends' trust. According to experts, shyness and social anxiety are intimately connected with social efficiency. Academic self-efficiency is the perception that you can effectively take part in and perform academic activities for particular courses, such as the achievement of course objectives, the satisfactory completion of tasks, a passing score and a continuing study course (Matsushima et al., 2003).

2.3. Health Related Quality of Life

A concept of quality of life is not universally agreed despite we choose to define it in terms of ourselves or the combining parts, while thinking of it. But most Westerners share a common view, as Fayers and Machin point out, with the majority referring to

finding peace and fulfilment in life (Fayers et al., 2013). This implies how people often see their situation in connection to the world they grow up in is connected by the standard of life. Aristotle has most earlier references to the issue of quality of life and its relationship to health in a document: "When you're sick you'd be healthy, when you're poor, you'd be able to get them with richness " In his Nicomachean ethics, he refers to the harmony achieved with goodness as the feeling of happiness (Romero et al., 2013). There is no progress since the Aristotle's original definition of the quality of life, which has been used to define the growth of the public, despite the fact that well-being appears to be inexorably related to the principle of quality of life. When in the middle of the twentieth century, the World Health Organization (WHO) at its meeting in 1946, the health issue began to be debated in terms of its quality of life, when it adopted the concept of health as 'a state of full physical, emotive and social well-being, and not only the lack of disease or infirmity' (Costanza et al., 2007).

This is a turning point in the relationship between health and quality of life that creates a new category called Health-Related Quality of Life, which is distinct from general quality of life assessments and is related to a person's health state, the extent to which a health issue or its treatment affects one's typical or expected physical, emotional, and social wellbeing is stated as to what extent. Medical problems or their management affect the physical, emotional and social wellbeing of the person or of the organization "There was a mistake (Barcaccia et al ., 2013). Teste and Simonson (1996) characterize HRQOL as the "physical, psychological, social and health domains, as domains which are affected by the experience, attitudes, wishes and perceptions of a person". "HRQOL comprises all elements of the quality of life and of work which depends on the measurements (i.e. physical, psychological and social elements) and which are determined by the health status(Benito-León et al., 2011).

HRQOL is multidimensional in the sense that each person may focus on his or her own health related quality of life by referring to various aspects of his or her life. This is due to the fact that this construct has a wide range of characteristics, including physical, physiological, psychological, social, and moral facets of existence (Post, 2014). HRQOL

is quickly being recognized as an observable result. HRQOL concerns regarding physical and mental fitness and work have been an integral part of health surveillance and are widely regarded as reliable measures of care demands and intervention outcomes. Many quantitative indicators of wellbeing have been shown to be less effective predictors of death and morbidity than self-assessed health status (Paris Ribeiro., 2004). HRQOL tests allow scientists to explain the effect of quality of life on health in a scientific way, moving well past the old model of what can be observed under a microscope (Taylor, 2000).

2.3.1. Important of Health Related Quality of Life

Their quality of life is valued by everyone. Even though over a half century ago the World Health Organization described health, the US historically calculated health explicitly and in terms of deficit, usually using morbidity or mortality measures. However, the profession of public health regards health as a multidimensional building covering physical, emotional and social fields (van Ierssel et al., 2018).

Since advances in science and public health have led to cures and improved treatments and reduction in mortality for existing conditions, it is only natural that those who judge health outcomes should continue to assess people's health, not just in the interests of saving lives but of maximizing their well-being (Marshall et al., 2018). The focus on HRQOL will therefore assist reduce the gap between social, mental and healthcare programs and disciplines. In addition to standard measurements of morbidity and mortality, several new federal policy reforms underscore the importance of HRQOL calculation, improving the quality of life was recognized as a significant public health objective, measuring HRQOL can contribute to determining the weight of preventive illness, disability and disease and to provide fresh insights into how HRQOL interacts with risk factors. Measuring HRQOL would help track the country's health objectives (Taylor et al., 2010).

2.3.2 Determinants of Health-Related Quality of Life

•Sociodemographic determinants: Sociodemographic factors now it is widely established that socio-economic characteristics, including race, marital status, sex and age, have an effect on HRQOL (Dagnan,2001). low HRQOL is linked to low socioeconomic status, immigrant status, and single/non-marital status. However, all of these determinants are interconnected and can serve as proxies for one another; for example, race can serve as a proxy for socioeconomic status. However, among people of different ethnicities who have the same sociocultural background, ethnicity has been shown to have a (independent) relationship with HRQOL (Wee et al., 2006). Furthermore, determinants can play a different role at different ages (Asakawa et al., 2012). It has also been shown that younger people have less problems with the physical than the emotional aspects of HRQOL, while the elderly have the opposite problem (Holman et al., 2009). In terms of gender, it is now widely acknowledged that women consistently earn lower scores on HRQOL measures than men (Gallicchio et al., 2007). One potential interpretation is that when men and women measure their own fitness, they consider different activities. It has been proposed that women are more inclusive than men, or at least place a different focus on the same subjects. While men place a higher value on disease, lifestyle, and work capacity, women place a higher value on emotional factors that aren't always linked to disease (Benyamini, et al., 2000). Another hypothesis is that women have a lower HRQOL than men, possibly as a result of worse living standards and/or a more insecure social position gender research ,Nonetheless, many HRQOL studies only account for the influence of gender, and variations between men and women are rarely investigated further (Denton et al., 2004).

•Psychosocial determinants: HRQOL is said to be influenced by a variety of psychosocial influences (Dagan., 2001). Psychosocial causes can be classified as (extraneous, social environment social support), (inherent (individual, psychological characteristics) The above can be further subdivided into resources that improve health and HRQOL, and - resources that improve HRQOL, factors linked to a higher risk of illness(Nilsson, 2012).

•**Lifestyle and biomedical factors:** Studies on the impact of lifestyle influences (such as smoking, physical exercise, and so on) on HRQOL are also inconclusive, and no concrete conclusions can be drawn at this time (Holt et al., 2010). The occurrence of disease has consistently been seen to have an opposite relationship with HRQOL, which could be self-evident for certain people (Hedland et al., 2010). Medical conditions like pain (probably the most frequent symptom in the general population) have also been linked to a lower HRQOL (Vander et al., 2008).

