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Social Support Perception, Spiritual Orientation and Hope Levels of Patients Who Will Have Breast Cancer Surgery

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Abstract

Background: The patient's own and environmental variables have an effect on the adaptation of women diagnosed with breast cancer to the treatment process and cancer. The physical and psychosocial problems experienced by these patients disrupt their adaptation mechanisms to life, leading to the development of a sense of hopelessness for the future and an increase in their social support needs.

Aim: This study was conducted as a descriptive-relationship searcher to determine the social support perception, spiritual orientation (SO), and hope levels of patients who will undergo breast cancer surgery.

Methods: The sample of the study consisted of 141 women who agreed to participate in the study and for whom surgical treatment was scheduled for breast cancer in two public hospitals in Istanbul. Data were collected using Personal Information Form, SO Scale (SOS), Hert Hope Scale, and Multidimensional Scale of Perceived Social Support. Data were analyzed by number, percentage, and correlation analysis.

Results: In the study, it was determined that 77.3% of the women were married, their mean age was 51.55 ± 11.22, 29.8% were university graduates, and 54.6% were housewives. The women's Hert Hope Scale total score average was found to be 79.18 ± 10.43, the Multidimensional Perceived Social Support Scale total score mean was 71.87 ± 12.14, and the SOS total score mean was found to be 102.77 ± 19.00.

Conclusion: According to the results of this study, it was found that the SO and multidimensional perceived social support levels of the patients who would undergo surgical treatment were high and these factors had an effect on the level of hope. Further, it was determined that as the SO and multidimensional perceived social support level of the patients increased, their hope levels also increased. Nurses can make supportive practices for spiritual care and social support systems to increase the hope of these patients.

Keywords: Breast cancer, hope, nursing, social support, spiritual orientation

Introduction

Breast cancer, one of the important cancer types, is a serious health problem that is increasing in prevalence in the world, threatening women's health and one of the leading causes of death, and requiring a multidisciplinary approach. A new study reports that by 2040, the breast cancer burden will reach more than 3 million new cases (40% increase) and more than 1 million deaths (50% increase) per year by 2040, according to the International Agency for Research on Cancer (IARC).[1] According to 2020 cancer data in Türkiye, it is reported that breast cancer ranks first with 23.9% among the most common cancers in women of all age groups.[2] Despite the increase in the incidence of breast cancer in the world, the decrease in the death rate is remarkable. In the early diagnosis of breast cancer, the negative effect of treatment on the quality of life is minimal and the success rate is high. With new treatments, life expectancy is prolonged and quality of life increases in advanced stages of the disease.[1,2]

While being diagnosed with cancer is perceived as an important threat to the future by individuals, being diagnosed with breast cancer is perceived by women as a disease in which both femininity and life are threatened.[3]

It has been stated that the diagnosis and treatment of breast cancer cause psychological problems such as anxiety, depression, anger, uncertainty about the future,

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hopelessness, helplessness, fear of recurrence of cancer,[3] decreased self-esteem, deterioration of body image, fear of losing femininity[4], and fear of death.[5] These problems are not only universal reactions to cancer, but also reactions specific to breast loss, which includes many symbols in the female body.[3]

The patient's own and environmental variables have an effect on the adaptation of women diagnosed with breast cancer to the treatment process and cancer. While the social support perceived by the patient has a great effect among the environmental variables, the variables related to oneself consist of demographic characteristics, perception of the disease, ability to cope with stress, and past life history of illness. Disease-related variables are the course of the disease, the affected limb, the type of surgical intervention, and other treatments applied.[6]

The physical and psychosocial problems[3] experienced by these patients disrupt their adaptation mechanisms to life, leading to the development of a sense of hopelessness for the future[7] and an increase in their social support needs.[8] Social support is the social and psychological support that the individual receives from the people around him (family, friends, someone special).[9] In a study conducted by Bener et al,[8] it was stated that the hopelessness levels of patients with breast cancer decreased when they received social support. However, breast cancer can also lead to changes in women's beliefs and value structures, such as increased or changed spiritual activities.[10]

