The Perceived Social Support by Iranian Women with Breast Cancer: A Qualitative Study

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Research Article

Keywords: Social Support, Women, Breast Cancer, Qualitative Content Analysis

Posted Date: March 25th, 2021

DOI: <https://doi.org/10.21203/rs.3.rs-295984/v1>

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Version of Record: A version of this preprint was published at Supportive Care in Cancer on August 21st, 2021. See the published version at <https://doi.org/10.1007/s00520-021-06478-1>.

Abstract

Background: Social support has an important role in improving health outcomes and is considered as one of the crucial aspects of the modern care in cancer patients. Therefore this article aims at discovering and describing the dimensions of social support based on the lived experience of women suffering from breast cancer.

Methods: In this qualitative study, 22 women with breast cancer were selected through purposive sampling from 7 hospitals affiliated to Urmia University of Medical Sciences. The data were collected through semi-structured interviews and were analyzed by the Conventional Qualitative Content Analysis and Graneheim's and Lundman's (2004) approach, using MAXQDA software, version 10.

Results: After completion of the analyzing process, 6 categories were appeared including "creating an empathic atmosphere by family and community", "creating a safe communication network for the patient", "adaption to disease", "giving meaning to life", "the feeling of satisfaction with the healthcare providers for fulfilling their role", and "accepting the support and help of family and friends in fighting the disease".

Conclusion: According to the findings, good social support during the illness can result in the spiritual, mental, and physical well-being of the patients and is one of the most effective factors in fighting the disease and feeling of recovery. The findings of this study can be used to develop plans to help the patients to achieve more support from the family, healthcare providers and the community and even providing the required supportive care for this group of women.

Introduction

The rapid increase in breast cancer rates in recent decades and its deleterious impacts has drawn the attention of the specialist as well as the people to this disease (1). Every year more than 6 million women around the world are diagnosed with cancer (2) and in Iran, more than eight thousand new cases are diagnosed with cancer every year (3). The mean age of women with breast cancer in Iran is 10 years lower than that in high-income countries (4). Women with this disease suffer from a variety of social, psychological, mental, and physical problems during the process of diagnosis and treatment of the disease (4, 5). Controlling cancers, reducing the death rates, early diagnosis, and improving the quality of life of the patients with cancer is among the long-term goals of the National Cancer Control Program in Iran (6). One of the most important factors that impacts on improving the quality of life of these patients is social support (7).

Social support has a vital role in the quality of life and other outcomes after diagnosis and treatment of breast cancer (8, 9). Social support exists in the form of both physical and psychological assistance from family, friends and others during difficult times (10). Various studies among the survivors of breast cancer revealed that improper social support could result in an increase in the death rate (1), anxiety and depression after diagnosis (11), and rendering the proper amount of social support can lead to good social, psychological, and physical performance, and improvement of the quality of life (12), less distress (13), emotional well-being (14), decreasing the risk of illness (15), and long-term survival (7, 16). The family as a

source of social support has a significant impact on the patients' coping strategies with this disease (1). Furthermore, when these women are placed in a social group, they tend to live longer, and their emotional health is enhanced as well (12). Patients with rich sources of support tend to have better psychological and physical status than women with poor sources of support(11). Therefore, social support is considered as one of the crucial aspects of the modern care in treating cancer (17).

Perceived social support plays a vital role in adapting to severe diseases such as cancer (18). Thus, discovering and describing the dimensions of perceived social support in women with breast cancer is of considerable importance. Furthermore, understanding women's experience of social support can assist the caregivers to provide the required measures to support these patients. However, studies that deal with social support and its dimensions in women with breast cancer are rare so far. The aim of current study was to find out and describe the dimensions of social support based on the lived experience of women with breast cancer.

Methods

The conventional qualitative content analysis was used to describe the dimensions of perceived social support of Iranian women with breast cancer. Content analysis is one of the analysis methods in qualitative studies by which data are summarized, described and interpreted. (19, 20). Conventional content analysis is generally used in researches to describe a phenomenon (21)

Setting

The study was conducted in seven teaching hospitals and oncology centers affiliated to Urmia University of Medical Sciences and interviews were carried out at these settings. Patients after diagnosis of breast cancer are referred to these centers for surgery, chemotherapy and radiotherapy.