2.4. Relationship between Self-Efficacy and Breast Cancer

As cancer is a progressive disease with the possibility for acute symptoms, patients are treated according to their diagnosis. The pathologically active aspect of cancer. Patients may experience a number of problems which may impede their everyday lives and have a bad effect on their own effectiveness and self-esteem (Awake et al., 2017). Many aspects of personal success, according to study, are influenced by self-efficacy (Souza et al., 2016). Confidence in one's own skills and self-confidence is a necessary for any activity because it influences preserving excellent habit , Higher self-efficiency levels are related with more physical and emotional well-being than less. Personal values will assist a patient understand more and more about his own health and include the rehabilitation strategy (Gallagher et al., 2008). Self-efficacy is a measure of the total capacity of a person to solve problems and shows confidence in his abilities in a variety of difficult situations (Van de Wile et al., 2008). A strong sense of self-worth helps cancers cope with the load and stress of the disease, Previous investigations identified connections between increased self-performance and enhanced quality of life in mental and physical health and enhanced physical function (Chirico et al., 2017).

Moreover, cancer patients have a better quality of life, new methods of cancer treatments can influence a patient's self-esteem and have an adverse effect on his or her body image For example, self-esteem often falls short of a cancer diagnosis, As a result of the national stigma connected to the phrase, and the public perceive cancer negatively. This can be due in part to the physical and chemical side effects, such as scarring, loss of

hair and cachexia (weight loss) (Robb et al., 2013). Rotuman et al., 2010 studied self-efficacy, adjustment style and well-being in breast cancer patients, a sample 684 women with breast cancer filled out a survey containing the general self-efficacy level. The Mini-MAC was utilized at 1 month of follow-up, and the EORTC QLQ-C30 was used after 12 months of follow-up. Multilinear regression was used to study the relationships between self-efficacy, mental improvement type and well-being. Confuses have been examined for disease-related and sociodemographic effects. Higher self-efficacy after 12 months (0.59, 95% IC, 0.35–0.82) had to do with mental well-being. The automatic efficacy of a person was partly affected by combat, apprehensive concern and despondency, but also by direct mental functioning (0.26; 95% CI, 0.02–0.51). No link between self-efficacy and physical or social well-being was established. Self-efficacy, employment and diagnostic time, as well as well-being, age, gender, recession and diagnostics time have been proven to have significant connections. Self-efficacy was a significant indication of active transition and mental well-being for breast cancer patients (Rotuman et al., 2010).

2.5. Relationship between Breast Cancer and HRQOL

Breast cancer is the most common malignancy in women, having major effects for the quality of life associated with health HRQOL (Bantams et al., 2015). It is quite upsetting to be diagnosed with and handled with breast cancer, which has adverse effects on many components of HRQOL and can influence HRQOL in the longer term following therapy (Cui et al., 2004). The most important of all chronic conditions for the affected cancer and oncology ,Breast cancer and oncological treatments can have substantial physical and health quality of life (HRQOL) implications (Garland et al., 2013). Surgery, radiotherapy, chemotherapy, radiation therapy, and endocrine therapy are some of the treatment options for women with cancer (Fararouei et al., 2019). It is possible that it would be followed by a variety of complications. For example, nausea, alopecia, poor sexual performance, weight gain or loss, hair loss, and ovarian damage are all typical side effects of chemotherapy, Mastectomy, including the reduction of either or both breasts, may cause deformity, surgical marks, and a sense of femininity loss. Swelling, inflammation, and redness of the skin are also side effects of radiation therapy (Moreira

et al., 2011). Owing to the substantial changes in patients' bodies and brains, BC patients are at a high risk of experiencing changes in their psychological processes, which may have a detrimental effect on HRQOL (Barbosa et al., 2017). Breast cancer has the most negative social effect on women's self-image. Body image is described as "individuals' attitudes and expectations toward their looks, values, and others in relation to their bodies" (Chua et al., 2015).

Chemotherapy can even be to blame for exacerbating low-grade side effects including diarrhea, which may be enough to degrade patients' HRQOL. In addition, insomnia is a frequent complaint among cancer patients. Chemotherapy insomnia symptoms are mediated by a variety of oncologic treatment symptoms, including urinary symptoms, fatigue, night sweats, and intestinal symptoms (Savard et al., 2015), chemotherapy also causes changes in taste and scent as a side effect. These modifications have an effect on eating habits, reducing increased food intake or limiting the consumption of such foods (Laviano et al., 2017). After the illness, depression and anxiety are the most often found psychiatric causes in patients, as the epidemic progressed, the women's husbands assumed further duties. As a result, the presence of the illness affected both participants, making tension a mutual factor. This shift in roles and tolerance for tension had a negative impact on the couples' relationship (Fang et al., 2015). The health quality of life of Ghana’s women with breast cancer was explored by Nuworza Kugbey Connections to health records, health knowledge, shared decision-making, doctor-patient connections, social strengthening, the fighting spirit, cognitive prevention, and fatalism were all key elements in protecting improved quality of life. They are significant factors. The risk variables to a negative quality of life were depression, fear, hopeless coping and nervous concern. On the one hand these determinants, via other factors, impact both openly and indirectly on the quality of life of women. Qualitative investigations have shown that the primary life experiences of women involve bio-psycho-social-economic difficulties, such as burden of medical attention, alternative medicinal products and stigmatic breast cancer. There has been a general dearth of awareness of breast cancer and information. Spirituality, social support,

distraction management and self-care routines were the primary cope mechanisms among participants. Mixed feelings have been expressed on how satisfied consumers interact with health care providers and how contacts are. Research shows that women with breast cancer are confronted with several interrelated issues (Kugbey, 2019). Chemotherapy is prescribed with different intentions, so oncology nurses need to understand the rationale for each. Nurses have a huge range of responsibilities to deal with a patient with cancer. Cancer nursing care plans include assessment and support for treatments (such as chemotherapy, radiation, etc.), pain control, nutritional enhancement, and emotional support to improve a healthy life

3. METHODOLOGY

3.1. Design of the study

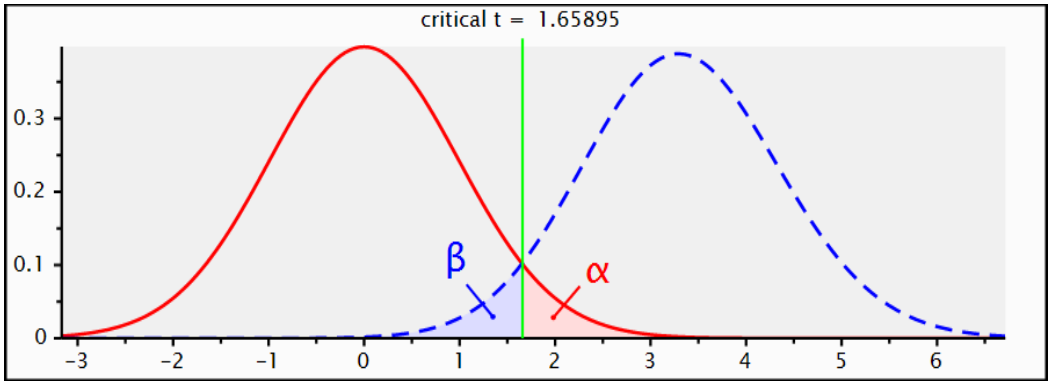
This is a descriptive study conducted to examine self-efficacy, health-related quality of life and influencing factors in women with breast cancer.

