

Psycho- Educational Nursing Program on Coping Strategies among Breast Cancer Patients

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Abstract

Background: The breast cancer diagnosis brings important changes to the way of living with physical and emotional changes due to discomfort, pain, deformity, dependence and loss of self-esteem. **Aim of the study:** This study aimed to evaluate the effect of psycho-educational nursing program on coping strategies among breast cancer patients. **Research design:** A quasi experimental design (one group pre and posttest) was utilized to achieve the aim of the study. **Setting:** This study was conducted at the outpatient department of the clinical oncology center at the Nasser Institute Hospital. **Sample:** This study used a convenient sample of 50 adult women diagnosed with breast cancer. **Tools for data collection:** Data were collected by using tow tools: Socio demographic data and Adaptive Coping Strategies Questionnaire. **Results:** The result revealed significant improvement in coping strategies among breast cancer patients following psycho-educational program than pre. **Conclusion:** Psycho-educational program have useful effect in improving coping of patients with breast cancer. **The study recommended** that established educational seminar for health care providers, mental health nurses, and graduated nurses and under graduated students about utilization of psycho-educational intervention programs for those patients with breast cancer.

Keywords: Psycho-educational Nursing program, breast cancer, coping strategies.

Introduction

Cancer is a group of serious disease characterized by the growth of abnormal cell usual boundaries which can invade nearby tissues and spread to other parts of the body. It is the second leading cause of death globally; and it is responsible for an estimated 9.6 million deaths (**World Health Organization WHO,2018**).on the other hand ,breast cancer was the most common cancer in woman worldwide, accounting for 24.2% i.e., about one in four of all cancer cases diagnosed in woman worldwide, are breast cancer. Moreover, it was estimated that 627.000 woman died from breast cancer in 2018 that is approximately 15% of all cancer deaths among women. While breast cancer rates are higher among women in more developed regions,

rates are increasing every region globally (**WHO, 2019**). The members of healthcare teams, especially nurses, are exposed to many occupational hazards and experience high levels of stress as a result. According to a study, the nurses who cared for severe acute respiratory syndrome (SARS) patients suffered from high levels of psychological distress (**Al-Rabiaah A., et al 2020**).

Breast cancer patients may experience worries, fears, and other forms of psychological stress that cause them significant distress. Chronic illness can bring about guilt, feelings of loss of control, anger, sadness, confusion, fear, anxiety, mood disturbance and fear of recurrence, concerns about body image, communication and other

Moreover, cancer patients can face spiritual and existential issues involving their faith, their perceived relationship with God, and the possibility and meaning of death. Some cancer survivors report feelings of anger, isolation, and diminished self-esteem in response to such stress (**Rowland et al., 2019**).

Diagnosis with a terminal illness such as Cancer creates a significant amount of stress and anxiety for the diagnosed individual. Life becomes limited and often the individual loses interest in continued participation in many everyday life activities due to extensive Cancer treatments. Cancer is seen as one of the health problems in developed and developing countries. The numeral of cancer in children and adults is progressively on the growth (**Carter & Van Andel, 2019**).

Coping is an individual's effort to control stress and adjust to the needs of added problems. Using different coping mechanisms relieves the effects of stress on an individual's physical and psychological symptoms, Coping is a regulatory process that serves to reduce the negative emotional effects of stressful events, Here, coping strategies refer to the methods adopted and practiced by individuals as means to deal with various stressors (**Algorani & Gupta, 2023**).

Coping with breast cancer is an important health issue that results in adjustments to the disease in survivors. The patients needed to cope with the stressful event after the diagnosis of breast cancer. In particular, the first 6 months of the illness are a critical time for women with breast cancer. During this time they have to adapt to their symptoms and treatment plans, adjust to their roles and responsibility, or adjust to new living patterns during the treatment. Thus they are at risk of developing emotional distress (**Nilsen et al., 2021**).

Significance of the study:

Most psycho educational nursing programs for cancer patients focus on coping with the anxiety, depression and stress due to the disease, all of these things lead to a marked reduction in the patients' quality of life so, there is an important need for information about the disease and the associated health care are often provided as well. (**Kohlmann et al., 2019**)

The importance of this study lies in applying standardized psychiatric support by researchers would lead to early detection of psychiatric and psychosocial problems, giving coping strategies methods and emotional support, psych-educational nursing program and if necessary referring to appropriate psychiatric help.