It is stated that, thanks to the religious and spiritual dimension, the individual can have feelings of belief, hope, submission, tolerance, optimism, inner peace, life satisfaction, meaning, and purpose of life.[11,12] Since cancer, which requires long-term follow-up and treatment, can be perceived by individuals as a disease that evokes pain, death, and uncertainty, changes may occur in the individual's perspective and ability to make sense of life after being diagnosed with cancer.[12] Patients who encounter many physical and psychological difficulties during the diagnosis and treatment process try to protect their physical and mental health by gaining strength from the spiritual dimension in order to adapt to the disease and cope with the stress they experience.[13,14] In a study conducted by Vallurupalli et al,[14] it was stated that 84% of cancer patients use spirituality to cope with their disease. In addition, in the study carried out by Atan et al,[15] it has been reported that as the spiritual well-being levels of cancer patients increase, their hopelessness and depression levels decrease.

Hope is a powerful vital factor that enables the individual to take action to change the situation she is in and to cope effectively with negative situations such as loss, uncertainty, pain, and illness with positive expectations for the future.[9,16] Low social support, social isolation, deterioration in body image, and a difficult treatment process in cancer patients increase the level of hopelessness in patients. In their study, Heidari and Ghodusi[16] examined the relationship between body image, hope, and mental health in women who had mastectomies, and stated that the level of depression was higher, and the level of hopelessness increased as the level of depression increased. Many factors play a supporting role in the management of these processes. The tendencies that will support the individual in this difficult process, such as the perception of social support and spiritual orientations (SO), help them cope.[8,15]

In the light of this information, when the literature is examined, no study has been found that evaluates the relationship between social support perception, SO, and hope levels together. In this study, it is aimed to determine the relationship between the perception of social support, SO, and hope levels of women who will undergo surgical intervention for breast cancer.

Questions of Research

- What are the perceptions of social support, SO, and hope levels of the women participating in the study?
- Is there a relationship between the SO, social support perception, and hope levels of the women participating in the research?

Materials and Methods

Type of the Research

The study was conducted as a descriptive-relationship searcher to determine the preoperative SO, social support perception, and hope levels of patients who were hospitalized in the general surgery department of 2 public hospitals between November 2019 and May 2020.

Population and Sample of the Research

The study was conducted with patients in the 2nd and 3rd stages of breast cancer, who were scheduled for breast-conserving surgery (n: 72) and mastectomy (n: 69) because of this disease. A priori power analysis was performed to determine the sample size of the study. In this power analysis, it was determined that at least 128 people should be reached in order to reach 80% power at a significance level of 0.05. A total of 141 women who met the inclusion criteria and agreed to participate in the study constituted the sample of the study.

The criteria for inclusion in the research are:

- 18 years and above
- 1st time with stage 2 and stage 3 primary breast cancer
- Knowing the diagnosis
- Having a scheduled operation
- No problem in communicating
- Literate

- Women who agreed to participate in the study.

Data Collection Tools

"Personal Information Form," "Multidimensional Scale of Perceived Social Support (MSPSS)," "Herth Hope Scale (HHS)" and " SO Scale (SOS)" were applied to 141 patients in the sample as data collection tools.

Personal Information Form

The Personal Information Form applied to the patients was prepared in line with similar literature[8,11,14,17,18] and there are 22 questions such as the patient's age, marital status, the status of having a child, education level, employment status, income level, occupation, place of residence, with whom she lives, presence of chronic disease, breast cancer in her family history, and people who supported him during the illness.

Spiritual Orientations Scale

The SOS developed by Kasapoğlu[19] was used. The scale was designed from the perspective of belief in divine power, meaning and search,

prayer/meditation, which are accepted as the basic parameters of spirituality. The SOS is a 7-point Likert-type scale consisting of 16 items. This scale is scored from "1=strongly disagree" to "7=strongly agree." The range of scores that can be taken from the scale varies between 16 and 112. A high score from the scale indicates a high level of SO. Kasapoğlu determined the Cronbach Alpha reliability coefficient of the scale as 0.87 and the test-retest value as 0.84.[19] It was confirmed that the scale can be used for adults by obtaining permission from Kasapoğlu. In addition, Masat and Koç[20] used this scale in a study they conducted with oncology patients in Türkiye and found the Cronbach Alpha reliability coefficient of the scale to be 0.97. In this study, the Cronbach Alpha reliability coefficient of the SOS was found to be 0.98.