3.2. Setting of the Study

The setting of the study in AL Habobi Hospital in Dhi Qar, Oncology Unit.

3.3. The Sample of the Study

The study was carried out on a sample of (n:200) women, the sample included women during the cancer stage, who had been diagnosed with cancer for 5 years or more and there ages was 18 years or more than that.



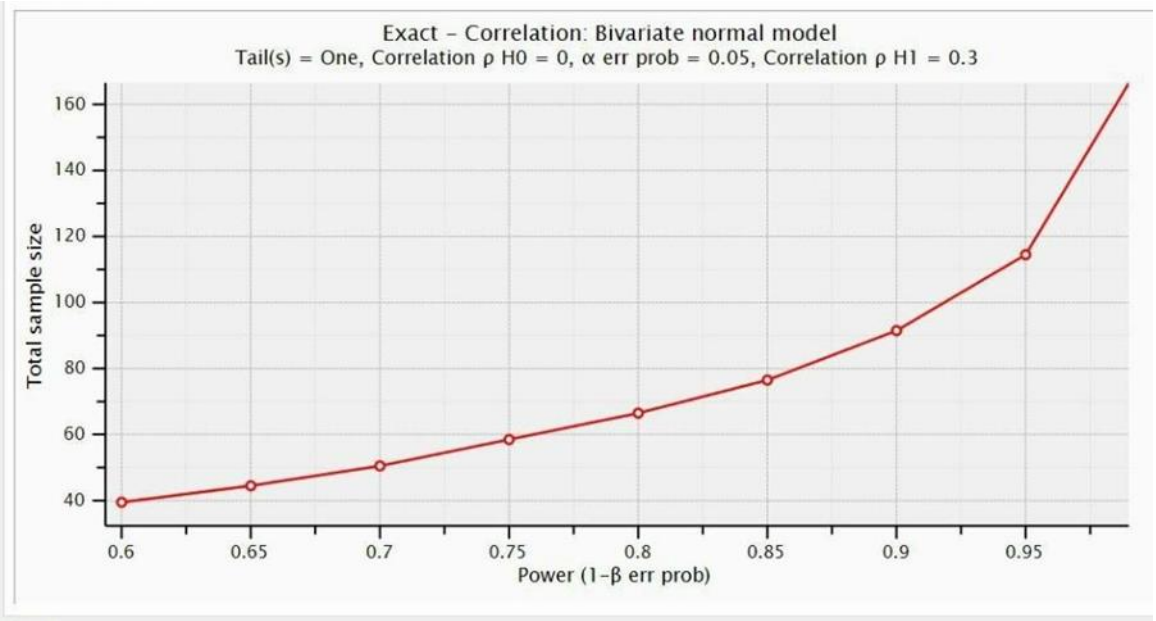


Figure 3.1.G-Power Analysis Result

According to G -Power analysis, the sample size required was 165. We reached 200 women, which is a sufficient number of samples (Figure 3.1).

3.4. Data collection:

The information was gathered using a questionnaire and an interview technique with the patient oncology unit in Dhi-Qar city (the study sample). The interviews were conducted in Arabic, Iraq's national language. The hard copy method was used to record all of the interview data. The data collection procedure began in September 20th 2020 until the November 8th 2020. Each patient spends approximately (20-25) minute to respond to the interview.

3.5. The Study Instrument:

The researcher created a questionnaire to test the variable. The use of this construction was in reviewing literature and studies associated with it. This survey consisted of three parts.

Demographic Data Form

This form was developed by researchers to obtain data related to the demographic consisting of (5) items including age, education, occupation, marital status and family monthly income (Appendix 2).

General Self-efficacy Scale: Perceived self-efficacy facilitates goal-setting, effort investment, persistence in face of barriers and recovery from setbacks. It can be regarded as a positive resistance resource factor. Ten items from the General Self-Efficacy Scale (GSE) are designed to tap this construct. Each item refers to successful coping and implies an internal-stable attribution of success. Perceived self-efficacy is an operative construct, i.e., it is related to subsequent behavior and, therefore, is relevant for clinical practice and behavior change (Schwarzer et al., 1995). A large body of relevant literature was extensively reviewed to find the appropriate tool for the recent study. The self - efficacy scale, which was adopted and modified from the study done by (Crandall et al., 2015).The reliability of the self-efficacy scale was measured by Crandal et al in Qatar, Arabic SE Scale is a reliable tool for measuring general self-efficacy internal reliability for Cronbach's alphas between .76 and .90. The total score is calculated by finding the sum of the all items. For the GSE, the total score ranges between 10 and 40, with a higher score indicating more self-efficacy(Crandal et al., 2015) (Appendix 2).

Health-related Quality of Life Scale: The study instrument the 36-item Short Form (SF-36) health survey is considered to be one of the most important measures in health economics of health status and quality of life (Ware, et al. 1994). This instrument is easy to administer, not time consuming, available in different languages including Arabic version, and validated on different population (Walters 2004). The SF-36 consists of 36 items divided into nine scales: Physical Functioning (PF), Bodily Pain (BP), Social Functioning (SF), General Health Perception (GH), Role-physical (RP), Role-emotional (RE), Vitality (VT), and Mental Health (MH). From these factors, item scores are coded, summed, and transformed to a scale ranging from 0 (worst health status) to 100 (best health status)(Robberstad ., 2010).In 2015, sheik et al studied the validity and reliability

of the Arabic version of HRQOLS they substantiate the ability of the SF-36 questionnaire to reliably evaluate the quality of life (Appendix 2).