Aim of the study:

Investigate the effectiveness of psycho-educational nursing program on coping strategies among breast cancer patients through:

- Assess of coping strategies in women with breast cancer
- Implement and evaluate the effectiveness of psycho-educational interventions on coping strategies in women with Breast Cancer.

Hypothesis:

The psycho-educational nursing program have a positive effect on patients and improving coping strategies among breast cancer patients than before program.

Research Design:

A quasi-experimental design (one group pre\posttest) was used in the current study to achieve the aim of the study.

Research Setting:

The study was conducted at the outpatient department of the clinical oncology center at the Nasser Institute Hospital, which was

inaugurated on 12 July 1983 and it is one of the largest specialized medical centers of the Ministry of health. It consists of four buildings. The main building consists of eight floors and basement and absorptive has 1000 beds distributed across all medical specialties plus. Gamma Knife Center for the treatment of brain tumors per minute. Oncology Center for surgical treatment and chemo and radiation. Oxygen unit to treat carbon monoxide poisoning and gas bubbles and cases, Also has unique medical units and centers of specialization such as: The bone marrow transplant unit, hematology and is the first established Center for bone marrow transplant in Egypt and the Middle East, Kidney transplant unit, Open heart surgery unit, Women's Health Center, Spine surgery unit, Microscopic hand surgery. Care is provided by a multidisciplinary team, doctors, nurses, social workers and psychologist. First floor (waiting area).

Research Subjects:

Purposive sample of (50) patients who attended the preprogram was chosen according to the following criteria: Adult women with cancer after 1 month from diagnosis, Age 20 years and more, Willing to participate, able to communicate, and follow up stage.

Tools of data collection:

In order to fulfill the aim of the study, the data were collected using the following tools

Tool (1): Part I Socio-demographic data questionnaires:

It contained questions about characteristics of the studied of the patients as age, marital status, level of education and residence.

Part II: Clinical characteristics of the adult woman with cancer , family history, protocol of treatment

Tool (2): Adaptive Coping Strategies Questionnaire It was developed by This questionnaire was adopted from **Büssing et al., (2008)** to assess adaptive coping strategies in patients with chronic diseases. The questionnaire was translated into Arabic and modified by the researchers. It consists of 31 items including (Conscious way of life, Positive attitude, Reappraisal, Escape from illness , Search for alternative help, Trust medical help and God's help). all items were scored on a 3-point scale from (0 = Never),(1 =sometimes) and (often=2).

The scoring system :

Items 3,6,7,8,9,and10 Measure positive attitude. Items 1,2,4,5and 15 measure conscious way of life.Items11,12,and13 measure escape from illness

Items 14,16,17and18 measure search for alternative help. Items 19,20,21and ,22 measure trust medical help. items,23,24,25,26and 27measur trust and God's help. Items 28,29,30and31 measure reappraisal.

-Low coping -Score from 0 to 20 Moderate coping -Score from 21 to 40 High coping - Score from41 to 62

Content Validity:

To achieve the criteria of trust-worthiness of the tool of data collection in the study, the tools were tested and evaluated for their face and content validity, by a jury group consists of five experts, from faculty members of Benha University in psychiatric nursing. To ascertain relevance, clarity, and completeness of the tool, experts' elicited responses that were either agree or disagree for the face and content validity. Accordantly no modification was done.

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Reliability of the tool:

The reliability coefficient for the study tool was calculated using the correlation coefficient Cronbach's alpha test and the internal consistency of the tool adaptive coping strategies questionnaire was 0.95 indicated Strong reliability.

Ethical Consideration:

Approval from Ethical and Research Nursing Committee, Benha University was obtained. The researchers clarified the objectives and the aim of the study to the patients before data collection. The researchers assured maintaining anonymity and confidentiality of patients data. Patients were informed that they were allowed to choose to participate or not and they had the right to withdraw from the study at any time without giving any reasons.

Pilot Study:

A pilot study was carried out before starting the data collection on 10% of those representing (5) adult woman with cancer to test the applicability of the constructed tools and the clarity of the questions. The pilot has also served to estimate the time needed for each subject to fill in the questionnaire. According to the results of the pilot, no corrections of items were performed. The pilot sample was included in the main study sample

Field work:

Designing phase:

This phase aimed at designing for the psych educational program through setting objectives, preparing the psych educational nursing program and designing the methodology and media.