Herth Hope Scale (HHS)

This scale was developed by Herth in 1992 to determine the hope levels of individuals with chronic diseases and was adapted to Turkish society by Aslan et al.[21] Herth found Cronbach's Alpha coefficients as 0.89 for cancer patients, 0.94 for elderly individuals, and 0.92 for healthy adults in the reliability analyzes he performed for the samples to which he applied the scale.[22] The scale consists of 30 items. For each item, there are four options: "Not appropriate at all," "Rarely appropriate," "Sometimes appropriate" and "Always appropriate." The corresponding scores are 0, 1, 2, 3, respectively. The respondent is asked to mark only one option for each question. The scale consists of 3 sub-dimensions. These are named as "Future," "Positive readiness and expectation" and "the relationship they establish with themselves and their environment" sub-dimensions. The items of this sub-dimension are listed as follows:

- Future: 1-4-6-11-20-23-25-27-28-30
- Positive readiness/expectation: 5-7-9-13-15-17-19-21-26-29
- The relationship they establish with themselves and their environment: 2-3-8-10-12-14-16-18-22-24

The total hope score ranges from 0 to 90, and the total score for each subscale ranges from 0 to 30. High scores indicate high hope. In this study, the Cronbach's Alpha reliability coefficient was determined as 0.90 for the HHS, 0.78 for the future sub-dimension, 0.81 for positive readiness and expectation sub-dimension, and 0.80 for the relationship they establish with themselves and their environment sub-dimension.

Multidimensional Scale of Perceived Social Support (MSPSS)

The scale, which was developed by Zimet et al in 1988 and of which validity and reliability study in Türkiye was performed by Eker et al[23] in 2001, was used. The scale consists of a total of 12 questions and 3 sub-dimensions (family, friend, a special person). MSPSS is a 7-point Likert-type scale as "definitely no 1,2,3,4,5,6,7 absolutely yes." Each sub-dimension consists of 4 items. Family support consists of 3,4,8,11 items, friend support consists of 6,7,9,12 items and a special person support consists of 1,2,5,10 items. The lowest score that can be obtained from the scale is 12 and the highest score is 84. A high score on the scale indicates high perceived social support. In the reliability study of the scale, Cronbach's Alpha coefficient was determined as 0.85 for a family, 0.88 for friends, 0.92 for a special person, and 0.88 for total MSPSS. In this study, the Cronbach Alpha reliability coefficient was determined as 0.89 for MSPSS, 0.91 for family support, 0.91 for friend support, and 0.94 for support from a special person.

Data Collection

The data were collected by the researcher as a conversation with the patients who agreed to participate in the study, using the face-to-face therapeutic interview technique. Data collection tools took an average of 40 minutes to respond. In case of emotional moments, while answering the questions, the silence was used or continued later.

Data Analysis

Data were analyzed with the Statistical Package for Social Sciences version 22.0 (IBM Corp., Armonk, NY, USA). Numbers, percentages, minimum and maximum values, mean and standard deviations, Pearson Correlation Analysis for normally distributed measurements, and Spearman Correlation Analysis for non-normally distributed measurements were used in the analysis of the data. The Cronbach Alpha coefficient was used for internal consistency analysis, and the Kurtosis and Skewness coefficients were used for the normality distribution of the data. In the study, the level of significance was accepted as $P < 0.05$.

Ethical Aspects of the Research

Before starting the research, permission to use the scale was obtained from the non-interventional clinical research Ethics Committee of Maltepe University in Istanbul with the decision number 2019/06-7 dated October 11, 2019. Necessary permissions were also obtained from the 2 hospitals where the research would be conducted. In addition, the purpose, plan, duration of the study, what is expected from them, how and where the obtained data would be used, were explained to the women participating in the study via the "Informed Consent Form" and their signatures were taken. While applying the scales, necessary explanations were given to the patients to respond the questionnaire with sincere and realistic information, and it was stated that patient privacy would be protected. The study was conducted in accordance with the Declaration of Helsinki.