3.6. Validity of the Study:

In order to fulfill the aims of the current study, the content validity of the early produced instrument was assessed by a panel of experts (who have more than 5 years of experience in their field). The preliminary questionnaire was developed and distributed to (10) subject matter experts (Appendix 1), (4) faculty members from Nursing college, university of Kerbala,(3) faculty members from Nursing college, university of Baghdad,(1) faculty members from University of Kufa College of Nursing-Iraq,(1) faculty members from University of Al-Qadisiyah College of Nursing-Iraq,(2) faculty members from University of Babylon-College of Nursing- Iraq. A majority of experts indicated that the questionnaire was appropriate for the study. Not only did the experts' answers but their recommendations were also considered. Thus far, the alterations have been made and the finished instrument is now complete, fulfilling the requirements for this investigation.

3.7. Reliability:

Reliability focuses on the reliability and consistency of a research instrument in relation to measuring a variable. Cronbach's Alpha dependability is applied to measure the reliability of the questionnaire. The following formula was used to arrive at the following conclusion. In most cases, the dependability of data is assessed by using correlation analyses. Reliability coefficient is generally from -1.00 through .00 to +1.00 and above is regarded satisfactory (Polit & Hungler, 1999).

Table 3.1: Reliability Coefficient of the self-efficacy scales

Studied scales	Number of items	Cronbach's alpha	Report
Self-efficacy	10	0.96	Good

Table 3.2: Reliability Coefficient of the HRQOL scales

Scale	N of Items	Cronbach's Alpha
Physical functioning	10	0.942
Role functioning/physical	4	0.971
Role functioning/emotional	3	0.954
Energy/fatigue	4	0.747
Emotional well-being	5	0.709
Social functioning	2	0.863
Pain	2	0.971
General health	5	0.669
Health change	1	-------

Table (1, 2) is formed for the sole purpose of calculating the coefficient of reliability for the instrument under investigation, and its results show that the present study's instrument has an acceptable level of Cronbach's alpha reliability. After that, all scales have an acceptable level of reliability. The results of the pilot study showed that questionnaire forms are dependable in any future time to explore the phenomena of the same population (Polit & Hungler, 1999).

3.8. Ethical Consideration

A complete description containing the purpose and methodology of the studies was submitted to the Iraqi Ministry of Health in order to receive an official authorization . Due to consent, entering the hospital was quick and simple, while at the same time also

facilitating the encounter with the patient and so also securing an agreement to take part in the interview. All study participants were verbally informed of the study's objectives and given the option to participate willingly. Additionally, each individual was promised of confidentiality. The participants' names were not written or recorded to safeguard their confidentiality. Additionally, participants were informed that they were free to refuse to answer a question or discontinue from the study at any moment with no penalties. The interview was conducted in a more relaxed atmosphere due to well-developed communication skills utilized with participants. It is vital to examine the ethical considerations from the very start of a (Nursing thesis study) project. In order to defend the project that protects the rights, safety, dignity, and well-being of all participants, it is imperative that the review procedure for ethics be followed to the letter (Resnik, 2015).

3.9. Data Analyses

The data were analyzed using SPSS version 26. In the evaluation of the data; number, percentage, arithmetic mean standard deviation, Kruskal-Wallis test, correlation and Spearman's analysis were used.

4. FINDINGS

In this chapter, the results of data analyzes includes findings of Research. Firstly the socio-demographic characteristics of the sample, followed by the self-efficacy of breast cancer patients in the study sample, then the quality of life scores of patients to answer the research objectives and their questions, and the sample was selected using the random sampling method.

Table 4.1: Distribution of Individuals According to their Sociodemographic Characteristics (n = 200).

Demographic data	**Rating and intervals**	**Frequency**	**Percentage**
Age /years	21-25	16	8
	26-30	21	10.5
	31-35	44	22
	36-40	58	29
	40 and more	61	30.5
Total		**200**	**100**
Marital status	Married	119	59.5
	Not Married	81	40.5
Total		**200**	**100**
Levels of education	Doesn't read and write	68	34
	Read and write	48	24

	Secondary school	37	18.5
	Institution or College	37	18.5
	Post-graduate	10	5
Total		**200**	**100**
Occupation	Governmental employee	41	20.5
	Not work	10	5
	Retired and not working	13	6.5
	Retired and working	1	0.5
	Jobless	103	51.5
	Self- employment	30	15
Total		**200**	**100**
Monthly income	Enough	54	27
	Fair enough	77	38.5
	Not enough	69	34.5
Total		**200**	**100**

Table (4.1) the study showed that the majority of the study sample was 30.5% (n: 61) of the participants aged 40 and over. With regard to the issue of marital status, the majority of the sample 119 were married and constituted (59.5%) of the total sample. As for the educational level of the studied groups, it appeared that those who neither read nor write for the majority of the sample amounted to 68, where they constituted (34%). The table also shows the work of the sample, where the number of unemployed persons reached 103 (51.5%). As for the monthly income of the family, it was the largest number of them (77) of the total sample who received a fair enough income (38.5%).

Table 4.2: Overall assessment of self-efficacy and quality of life among patients (n = 200).

Scale	**Average ± SD**	**Minimum**	**Maximum**
General Self-Efficacy Scale	2.48±.920	1	4
Health Related Quality of Life Scale			
Physical functions	2.1±.98	0	14
Physical health	1.2±1.17	0	14
Emotional role	2.2 ± 2.9	0	12
Social functions	1.2± 3.0	0	12
Body pain	1.6±2.5	0	12
Vital axis	2.2± 2.0	0	12
Psychological health	2.2±2.8	0	12
Public Health	2.1± 5.4	0	12
Total	**14.13±20.75**	**0**	**100**

Table 4.2 shows that the average self-efficacy is 2.1±.98, sub-dimensions of health related quality of life scale, physical health 1.2±1.17, emotional role 2.2 ± 2.9, social functions 1.2± 3.0, body pain 1.6±2.5, vital axis 2.2± 2.0, psychological health 2.2±2.8, public health 2.1± 5.4 total health related quality of life scale 14.13±20.75.