Development of psych educational nurses' program:

The psych educational nursing program was developed by the researchers after a

thorough review of the related literatures and after making of the pilot study.

The psych educational nursing program aimed to improves Coping strategies among breast cancer patients.

This program has a set of general objectives, and specific objectives for each session. The number of program's sessions was 11 sessions divided into as follows two sessions one of them is acquaintance which including the pretest and the other is concluding which include the post test on other hand , the program included 9 psycho educational sessions of 11 hours, including 3 theoretical hours and 6 practical hours .and Based on the results obtained from the assessment tools and review of literature, the program content was developed by the researchers in the form of a booklet, which was revised and approved by the supervisors, after that the final booklet was distributed for breast cancer patients .

General Objectives

- 1- Gain information about breast cancer
- 2- Acquire knowledge about coping strategies for breast cancer patients Including conscious way of life, positive attitude, and reappraisal, search for alternative help, trust medical help and God's help
- 3- acquire skills to training on inter -personal conflict resolutions and positive thinking
- 4- Buil trust relationship and spiritual support ways to improve coping with disease

Implementation Phase:

This phase was beginning by data collection then implementation of Psych

educational nursing program of coping strategies among breast cancer patients

1- Data collection (Pre-test):

Data collection of this study was carried out at Nasser Institute Hospital

The data collection was done on woman with breast cancer group (pretest) in first session (acquaintance session) after explaining the purpose of the program, describing schedule of the program (number of sessions, time and duration of each session) and enumerating the content and steps of the program.

Implementation of the Program:

Data collection of this study was carried out in the period from the beginning of March 2023 to the end of May2023, in the waiting area in the first floor- outpatient clinic of Nasser Institute Hospital

- Total time of program 11 hours 3 hours is theoretical and 6 hours are practical.
- The researchers collected data, 5 days / week from 9 am– 10am
- Researchers work with 50 breast cancer woman divided into (5groups, each group has 10 woman 1day/week).
- Each group received one session/day / week the session lasted for about 60 minute
- Researchers worked with each group for three months.
- The first group sessions was done in Saturday every week from (9 am to 10am).
- The second group sessions was done in Sunday every week from (9am to 10 am).
- The third group sessions was done in Monday every week from (9 am to 10am).

- The fourth group sessions was done in Tuesday every week from (9am to 10 am).
- The fifth group sessions was done in Wednesday every week from (9am to 10 am).
- The program sessions were conducted in the first floor in waiting area of the out patient that contains an appropriate number of seats.
- To ensure that the breast cancer woman understand the program contents, each session was started with a summary about what was given through the previous session, and the objectives of the new session were mentioned .
- During the session, the researchers used demonstration, and modeling by the researchers.
- After that, the researchers used re-demonstration of the skill by each woman to master the skill. After finishing, the researchers thanked the participation and encouraged them for asking about any unclear points.
- Moreover, the researchers made a summary at the end of the session and told the patients about the time of the next session.

Evaluation Phase (post-test).

This phase aimed to determine the effect of psych educational nursing program on coping strategies among breast cancer Patients

After the conduction of the psych educational nursing program sessions for the study group a post-test was done for study group using the pervious assessment tool for data collection (tool two for data collection) to compare the effect of the program pre-post intervention.

Statistical analysis:

The collected data were organized, analyzed using appropriate statistically significant tests. The data were collected and coded using the Computer Statistical Package for Social Science (SPSS), version 22, and was also used to do the statistical analysis of data, also Microsoft office Excel was used for data handling and graphical presentation. Quantitative data were expressed as mean \pm standard deviation (SD). Qualitative data were expressed as frequency and percentage. Chi-square, Pearson and (t) tests were used.

The confidence interval was set to 95% and the margin of error accepted was set to 5%. So, the p-value was considered significant as the following:

- Probability (P-value)
- P-value <0.05 was considered significant.
- P value <0.05 * considered significant (s).
- P value <0.01 ** considered as highly significant (H S).
- P value \geq 0.05 *** considered not significant (N S)

Results:

Table (1) illustrates that, more than two fifth of the studied patients (42.0%) are \leq 50 years old with mean \bar{x} S.D 46.2 \pm 3.65 years. As well, all of them (100.0%) are females and more than two thirds of them (70.0%) are married. In addition, nearly half of studied sample (46.0%) have secondary education, while minority of them (2.0%) are postgraduates, nearly two thirds of them (64.0%) are working. Besides, almost half of them (58.0%) are urban residents.