Limitations of the Research

This study is limited to the responses given to the scale questions of patients who were hospitalized and scheduled for surgery in the surgical service of 2 public hospitals. The fact that the sample group was selected from 2 different hospitals due to institutional permissions is also a limitation of this study. The data obtained cover the group in which the study was conducted. This study cannot be generalized to all patients receiving the same diagnosis and treatment.

Results

It was found that of the women participating in the research 77.3% are married, 91.5% have children, 34.7% are primary school graduates, 58.2% live in the district, 58.9% live with their spouse and children, 54.6% are housewives, 83.7% were not working and the income of 68.1% of them was equal to their expenses (Table 1).

The data on the diseases of the women participating in the study are presented in Table 2.

While the HHS total mean score of the women within the scope of the study was 79.18 ± 10.43, it was found that the future sub-dimension mean score was 25.21 ± 4.47, the positive readiness and expectation sub-dimension mean score was 26.74 ± 3.75, and the relationship they establish with themselves and their environment sub-dimension mean score was 27.23 ± 3.60. While the total score of MSPSS was

Table 1. Demographic characteristics of women participating in the study (n=141)

	n	%
Marital status		
Married	109	77.3
Single	32	22.7
Having children		
Yes	129	91.5
No	12	8.5
Literate	11	7.8
Primary education	49	34.7
Level of education		
High school	39	27.7
University and above	42	29.8
Living place		
District	82	58.2
City	59	41.8
Alone	14	9.9
Spouse	20	14.2
The people women		
Spouse and children	83	58.9
Live with		
Child/children	16	11.3
Mother/father	3	2.1
Other*	5	3.5
Retired	33	23.4
Officer	4	2.8
Profession		
Worker	17	12.1
Housewife	77	54.6
Other**	10	7.1
Working status		
Working	23	16.3
Not working	118	83.7
Income less than expenses	33	23.4
Level of income		
Income and expense equal	96	68.1
Income more than expenses	12	8.5
Continuous variables	**Mean**	**SD**
Age	51.55	11.22

*Caregiver, relative, friend, **Self-employed, tradesman.

Table 2. Disease-related characteristics of women participating in the study (n=141)

	n	%
Chronic Disease		
Yes	67	47.5
No	74	52.5
Psychiatric disease		
Yes	16	11.3
No	125	88.7
Regular medication use		
Yes	71	50.4
No	70	49.6
Having operation		
Yes	97	68.8
No	44	31.2
Hospitalization		
Yes	97	68.8
No	44	31.2
Breast cancer history in family		
Yes	49	34.8
No	92	65.2
Supportive individual		
Yes	138	97.9
No	3	2.1
Spouse	69	48.9
Children/child	39	27.7
Sibling	19	13.5
Support person		
Mother	4	2.8
Friend	5	3.5
Other*	5	3.5
The way she perceives		
A disease that requires long-term treatment	80	56.7
The disease		
An easily curable disease	61	43.3
Not at all	3	2.1
The level of finding		
A little	7	5.0
Herself		
Moderate	88	62.4

(*Continued*)

Table 2. Disease-related characteristics of women participating in the study (n=141) (*Continued*)

	n	%
Religious		
Much	35	24.8
Very Much	8	5.7
Pray	137	97.2
Performing prayer	35	24.8
Shrine	10	7.1
Practices for healing except for medical applications**		
Votive Sacrifice	24	17.0
Go to clergy	1	0.7
Amulet	1	0.7
Charm	1	0.7
Herbalist	20	14.2
Holy water	31	22.0
Other***	23	16.3

*Aunt, uncle, niece, lover; ** More than one option chosen; ***Meditation, bioresonance, mindfulness.

71.87 ± 12.14, it was determined that the mean score of the family support sub-dimension was 26.06 ± 4.18, the mean score of the friend support sub-dimension was 22.46 ± 5.83, and the mean score of the special person support sub-dimension was 23.35 ± 5.99. The SOS total score average was found to be (102.77 ± 19.00) (Table 3).