Table 4.3: The Relationship between General Self-Efficacy Scale and Sociodemographic Characteristics

Scale / Variables	General Self-Efficacy Scale					
		n	**Average**	**SD**	**X2**	**p**
Age	21-25	16	2.25	.775	2.43	.020
	26-30	21	2.33	1.11		
	31-35	44	2.89	1.03		
	36-40	58	2.40	.836		
	40 and more	61	2.37	.802		
Marital Status	Single	81	2.1	.66	4.80	.67
	Married	119	2.40	.91		
Education	Doesn't read and write	68	2.32	.921	1.07	.049
	Read and write	48	2.50	.92		
	Secondary school	37	2.25	90		
	Institution or college	37	2.70	.67		
	Post – graduate	10	3.32	.90		
Occupation	Governmental employee	42	2.61	.83	6.041	.46
	Not work	10	2.70	.91		
	Retired and not working	13	2.56	.83		
	Retired and working	1	2.67	.84		

	Jobless	104	2.61	.86		
	Self- employment	30	2.77	.72		
Monthly income	Enough	54	2.61	.77	4.85	.029
	Fair enough	77	5.57	1.01		
	Not enough	69	2.36	.84		

While there is a significant relationship between age, education, income and self-efficacy ($p < 0.05$), there is no significant relationship between occupational status and marital status ($p > 0.05$).

Table 4.4: The Relationship between Health-Related Quality of Life Scale and Sociodemographic Characteristics

Scale / Variables	**Health-Related Quality of Life Scale**					
		n	**Average**	**SD**	**X2**	**p**
Age	21-25	16	18.75	21.40	6.06	.016
	26-30	21	10.25	15.39		
	31-35	44	34.38	12.50		
	36-40	58	39.33	24.12		
	40 and more	61	53.13	22.12		
Marital Status	Single	81	20.83	20.87	2.254	.016
	Married	119	13.24	20.63		
Education	Doesn't read and write	68	9.93	18.89	1.40	.86
	Read and write	48	15.00	17.48		
	Secondary school	37	27.94	29.77		
	Institution or college	37	40.00	21.08		
	Post – graduate	10	45.59	32.01		
Occupation	Governmental employee	42	21.34	27.13	4.87	.031
	Not work	10	12.50	17.05		
	Retired and not working	13	41.46	27.16		

	Retired and working	1	36.67	21.50		
	Jobless (housewives)	104	35.37	37.49		
	Self-employment	30	35.00	45.80		
Monthly income	Enough	54	9.06	15.44	10.67	.001
	Fair enough	77	24.06	27.71		
	Not enough	69	26.81	28.86		

There is a statistically significant relationship between age, marital status, occupational status, income and quality of life ($p < 0.05$), there is no significant relationship between education, marital status and quality of life ($p > 0.05$).

Table 4.5: The Correlation between the General Self-Efficacy of Breast Cancer Patients and Their Quality of Life (n = 200).

Variables	**GSE**	**H-QOL**
General Self-Efficacy	1	**.319****
Quality Of Life Sub-dimensions		
Physical health	1	**.039****
Motional role	1	**.05****
Social functions	1	.001
Body pain	1	**.039****
Vital axis	1	**.039****
Psychological health	1	**.121****
Public Health	1	.03
Total Health Related Quality of Life	**.319****	1

****Correlation is significant at the 0.01 level (2-tailed).**

The result in Table 4.5. was there is a statistically significant relationship between self-efficacy and quality of life for breast cancer patients with the following sub-dimensions: physical health, motional role, body pain, vital axis and public health with a probability

($p<0.001$), and this relationship is direct so that the higher the self-efficacy, the higher the quality of life for breast cancer patients. There is no relationship between self-efficacy and the sub-dimensions of quality of life, psychological health and social function ($p>0.05$).

5. DISCUSSION

This chapter provides an explanation and discussion of the results of the study derived from the statistical analysis and its relevance to the objectives of the study, and further discussion will embody these objectives supported by the relevant literature and studies available.

5.1. Discussing the Demographics of Women Diagnosed with Breast Cancer in Iraq

The study refers to all female members of the study sample, most of whose ages range between 40 and more years (30.5%). This agrees with the study conducted by Konieczny et al. (2020), which shows that most ages are over 60 years old (29.4%), but it contradicts the study (Al Zahrani et al., 2019), which found that the majority of the sample is from 18-27 years old (29.2%). The lowest percentage in the sample was between the ages of 21-25 years (8%), consistent with a study that contradicts the study (Al Zahrani et al., 2019), the results of the study showed that the lowest percentage was between the ages (38-47) with a percentage of (9%) corresponds to the study of Konieczny, et al. (2020), where the results of the study ranged between ages (20-30) years, (3.7%). As for the educational level, most of the study sample do not read or write (34%), and the lowest percentage was their post-graduate degree of 10 (5%), and this is consistent with the study (Chen et al., 2018), obtained an primary school (32.9%), and they showed that the lowest percentage was Secondary school, which numbered 128, with a percentage of (21.1%), and it is consistent with the study of Sharif et al., 2009, which showed that the majority of the study sample is less than a diploma. Their number is 27 with a percentage of (55.1%), and the rest is higher than a diploma, and their number is 22 with a percentage of (44.9%).

At the level of work, the majority of the sample, numbering 103, was jobless (51.5%), and the lowest percentage of retired and working was 1 (0.5%). This study is consistent with Lopes et al. 2018 where the majority of the sample was unemployed, 39 percent (39%), and the lowest self-employed rate was 5 (5%). It varies with study (Konieczny et al, 2020) the results of the study showed that the majority of the sample worked at a state-

owned factory / institution, numbering 115, or (35.5%), and the least number of them were working at a state-owned factory / institution, numbering 29, at a rate of 8.9%. It is consistent with the study of Yan et al., 2016, where the majority of the sample showed that they get an income of 1001-3000, and their number is 428 with a percentage (37.5%), and the lowest percentage were getting an income of <5000, and their number is 287 with a percentage (25.2%).

5.2.Overall Assessment of Self-Efficacy and Quality of Life among Cancer Patients in Iraq

The results of the current study related to self-efficacy and quality of life among cancer patients in Iraq is that the average self-efficacy is 2.48 ± .920 and the average quality of life is 14.13 ± 20.75, which is consistent with the study conducted by Moradi et al., 2017. The study concluded that the average self-efficacy with Quality of life for cancer patients was 81.33 + 20.26. That is, their quality of life is lower, which is consistent with the results of a study (Chirico et al., 2017) that showed that patients with moderate to high self-efficacy in dealing with cancer had a higher quality of life than those with low self-efficacy in all levels of distress. According to the results, self-efficacy, quality of life and its dimensions have a direct relationship. Therefore, the sample with higher self-efficacy has better quality of life. Similarly, the results of (Fathi et al., 2011). Showed that self-efficacy and quality of life are directly related. Cancer treatment in chemotherapy But in order to generalize the results, the relationship between self-efficacy and quality of life in breast cancer patients must be studied, and future studies will need to collect samples from multiple healthcare facilities.