Table (2) reveals that more than half of the studied patients (52.0%) have chronic diseases; nearly half of them (46.2%) suffer from hypertension. Additionally, less than one fifth of them (16.0%) have relatives suffering from breast cancer and half of them (50.0%)

their kinship is mother. As well, the onset of the disease was > 6 months ago among all patients (100.0%), and most of them (80.0%) receive chemotherapy

Figure (2) reflects that, more than one quarter of the studied patients (28.0%) have high level of total adaptive coping strategies pre-test, but more than half of them (56.0%) have high total adaptive coping strategies posttest.

Table (3) declares that there is a highly significant statistical positive correlation between the studied patients' total domains of adaptive coping strategies (p<0.01).

Table (1): Number and percentage distribution of the studied patients according to their personal characteristics (n=50).

Items	N	%
Age (Year)		
20-29	2	4.0
30-39	11	22.0
40-49	16	32.0
≥ 50	21	42.0
\bar{x} S.D 46.2±3.65		
Sex		
Male	0	0
Female	50	100.0
Marital status		
Single	7	14.0
Married	35	70.0
Divorced	6	12.0
Widow	2	4.0
Educational level		
Illiterate	0	0
Read & write	2	4.0
Basic education	5	10.0
Secondary education	23	46.0
University education	19	36.0
Postgraduate	1	2.0
Job		
Working	32	64.0
Not working	18	36.0
Residence		
Rural	21	42.0
Urban	29	58.0

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Table (2): Number and percentage distribution of the studied patients according to their clinical data (n=50).

Items	N	%
Have chronic diseases		
Yes	26	52.0
No	24	48.0
If yes, what is this n=26		
Diabetes	5	19.2
Hypertension	12	46.2
Liver disease	2	7.7
Kidney disease	4	15.4
Stroke	3	11.5
Any of your relatives have breast cancer		
Yes	8	16.0
No	42	84.0
If yes, what is kinship n=8		
Mother	4	50.0
Sister	2	25.0
Grandmother	2	25.0
History of the disease		
<6 months	0	0
>6 months	50	100.0
*Type of treatment		
Surgery	31	62.0
Chemotherapy	40	80.0
Radiation therapy	28	56.0
Hormone therapy	6	12.0

*more than one answer

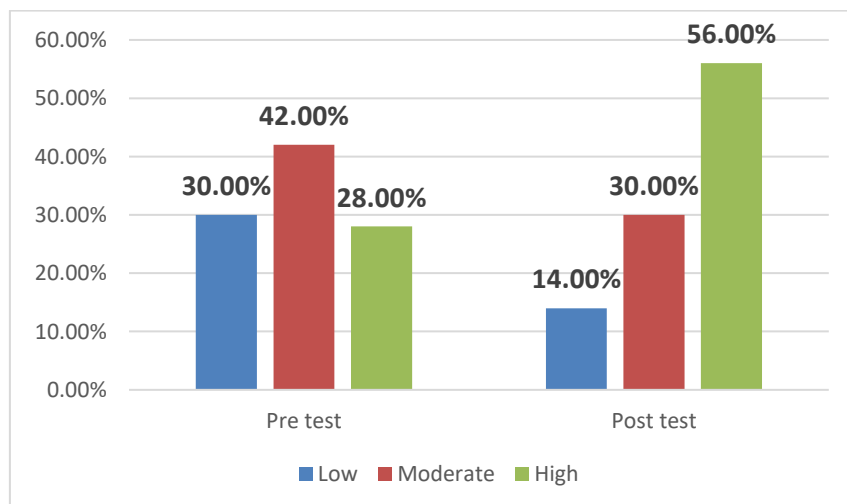


Figure (1): Comparison between the studied patients at pre and post program regarding to their total adaptive coping strategies (n=50).

Table (3): Correlation between total domain of adaptive coping strategies at pre and post program (n=50).