Recruitment of study participants

The research population included women suffering from breast cancer. Initially, participants were selected through convenience sampling method. Then, after analyzing the initial interviews, we implemented purposeful sampling to recruit our study participants. Recruitment of heterogeneous participants provided us a wide range of social support experiences among women with breast cancer. We continued to recruit participants to interviews until saturation and verification of data have been achieved. Inclusion requirements included: aged 18-80, the capability to speaking and responding in Persian or Azerbaijani and being diagnosed at least six months ago. Exclusion criteria included: participant's death, disease aggravation, and being unaware of their disease.

Data collection

Data collection took place during spring and winter 2019. The women meeting the eligibility criteria were selected based on purposive sampling. After we obtained the willingness to participate, an appropriate place

and time for an interview were arranged. Data were collected via face-to-face interviews individually by the first author (26 interviews with 22 participants) and in a private room. The maximum variety of participants were selected for the study concerning their age, academic background, employment status, marital status, number of children, economic status, and ethnicity. Sampling was continued to reach the data saturation and finally, with the sample size of 22 participants, the data were completed.

The data were collected through semi-structured interviews, using an interview guide. The interview guide consisted of open-ended questions. For instance, one of the questions asked from the participants was: Would you please tell me about your experience on social support you received during the disease? For each section of the interview, the probing questions were asked when appeared necessary in order to obtain more information, remove the ambiguities regarding the given information, and to obtain an in depth understanding of a complex experiences of participants. At the end of the interview, the following question was asked: do you have anything to add? to answer any particular subject that is important to the participant and was not included in the interview. All of the interviews were audio-recorded and lasted between 27 to 76 minutes with the average of 45 minutes.

Data analysis

In order to analyze the data, the conventional qualitative content analysis method was used on the basis of the steps proposed in Graneheim and Lundman's (2004) approach (22). The qualitative data analysis was carried out using MAXQDA software, version 10, from the beginning of the study. In accordance with Graneheim and Lundman's (2004) approach, after several times of listening, the contents of all interviews were transcribed verbatim into Microsoft Word files. In order to immerse themselves in the data, one of the researchers precisely reviewed the text of each interview for several times. Afterward, content analysis was started. At first, meaning units were identified, then, meaning units were summarized and designated with appropriate codes, and the codes were placed in subcategories and categories on the basis of the similarities and differences between them. Finally, themes were extracted in accordance with the hidden concepts in the texts.

Rigor

In order to ensure the trustworthiness or methodological soundness and adequacy, the following criteria proposed by Lincoln & Guba (1985) were employed: Credibility, transferability, dependability, and confirmability (23). Thus, the research was conducted by prolonged engagement with the data, peer check, member check, external audit, simultaneous analysis of the data, observing the maximum diversity in the participants, bracketing, constant supervision from the beginning up to the end of the research, elaborating on the manner of interviewing and data analysis, precise and in-depth description of the research process.

Results

The mean age of the participants was 48.18 years. 82% of women were married (n=18). 45.5% of the women had diploma (n=10). 77.3% of the study participants were housewives.

After completion of the process of analysing, six categories were appeared. Categories, subcategories, and some stories of the participants in this regard are expressed as follows:

1) Creating an Empathic Atmosphere by the Family and the Community

This dimension of social support was one of the common factors in the experiences of the participants. They stated that after being diagnosed with this disease, their family members, friends, relatives, and even the healthcare team were more empathic towards them and made it easier to endure the problem by their good behavior and support. The community and the family created an empathic environment by providing a happy life, strengthening their self-confidence, giving hopeful thoughts, highlighting the role of the patient in the family, physician's empathy with the patient, and encouraging to do exercise and recreational activities, which resulted in the appearance of the protective effects of social support in the patients and led to their emotional well-being.

One of the woman said in this regard: *"After my disease was diagnosed, we did more recreational activities because I was told that I should keep my spirit up to get better. My husband took me traveling and it made me feel better. Everybody was trying to keep me entertained, to make me happy, and to stop me from obsessing over my disease. And I tried to enjoy life more than before"* (p18)

2) Creating a Safe Communication Network for the Patient

Diagnosis and treatment of breast cancer could cause various emotional and physical problems for the patients and their families and affect the quality of their lives in many aspects. However, creating a safe communication network for the patients is very important and can be effective in reducing some of their problems. The families and friends were trying to create a safe communication environment for the patients by helping them out of their isolation and creating a safe and healthy environment. Besides, the patients boosted their energy and spirit by preserving their relationship with others and get energy from their behaviors and support.