The results of the current study related to self-efficacy and quality of life among cancer patients in Iraq are that the mean self-efficacy is 2.48 ± 0.920 and the average quality of life is a sub-dimension .98 ± 2.1, which is consistent with the study by Phillips and McAuley (2014), whose results were that the average quality of life of the physical functions sub-dimension was 23.93 ± 4.21, consistent with the study of Ghavami and Akyolcu (2017), which showed that the average quality of life of the physical functions sub-dimension was 15. 57 ± 57.49, and it corresponds to a study where it showed that the average quality of life of the physical functions sub-dimension was 2.49 ± 3.77, and the study of Patricia et al., 2018, where the average quality of life was the physical functions sub-dimension 3 .82 ± 0.93, Which means that there is a relationship between the sub-dimension of quality of life, physical functions and self-efficacy.

The results of the current study were also the average quality of life sub-dimension physical health 1.2±1.17 which is consistent with the study by Patricia et al., 2018, whose

results were that the mean quality of life of the physical health sub-dimension was 0.88 ± 4.29, consistent with the study of Rufa'i et al., 2019 which showed that the mean quality of life of the physical health sub-dimension was 18.4 ± 7.9. The mean quality of life for the Emotional role sub-dimension was 2.2 ± 2.9, which is consistent with the study conducted by Baik et al., 2020, whose results indicated that the mean quality of life for physical health was less than the dimension was 4.98 ± 0.30. The mean quality of life for the Social functions role sub-dimension was 1.2± 3.0, which is consistent with the study conducted by Firouzbakht, et al., 2020, whose results indicated that the mean quality of life for physical health was less than the dimension was 2.39 ± 0.003, This indicates that physical health is directly related to self-efficacy.

A number of initiatives can be taken to improve the quality of life of cancer patients, such as patient training workshops, the presence of a psychiatrist in the chemotherapy unit as well as the provision of health care facilities. After that, their quality of life will improve. Because of the strong correlation between self-efficacy and quality of life, it is recommended that these patients undergo some training with a physiologist in the chemotherapy department, preparing more nursing care for the breast cancer patients themselves resulting in a better quality of life.

5.3.Discussion of the Correlation between Study Variables

Self-efficacy was higher in women age 40 or older in our study, it is in agreement with the study by Champion et al. , 2016 and the study of Gorini et al., 2014 Associations between self-efficacy and supported quality of life variables, including physical, psychological and social dimensions, as well as general well-being. It is consistent with the results of Al-Ismaili et al.2005, have shown that health knowledge is associated with increased self-efficacy and thus increased disease control. In addition, monthly income has a statistically significant effect on self-efficacy.

The quality of life of those in poor financial standing has been shown to be high. But the rich usually enjoyed a high quality of life, as there was a fundamental difference in self-efficacy between economically and educated women. Mirzai et al., 2011 and Mularcik, 2010 conducted two surveys, but neither showed a statistically significant difference for the average self-efficacy score in economics. It was also shown that those with greater education had higher self-efficacy, which is in line with the findings of Al-Ismaili et al,2005. Gudarzi et al,2012 Schussed et al,1998. Sadrnels et al, 2011. showed that health knowledge is associated with greater self-efficacy and thus greater disease control.

Cancer patients' quality of life can be improved through social support that takes a variety of forms, including emotional support, caregiving support, informational support, and

material or financial support. These results confirm those of Choi et al. 2016 Meecharoen et al, 2013. Shih et al, 2012. Sun et al, 2012. and Teixeira and Pereira, 2013. who reported positive relationships between self-efficacy and perceived social support and QoL for family member caregivers. Cancer care affects the quality of life through many dimensions of wellness.

6. Conclusions

Self-efficacy and about its average levels and quality of life and regarding the direct relationship between them, some steps such as training workshops for patients, the presence of a consultant and psychiatrist in the chemotherapy ward, and the provision of health care facilities must be taken in order to increase self-efficacy. This will also increase their ability to adapt to current conditions. Because self-efficacy and quality of life have a favorable association, it is advised that training courses be held for these patients, a psychiatric nurses be appointed to the chemotherapy department, and more palliative care be prepared for self-raising. Improved quality of life for breast cancer patients with improved treatment effectiveness life. An Iraqi cancer survivor's self-efficacy is favorably connected with his or her quality of life according to this study, which also supports the role of a mediator in understanding the relationship between mental adjustment patterns and quality of life. The results of the current study showed that self-efficacy is directly proportional to quality of life, as self-efficacy was an important indicator of the active coping style and emotional well-being of breast cancer patients. Thus, it can be a valuable focus for rehabilitation programs.

In order to improve their quality of life and reduce symptoms, women with breast cancer should have access to psychosocial care. Additional research on psychosocial treatments for cancer patients should include biological measures, and studies should be conducted for people with more advanced tumors as well as those in the early stages of the disease.

7. Recommendations

The study recommends decision-makers and workers in health institutions specialized in treating patients cancer and their support, in general, and women suffering from breast cancer in particular work on the following:

- It's important to do studies that search in relation between psychological stress and confrontation methods and between social support to the patients of breast cancer in Dhi Qar
- Future interventions should strive to boost the positive influence of cancer survivors and their self-efficacy, which in turn can improve quality of life for better cancer patients.
- The necessity of designing educational guidance programs targeting women suffering from breast cancer, and providing them with psychological and social care
- Building and providing awareness and educational programs related to guiding breast cancer patients on how to deal with the effects of the disease and its treatment, which increases the degree of their psychological resistance
- Moving away from social loneliness, and seeking to participate in family meetings and gatherings with family members and friends in order to coexist with the status quo.
- Seeking to change the lifestyle in order to adapt to the current situation, by reducing stressful work and practicing light sports constantly.