As seen in Table 4; in women, there is a statistically significant, positive, and low-level relationship between HHS future sub-dimension score and family support (r=0.49), friend support (r=0.31), special person support (r=0.35) sub-dimension scores, and MSPSS total score ($P < 0.05$). There is a statistically significant, positive and low-level relationship between positive readiness and expectation sub-dimension score and family support (r=0.37), friend support (r=0.22), special person support (r=0.28) sub-dimension scores and MSPSS (r=0.37) total score ($P < 0.05$). As family support, friend support, special person support sub-dimension scores, and MSPSS total score increase, positive readiness and expectation sub-dimension scores also increase. There is no statistically significant relationship between positive readiness and expectation sub-dimension score and SOS total score ($P > 0.05$). While there is a statistically significant, positive, and moderate relationship between the relationship they establish with themselves and their environment sub-dimension score and the family support sub-dimension (r=0.50), there is a statistically significant, positive and low-level correlation between friend support (r=0.21), a special person support (r=0.38), the MSPSS (r=0.42) total score and the SOS (r=0.44) total score ($P < 0.05$). As family support, friend support, a special person support sub-dimension scores, MSPSS total score, and SOS total score increase, the relationship they establish with themselves and their environment sub-dimension scores also increase.

Table 3. Mean scores obtained from MSPSS, HHS, SOS and its sub-dimensions (n=141)

Scale and sub-scales	Min.	Max.	Mean	SD
HHS Total	**26.00**	**90.00**	**79.18**	**10.43**
Future	8.00	30.00	25.21	4.47
Positive readiness and expectation	9.00	30.00	26.74	3.75
The relationship they establish with themselves and their environment	9.00	30.00	27.23	3.60
MSPSS Total	**21.00**	**84.00**	**71.87**	**12.14**
Family Support	4.00	28.00	26.06	4.18
Friend Support	4.00	28.00	22.46	5.83
Special Person Support	4.00	28.00	23.35	5.99
MSPSS Total	**21.00**	**84.00**	**71.87**	**12.14**
SOS Total	**16.00**	**112.00**	**102.77**	**19.00**

While there is a statistically significant, positive, and moderate relationship between the HHS total score and the family support sub-dimension score (r = 0.51) and the MSPSS (r=0.51) total score, there is a statistically significant, positive, and low-level correlation between friend support (r=0.32), special person support (between the r=0.4) and the total score of SOS (r=0.25) ($P < 0.05$). As family support, friend support, special person support sub-dimension scores, MSPSS total score, and SOS total score increase, the HHS total score also increases (Table 4).

Discussion

The feeling of hope is a powerful vital factor that enables women with breast cancer to feel confident in the treatment process. Thanks to this power, individuals adapt to the disease and the treatment process and can effectively cope with the problems they encounter.[5,24] The level of spiritual well-being[15] and perceived social support, which is stated to be effective in the development of hope, will enable cancer patients to cope with this difficult process they have experienced more effectively.[8] In this respect, the level of hope and the factors supporting hope for women with breast cancer are too important to ignore.

It was found that all women included in the study had high perceptions of social support and that they received the most support from the family in the MSPSS sub-dimensions. When we look at the literature, it is stated that women with breast cancer have a high perception of social support and receive more social support from their families.[9,18,25,26] In oncology patients, it is stated that the social support received from the family increases the level of hope and coping by reducing the feelings of loneliness, helplessness, and abandonment.[20]

It was found that all women included in the study had a high SO. When we look at the literature, Masat and Koç[20] in the study examining the relationship between psychosocial problems, SO, and religious coping styles in oncology patients; reported that the level of SO of the patients was high. According to the study of Khodaveirdyzadeh et al,[27] it was reported that patients with breast cancer have higher

Table 4. Investigation of the relationship between social support, spiritual orientation and hope level of women (n=141)