		1	2	3	4	5	6	7
1- Conscious way of life	R							
	p							
2- Positive attitude	R	.763						
	p	.000**						
3- Escape from illness	R	.695	.634					
	p	.001**	.001**					
4- Search for alternative help	R	.786	.567	.632				
	p	.000**	.001**	.001**				
5- Trust medical help	R	.687	.802	.597	.613			
	p	.001**	.000**	.001**	.001**			
6- Trust God's help	R	.791	.606	.667	.799	.639		
	p	.000**	.001**	.001**	.000**	.001**		
7- Reappraisal	R	.630	.811	.682	.669	.826	.753	
	p	.001**	.000**	.001**	.001**	.000**	.000**	

(*) Statistically significant at $p < 0.05$.

Discussion

The diagnosis and treatment of cancer present numerous challenges and sources of stress for patient and their family. Patients with cancer experience a variety of negative emotions such as shock, disbelief, fear, hopelessness, anger, guilty, and loss of control following diagnosis (Guarino et al., 2020). It is commonly believed that a person's mental attitude in response to the cancer diagnosis affects his or her chances of the survival. Although different coping strategies in cancer patients are predominantly designed in order to diminish the distress and to improve their quality of life (Samami et al., 2020). Therefore, the current study was conducted to evaluate the effect of psycho-educational nursing program on coping strategies among breast cancer patients.

The current study showed that more than two fifth of the studied patients were ≥ 50 years old with mean $\bar{x} \pm S.D$ 46.2 \pm 3.65 years. This may be attributed to the fact that Breast

cancer mainly occurs in middle-aged and older women and a very small number of women diagnosed with breast cancer are younger than 45 years old. As well, hormonal changes or could be due to a lack of knowledge where women do not know how to perform breast self-examination for discovering any abnormality early. This result was in accordance with a study carried out by Kelkil et al., (2022) and stated that the mean age of the studied participants was 44.9 \pm 12.81 years. Likewise, this result agreed with a study performed by Kaseem et al., (2019) and found that the largest proportion of the studied patients aged more than 50 years old.

Additionally, the results of the present study revealed that nearly half of the studied patients had secondary education that facilitated easy understanding, acceptance and interaction with the psycho-educational nursing program, this was reflected immediately post intervention. As they had an insisting desire to gain knowledge and learn how to cope. This result was consistent with a study conducted by Mohammed et al., (2018)

reported that nearly half of patients had intermediate education. In contrast, a study performed by **Asad, et al., (2021)**, found that breast cancer increased in illiterate women. They mentioned that uneducated women are more prone to breast cancer due to lack of breast cancer awareness to perform regular breast screening or even ability to make regular breast self-examination.

Concerning the studied patients' clinical data, the present study clarified that more than half of the studied patients had chronic diseases and nearly half of them suffered from hypertension. Similarly, a study carried out by **Ali & Adam, (2022)** declared that more than half of the studied patients had history of chronic physical illness. Also, **Atya et al., (2022)** whose study stated that more than half of the studied participants had chronic diseases.

Furthermore, the current study portrayed that less than one fifth of them had relatives suffering from breast cancer and half of them their kinship was mother. This may be due to the impact of genetic predisposition to breast cancer and hereditary. The same point was confirmed by **El Haidari, et al. (2020)**, whose study mentioned that a woman's risk for breast cancer is higher if she has a mother, sister, or daughter (first-degree relative) or multiple family members on either her mother's or father's side of the family who has had breast or ovarian cancer. In the opposite line a study performed by **Abed et al., (2021)** found that the most of patients hadn't family history of breast cancer.

In addition, the current study findings indicated that the onset of the disease was > 6 months ago among all patients, and most of them received chemotherapy. Consistently, **Kim et al., (2018)** reported that patients had

been diagnosed with breast cancer 22–23 days prior to the study. In the same stream, a study conducted by **Tu et al., (2022)** demonstrated that the highest percentage of the studied patients undergoing chemotherapy.

The current study findings indicated that, more than one quarter of the studied patients (28.0%) have high level of total adaptive coping strategies pre-test, but more than half of them (56.0%) have high total adaptive coping strategies posttest.

This result agreed with **Younis et al., (2021)** who found that the mean adaptive coping score was significantly higher among the interventional group than the control group. The psycho-educational program helped to increase the adaptive coping skills of the participants. Consistently, **Andreis et al., (2018)** whose study declared that the psycho-educational program was an important intervention for patients' life.

This result was in accordance with **Mohammed et al., (2018)** who stated that there was a highly statistically significant improvement in coping strategies in the post-program implementation phase compared to the pre-program phase.