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Appendix 1: List Names of Experts Adjudication Questionnaire

No.	Full Name	Scientific Title	Specialization	Workplace
1	Eman Hussein Alwan	Professor	Ph.D. Psychiatric Mental Health Nursing	University of Baghdad-College of Nursing-Iraq
2	Mohammed Baqir Al-jubori	Assistant Professor	Ph.D. Adult Nursing	University of Kerbala-College of Nursing-Iraq
3	Dia karim Abdel Ali	Assistant Professor	Ph.D. Psychiatric Mental Health Nursing	University of Kerbala-College of Nursing-Iraq
4	Haider Hamza Ali	Assistant Professor	Ph.D. Mental Health Nursing	University of Kerbala -College of Nursing-Iraq
5	Ali Kareem Kudhair Al-Jubouri	Assistant Professor	Ph.D. Psychiatric Mental Health Nursing	University of Kerbala -College of Nursing-Iraq
6	Haider Amir Jabr	Assistant Professor	Ph.D. Psychiatric Mental Health Nursing	University of Al-Qadisiyah-College of Nursing-Iraq
7	Hassan Ali Hussein	Assistant Professor	Ph.D. Psychiatric Mental Health Nursing	University of Baghdad-College of Nursing-Iraq
8	Qahtan Qassem Muhammed	Assistant Professor	Ph.D. Psychiatric Mental Health Nursing	University of Baghdad-College of Nursing- Iraq
9	Hussien J. Alibrahemi	Assistant Professor	Ph.D.Community Health Nursing	University of Babylon College of Nursing-Iraq
10	Murtadha Ghanem Al-Jubouri	Assistant Professor	Ph.D.Community Health Nursing	University of Kufa College of Nursing-Iraq

Appendix 2: Questionnaire of the study (in English and Arabic language)

Self-efficacy and health related quality of life in women with breast cancer

Instructions for filling out the questionnaire:

This questionnaire in your hands is part of the requirements for obtaining a master's degree in mental and mental health nursing at Çankırı University in Turkey. You can choose whether or not to participate in this research and you do not need to mention your name and the data will be used for scientific research purposes and for this research only.

Researcher:Dumooa gheni shanan

Demographic data:

Age

Marital status

Education achievement

Occupation

Family monthly income

General Self-Efficacy Scale (Crandall et al., 2015)

General Self-Efficacy Scale (GSE)				
Statements	Not at all true	Hardly true	Moderately	Exactly true

			true	
1. I can always manage to solve difficult problems if I try hard enough				
2. If someone opposes me, I can find the means and ways to get what I want.				
3. It is easy for me to stick to my aims and accomplish my goals.				
4. I am confident that I could deal efficiently with unexpected events.				
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.				
6. I can solve most problems if I invest the necessary effort.				
7. I can remain calm when facing difficulties because I can rely on my coping abilities.				
8. When I am confronted with a problem, I can usually find several solutions.				
9. If I am in trouble, I can usually think of a solution				
10. I can usually handle whatever comes my way.				

Health-Related Quality of Life Scale(Sheikh et al., 2015)

1	In general, would you say your health is	Excellent	Very good	Good	Fair	Poor
2	Compared to one year ago, how would you rate your	Much better	Somewhat better	About the	Somewhat worse	Much worse

	health in general now?	now	now	same	now	now

Field of physical function

#	paragraphs	Yes, limited a lot	Yes, limited a little	No, not limited at all
1	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports			
2	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf			
3	Lifting or carrying groceries			
4	Climbing several flights of stairs			
5	Climbing one flight of stairs			
6	Bending, kneeling, or stooping			
7	Walking more than a mile			
8	Walking several blocks			
9	Walking one block			
10	Bathing or dressing yourself			

The field of physical health:

#	Paragraphs	Yes	No
1	Cut down on the amount of time you spent on work or other activities		
2	Accomplished less than you would like		
3	Were limited in the kind of work or other activities		
4	Had difficulty performing the work or other activities (for example, it took extra effort)		

The field of Emotional Problems

#	Paragraphs	Yes	No
1	Cut down on the amount of time you spent on work or other activities		
2	Accomplished less than you would like		
3	Didn't do work or other activities as carefully as usual		

The field of social functions

#	paragraphs	not affected	slight impact	affected to some extent	I affected a lot	very impressed
1	Daily relationships with					

	family and neighbors					
2	Visiting friends and relatives					

The field of body pain:

#	paragraphs	Not at all	A little bit	Moderately	Quite a bit	Extremely
1	How much physical pain did you suffer?					
2	How does the pain affect your usual work (inside or outside the home)					

The field of bio:

#	paragraphs	All of the	Most of the	A Good Bit of the	Some of the	A little of the	None of the

		time	time	Time	time	time	time
1	Did you feel full of pep?						
2	Did you have a lot of energy?						
3	Did you feel worn out?						
4	Did you feel tired?						

The field of mental health:

#	paragraphs	All of the time	Most of the time	A Good Bit of the Time	Some of the time	A little of the time	None of the time
1	Have you been a very nervous person?						
2	Have you felt so down in the dumps that nothing could cheer you up?						
3	Have you felt calm and peaceful?						
4	Have you felt downhearted and blue?						
5	Have you been a happy person?						

The field of mental health:

#	paragraphs	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
1	I seem to get sick a little easier than other people					
2	I am as healthy as anybody I know					
3	I expect my health to get worse					
4	My health is excellent					

Appendix 2.Arabic Study Questionnaire

الكفاءة الذاتية والحياة المتعلقة بالصحة لدئ النساء المصابات بسرطان الثدي

التوجيهات الخاصة بتعبئة الاستبانة :

هذه الاستبانة التي بين يديك هي جزء من متطلبات الحصول على درجة الماجستير في تخصص تمريض الصحة النفسية والعقلية لجامعة جانكيري في تركيا ولك الاختيار ما إذا كنت ستشارك في هذا البحث أم لا ولا داعي ان تذكر اسمك وسوف تستخدم البيانات لأغراض البحث العلمي والخاصة بهذا البحث فقط.

الباحثة: دموع غني شنان

القسم الأول: الصفات الديموغرافية

العمر

الحالة الزوجية

المستوى التعليمي

المهنة

دخل الاسرة

القسم الثاني: مقياس الكفاءة الذاتية العامة

مقياس الكفاءة الذاتية العام					
ت	الفقرات	غير صحيح على الإطلاق	بالكاد صحيح	صحيح إلى حد ما	صحيح تماما
1	يمكنني دائمًا حل المشكلات الصعبة إذا حاولت بجدية كافية				✓
2	حتى وان كان هناك من يعارضني ، يمكنني إيجاد الوسائل والطرق للحصول على ما أريد.			✓	
3	من السهل لي التمسك بأهدافي وتحقيقها			✓	
4	أنا واثق من أنني أستطيع التعامل بكفاءة مع الأحداث غير المتوقعة.				✓
5	بفضل خبراتي اعرف كيفية التعامل مع المواقف غير المتوقعة				✓
6	يمكنني حل معظم المشاكل إذا بذلت الجهد اللازم				✓