		MSPSS	SOS	Family	Friend	Special Person
		Total	Total	Support	Support	Support
HHS Total	*r*	0.515*	0.257*	0.511*	0.324*	0.405*
	P-value	**0.000**	**0.002**	**0.000**	**0.000**	**0.000**
Future	r	0.484*	0.129*	0.490*	0.311**	0.356*
	P-value	**0.000**	0.128	**0.000**	**0.000**	**0.000**
Positive readiness and expectation	*r*	0.373*	0.162*	0.379*	0.223*	0.285*
	P-value	**0.000**	0.055	**0.000**	**0.008**	**0.001**
The Relationship They Establish with Themselves and Their Environment	r	0.423*	0.446*	0.501*	0.213*	0.389*
	P-value	**0.000**	**0.000**	**0.000**	**0.011**	**0.000**

spiritual coping levels, and that as their religious and spiritual coping levels increase, their adaptation to the disease increases. The high level of SO of oncology patients is due to the fact that human beings have always felt the need to believe in divine power and take shelter in a being that is superior to themselves.[27]

According to the results of the study, as the support of family, friends, and a special person and the perceived social support of all patients increase, their expectations from the future, their level of positive attitude towards life and expectation also increase. There is no statistically significant relationship between the future and positive readiness scores, which are the sub-dimensions of the hope scale, and SO. When the literature is examined; although there is no study that compares the future and positive readiness, which are the sub-dimensions of hope, and SO, the future, and positive readiness are equivalent to the concept of hope, and there are studies showing that there is a strong relationship between SO and social support perception and hope.[8,9,15,26,29,32,33,36] In a study conducted by Aydın Avcı et al,[28] it was reported that the hopelessness level of women who had mastectomy surgery was low and there was a negative correlation between hopelessness and social support. It was stated that patients with high levels of hopelessness and weak family relations need to receive more social support to cope with this situation.[28] In the study by Denewer et al,[29] it was found that Egyptian women who had mastectomy surgery had low social support levels, and therefore women had moderate hope. It is thought that getting the social support that patients expect from their close environment contributes to women's coping with the disease and looking to the future with hope. In the study conducted by Harandy et al[30]; It was stated that women with breast cancer have a strong spirituality and this power makes a great contribution to accepting and coping with the disease. It was determined that spirituality ranks first as a source of psychological support in women with breast cancer.[30] Thanks to their orientation towards spirituality during the treatment process, patients can feel better emotionally, increase their expectations for the future, have a positive outlook on life, and increase their level of expectation. In our study, although the patients' SO is high, it is thought that their spiritual life is not enough to affect their expectations from the future, their positive outlook on life, and their level of expectation.

According to the results of the study, as the support of family, friends, and a special person, perceived social support and SO of all patients increase, the relationship they establish with themselves and their environment increases in a positive way.

When we look at the literature, it was stated in a study by Azizi and Elyasi[31] that cancer patients received a high level of social support from their family and friends, and accordingly, they were able to express their feelings, concerns, and experiences about the disease more easily and contributed to an increase in the sense of hope. According to the study by Pehlivan et al,[32] it was reported that the perceived social support level of cancer patients is high, and the level of hopelessness and loneliness decreases as the social support of patients who receive the most support from their families increases. It can be thought that when the patients receive the social support they expect from their relatives, they establish more constructive and positive relationships with themselves and their environment, and this situation contributes to the increase of their hope. Costa et al[33] in their study with cancer patients receiving chemotherapy; reported that the level of the spiritual well-being of the patients was above the moderate level and that as the moral well-being of the patients increased, hopelessness decreased. Many studies support our study and it is seen that as the SO of the patients increases, they are more optimistic about the disease, feelings such as anxiety and worry that affect their psychological life decrease, and the quality of life of the patients who believe that life has meaning and purpose increases, and their life quality increases.[34,35] It can be thought that spirituality gives inner peace and coping power in oncology patients, especially during the treatment phase, supports the process of self-knowledge and understanding, and strengthens the relationship she establishes with herself and her environment by providing bodily relaxation.

All women included in the study had a high total score on HHS. According to the results of the study, as the support of family, friends, and a special person, perceived social support, and orientation towards spirituality increase, the level of hope also increases. When we look at the literature; in the study conducted by Öztunç et al,[26] it was found that patients with breast cancer had a high perception of social support, received the most support from their families, and as the social support of the patients increased, their level of hope also increased. Özdemir and Tas Arslan[18] stated that women with breast cancer have a high perception of social support and receive the most support from their families. It was reported in the same study that

the level of effective coping with stress increased as the perceived social support level of the patients increased.[18] In a study by Jing et al[36]; it was stated that there is a positive and significant relationship between the perceptions of social support and hope levels of patients with breast cancer.