Pertaining to correlation between total domain of adaptive coping strategies, the result of the present study conveyed that there was a highly significant statistical positive correlation between the studied patients' total domains of adaptive coping strategies. This can be explained as coping with cancer refers to a set of attitudes and practices that one adopts to preserve health, well-being, and happiness, and to overcome the stresses of cancer (**Pradeep et al., 2023**). In this concern, **Macía et al., (2021)** stated that coping consists of behaviors, actions and thoughts that enable individuals to deal with the demands of events

that are conceived as stressful. Adaptive strategies enable individuals to cope life situations, and that are used to the extent that they are more or less adaptive at any given time.

This result was supported by **Atya et al., (2022)** whose study mentioned that there were positive significant correlations between all domains of adaptive coping strategies. In the same line, result of a study done by **Khalifa, (2022)** and matched with the present study, as there was a significant statistical positive correlation between the studied patients' all components of the adaptive coping strategies.

Conclusion:

Psycho-educational program has a significant on improving coping strategies among breast cancer patients This study provides evidence that psycho-educational nursing program for women with breast cancer is feasible in the setting of busy oncology practices, is readily teachable, and may contribute to reduced emotional distress among breast cancer patients, especially those with high initial distress. Also, coping strategies can be improved by the use of the psycho-educational intervention program. In addition, the psycho-education led to a change in levels of coping to cancer in breast cancer patients, Which lead to acceptance of the study hypothesis that psycho educational nursing program is the key element for improving coping strategies among the studied woman's with breast cancer.

Recommendations:

For health services:

- Coping strategies and Stress management training program should be given to patients with breast cancer to relieve their psychological problems.
- Generalize such psycho-educational programs as a policy in the oncology outpatient clinic to breast cancer client.

Recommendations for educational:

- Established educational seminar for health care providers, mental health nurses, and graduated nurses and under graduated students about utilization of psycho-educational intervention programs for those patients with breast cancer.
- Establish special oncology nursing courses for all nurses whom working with cancer clients about the psychological consequences and the scientific base of managing it.

Recommendations for research:

- Further studies should be conducted to study the impact of coping strategies program in every hospital related to Ministry of Health and other hospitals.
- Apply study of similar nature should be done in other hospital on a larger number of patients.

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برنامج تعليمي نفسي ترميضي على إستراتيجيات التكيف لدى مرضى سرطان الثدي

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تم وصف تشخيص سرطان الثدي بأنه فترة أزمة لكل من النساء وأسرهن، الأمر الذي يتطلب المساعدة للتعامل مع المشاعر المتقلبة. استراتيجيات المواجهة هي الأفضل التي ترتبط ارتباطاً وثيقاً بالتكيف والأداء لدى مرضى سرطان الثدي وكذلك بالضيق العاطفي لدى المرضى المتكررين. لقد تم اعتماد التكيف العقلي على نطاق واسع كاستراتيجيات للتعامل بين النساء المصابات بسرطان الثدي. تؤثر كيفية تعامل المرأة مع التشخيص والعلاج على ضاقتها العاطفية المباشرة ورفاهيتها، وعلى تكيفها على المدى الطويل. لذا هدفت هذه الدراسة الى تقييم فعالية برنامج تعليمي نفسي ترميضي على إستراتيجيات التكيف لدى مرضى سرطان. تم إستخدام تصميم شبه التجريبي (مجموعة واحدة قلياً وبعدياً) لتحقيق هدف الدراسة. أجريت هذه الدراسة في العيادات الخارجية لمركز الاورام بمستشفى معهد ناصر. تم إستخدام عينة غرضيه من النساء اللاتي تم تشخيصهن بسرطان الثدي (50 مريضة) في هذه الدراسة. و اشارت النتائج الي انه كان هناك تحسن كبير في المجالات الإجمالية لاستراتيجيات المواجهة التكيفية للمرضى الذين شملتهم الدراسة. واوصت الدراسة بأنه يجب إجراء المزيد من الدراسات لدراسة تأثير برنامج استراتيجيات المواجهة في كل مستشفى تابع لوزارة الصحة والمستشفيات الأخرى وتطبيق دراسة ذات طبيعة مماثلة ينبغي إجراؤها في مستشفى آخر على عدد أكبر من المرضى.