7	يمكنني أن أبقى هادئًا عند مواجهة الصعوبات لأنني أستطيع الاعتماد على قدراتي على التكيف.				✓
8	عندما أواجه مشكلة ، عادة ما أجد عدة حلول.				✓
9	إذا كنت في مشكلة ، يمكنني عادة التفكير في حل.				✓
10	يمكنني عادة التعامل مع أي شيء يأتي في طريقي.				✓

القسم الثالث :مقياس جودة الحياة المتعلقة بالصحة

.1	بصورة عامة كيف تقيم حالتك الصحية؟	ممـــتازة	جيدة جدا	جيـــــدة	لابأس بها	سيـــئة
		5	4	3	2	1

.2	مقارنة بالسنة الماضية كيف تقييم حالتك الصحية الآن بصورة عامة؟	أفضل بكثير مما كانت عليه قبل عام	أفضل نوعا ما من العام الماضي	تقريـــبا على ما هي علـــــــيه	أسوأ نوعا ما من العام الماضي	أسوأ بكثير من العام الماضـــي
		5	4	3	2	1

محور الوظائف البدنية: تتعلق الاسئلة الآتية بالنشاطات اليومية المعتاد عليها في الوقت الحالي

الى اي مدى تقيدك حالتك الصحية عند؟	نعم تقيدني كثيرا	نعم تقيدني	لا تقيدني اطلاقا
3.ممارسة الانشطة الشاقة مثل الجري, حمل الاشياء الثقيلة, أو مزاولة الانشطة الرياضية الشاقة جدا	1	2	3
4.ممارسة الانشطة متوسطة الجهد كتحريك الطاولة أو التنظيف باستخدام المكنسة الكهربائية أو تنظيف حديقة المنزل والعناية بها؟	1	2	3
5.حمل المشتريات من البقالة أو السوق	1	2	3
6.صعود السلم لعدة طوابق	1	2	3
7.صعود السلم لطابق واحد فقط	1	2	3
8. الانحناء أو الركوع أو السجود	1	2	3
9. المشي لأكثر من كيلو متر ونصف	1	2	3
10.المشي لمسافة نصف كيلو متر	1	2	3
11.المشي لمسافة مئة متر	1	2	3
12.الاستحمام أو ارتداء الملابس بنفسك	1	2	3

محور الصحة الجسمية:

بسبب الحالة الجسمية هل واجهتك المشكلات الآتية اثناء ادائك العمل اليومي والنشاطات الاخرى خلال الشهر الماضي؟

تأخير الوقت المحدد لإنجاز الاعمال اليومية	نعم	لا
13.الاداء للأعمال اليومية اقل مما يجب	1	2
14. تحديد نوع العمل والنشاطات الاخرى	1	2
15. صعوبة في اداء الاعمال او بعض النشاطات الاخرى	1	2

محور الدور العاطفي:

بسبب شعورك بالقلق أو الاكتاب اي من المشكلات الآتية واجهتها في اثناء ادائك للأعمال والنشاطات اليومية, خلال الشهر الماضي

المشـــــــــــــــــكلات	نعم	لا
16. التقليل من الوقت الذي تقضيه في العمل او اي انشطة اخرى	1	2
17. ادائي اقل مما يجب	1	2
18. لم انجز العمل او النشاطات الاخرى بعناية كالمعتاد	1	2

:محور الوظائف الاجتماعية

ما مدى تأثير الحالة الصحية البدنية والعاطفية في نشاطاتك الاجتماعية خلال الشهر الماضي؟

المشكلات	لم تتأثر	تأثر طفيف	اثرت الى حد ما	اثرت كثيرا	اثرت للغاية
19العلاقات اليومية مع العائلة والجيران	5	4	3	2	1
20.زيارات الاصدقاء والاقارب	5	4	3	2	1

:محور الالم الجسمي

الى اي مدى يتعارض الالم الجسمي مع تأديتك لأعمالك المعتادة (سواء داخل المنزل أو خارجه)

خلال الشهر الماضي	لا يوجد	قليل جدا	قليل	متوسط	شديد	شديد جدا
21.ما مقدار الالم الجسمي الذي عانيت منه	6	5	4	3	2	1
22 . مدى تأثير الالم في عملك المعتاد(داخل او خارج البيت)	6	5	4	3	2	1

المحور الحيوي

الاسئلة الآتية تتعلق بكيفية شعورك وطبيعة سير الامور معك؟

كم من الوقت شعرت بالأمور الآتية خلال الشهر الماضي	في كل الاوقات	في معظم الاوقات	كثير من الاوقات	بعض الاوقات	قليل من الاوقات	لم اشعر في اي وقت من الاوقات
23.اشعر بمعنويات عالية	6	5	4	3	2	1
24 .اشعر بأن لدي شيء من الطاقة	6	5	4	3	2	1
25.اشعر باني مرهق	1	2	3	4	5	6
26.شعر بالتـــــعب	1	2	3	4	5	6

محور الصحة النفسية:

كم من الوقت شعرت بالأمور الآتية خلال الشهر الماضي؟	كل الوقت	معظم الوقت	اغلب الوقت	بعض الوقت	قليل من الوقت	ليس له وقت محدد
28.كنت شخص عصبي	1	2	3	4	5	6

29.شعرت ان الحزن افقدك الاستمتاع او الابتهاج بأي شيء	1	2	3	4	5	6
30.شعرت بالأمن والهدوء	6	5	4	3	2	1
31.شعرت بانك منكسر	1	2	3	4	5	6
32.كنت شخص سعيد	6	5	4	3	2	1

ما الصح والخطاء برايك للفقرات الآتية؟	بالتأكيد صح	غالبا صح	لا اعرف	غالبا خطاء	بالتأكيد خطاء
33.ارى نفسي عرضة للمرض اسهل من الآخرين	1	2	3	4	5
34.صحتي مشابهة لصحة اي شخص اعرفه	5	4	3	2	1
35 .توقع ان صحتي تتجه نحو الاســـواء	1	2	3	4	5
36.اشعر ان صحـــــــــــتي ممـــــــتازة	5	4	3	2	1

Appendix 3: Curriculum Vitae

Name & Surname : Dumooa Gheni Shanan

Nationality: Iraqi

Education Status: College of Nursing / University of Dhi Qar 2015-2016

Scientific Study Areas : Psychiatric and Mental Health Nursing

Professional Experiences : I worked 2 years as a nurse at Dhi Qar Teaching Hospital in RCU