In the study of Dumrongpanapakorn and Liamputtong, it was found that almost all of the women with breast cancer received sufficient social support from their family members (spouse, children, parents), some women were provided with strong emotional support by their friends, and the emotional support they received from women who were diagnosed with breast cancer like themselves and survived breast cancer strengthened the social support mechanism.[37] At the same time, religious beliefs and practices seem to provide emotional support for most women with breast cancer in the process of living with breast cancer.[37] In Turkish culture, the role of family support in situations such as illness, health, birth, and death is an undeniable fact. The family has an important position to support each other by taking responsibility in line with all kinds of needs of its members in establishing and maintaining the life balance. Although all members of the family experience various problems in diseases such as breast cancer that deeply affect all family dynamics, they still do not make the sick individual feel this situation and continue to provide psychosocial support. Studies carried out in this direction show that social support from family, friends, and the environment is very effective in instilling hope in cancer patients who have lost hope and developing a positive perspective towards life.[15] In the literature, it is stated that spirituality has an important place in the lives of cancer patients. It is thought that commitment to spiritual values in individuals strengthens the coping mechanism with cancer, increases the social support perceived by patients, and facilitates the patient's coping with stress.[38] Levine and Targ,[39] in the study, examined the relationships between spirituality, spiritual well-being, physical well-being, functional well-being, mood, and adjustment style in 191 women with breast cancer and it was concluded that as the SO of the patients increases, the physical well-being and the level of coping with the disease increase.

It is seen that as patients' orientation towards spirituality increases, hopelessness decreases. Similarly, in the study conducted on patients with breast cancer; it is stated that belief has a positive effect on coping with the disease by increasing emotional support, social support, and the ability to add meaning to life in patients.[40] According to the study by Thompson et al it was stated that the social support level of married patients with breast cancer is higher, there is a positive relationship between their SO and social support level, and religious beliefs and practices play an important role in coping with the disease. It is stated that depressive symptoms increase and general health perceptions deteriorate in the period when patients' social support and orientation towards spirituality decrease.[41] It can be thought that the high SO of women who have scheduled surgery contributes to hope by increasing their commitment to the meaning and purpose of life, thus increasing the ability of patients to cope with the disease.

Considering that the level of hope provides an important source of psychosocial support in recovery and especially supports the treatment compliance of the patients, it can be said that social support and SO are important factors in increasing hope as a result of this study.

Limitations of the Research

This study is limited to the responses given to the scale questions of patients who were hospitalized and scheduled for surgery in the surgical service of 2 public hospitals. The fact that the sample group was selected from 2 different hospitals due to institutional permissions is also a limitation of this study. The data obtained cover the group in which the study was conducted. This study cannot be generalized to all patients receiving the same diagnosis and treatment.

Conclusion

It was found that the patients who will undergo breast cancer surgery have high levels of SO and multidimensional perceived social support. It was also concluded that as the level of SO and multidimensional perceived social support of the patients increased, the level of hope also increased. Considering that women receive the most support from their husbands and therefore feel better psychosocially, awareness of the role of nurses in solving problems and strengthening communication between the patient and their spouse/partner should be increased. Further, it is recommended to plan activities for the solution of the problems faced by the couples in this process, to carry out similar studies with a larger sample group, to evaluate the hope level of the patients who will undergo breast cancer surgery, and whether their SO and perceived social support are met at periodic intervals with appropriate scales. In this direction, it is also recommended that patients with low hope levels, insufficient SO, and low perceived social support should be given cognitive-based training to increase their hope, and they should come together with similar patient groups and engage in group activities.

Ethics Committee Approval: Before starting the research, permission to use the scale was obtained from the non-interventional clinical research Ethics Committee of Maltepe University in Istanbul (Approval Number: 2019/06-7, Date: 11.10.2019).

Informed Consent: Informed consent was obtained from 141 women participating in the study.

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