A participant explained: *"The support of my friends and family had a great impact on me! Once I was laying down and I was quite sad, my husband came to me and said you are the pillar of my life and when you are like this what am I supposed to do with our children?! It moved me and raised my energy and spirit"* (p14).

3) Effectively Adapting to the Disease

Effecting adapting to the disease requires time passage to carry out the required measures for diagnosing, treatment, and rehabilitation. Furthermore, a variety of factors impacted the acceleration of this process,

which the women with cancer called them resilience and life satisfaction, hope to future, following the process of treatment, learning new skills for fighting the disease, coping with the disease, reducing of stress and increasing of the strength to fight the disease, and gradually revealing the disease to others.

A woman said in this regard: *"We did not have enough information about our disease, but the doctors and nurses were very knowledgeable and we did what they told us to and achieved good results"* (p8).

4) Giving Meaning to Life

This dimension of social support was one of the common priorities among all of the participants. Women with cancer expressed that this disease gave a new meaning to their lives and they can recover sooner if they come to a new understanding of life goals and making efforts to achieve their goals. Women's experience included understanding the meaning of life despite the disease, spiritual development after the disease, understanding the beauty of life, better recognition of the value of life, contemplating on the creation and one's destiny, setting goals for their lives and the future of their children and themselves.

A employed married woman described her experience as: *"After my diagnosis, I was satisfied with God and had a better view of life. I said to myself I will try to make the best of each moment of my life so that my family and I could live happy and healthy together. Now I appreciate life more than before"* (p17).

5) Satisfaction with the Healthcare providers for Fulfilling Their Role

Women with breast cancer suffer from a wide range of social, psychological, mental, and physical symptoms during the process of diagnosis and treatment. On the other hand, treatment methods cause short-term and long-term complications in these patients. During the difficult conditions, the attitude and behavior of the healthcare providers had a considerable impact on the process of treatment of these patients. The satisfaction with the health care providers for fulfilling their roles was among the common experiences of the participants that were expressed as receiving enough information and explanations about the disease, the tendency to receive care from the fixed personnel, expressing gratitude to the members of health care team, and adherence to treatment due to the good behavior of the health care providers (Table No. 1).

A single woman said in this regard: *"I told the nurses now that you put up with us, God will watch over you. I hope that you will never face any problem. You are supporting and tolerating us, you are taking care of us God bless you"* (p1).

6) Accepting the Support and Cooperation of the Family and Friends in Fighting with the Disease

According to the patients' statements, one of the effective factors in the recovery of women with breast cancer was the good cooperation of their family and friends and their support. Communicating with other patients and survivors of breast cancer, talking to them about their experiences from this disease, were important and effective in finding methods to fight this disease and cope with the side effects of the treatment. Women's experience in this regard are as follows: The impact of the support of husband and family on recovery, the communication with acquaintances and participating in the social activities, boosting spirit and acceleration in the process of treatment, communicating with people in the same situation and sharing the experiences, the role of the husband and family in praying and offering oblations for the patients' health.

One of the woman said: *"In the hospital, I talked to people who were like me who had breast cancer and I used the experiences of others who had this disease. Every time I saw them, I told myself that I am not alone and there are other people like me and they have been cured. It raised my spirit and gave me hope"* (p22).

Table No. 1

A Sample of the Data Indicating the Experiences and the Dimensions of Social Support in Women Suffering from Breast Cancer

Meaning Unit	Summarized Meaning Unit	Initial Codes	Subcategory	Category	Theme
The health care providers' recommendation to avoid going to crowded places to prevent infection	Recommendation to avoid crowded places to prevent infection	Receiving the required explanations regarding the	Receiving the required explanations regarding the disease	Satisfaction with the Healthcare providers for Fulfilling Their Role	The Perceived Social Support During the Disease
Recommendation to constantly wash their hands and practice personal hygiene	Recommendation for practicing personal hygiene	prevention from infection			
Recommendation to receive sufficient amount and required food to prevent the side effects of chemotherapy	Recommendation for getting the required and sufficient nutritional diet	Recommendation to have a healthy and proper diet			
Praying for all physicians and nurses	Praying for the personnel of the healthcare providers	Praying for the healthcare providers			
Expressing gratitude to the efforts and endeavors of all care-treatment personnel	Expressing gratitude to the efforts and endeavors of the healthcare providers	Expressing gratitude to the efforts the healthcare providers	Expressing gratitude to the healthcare providers		
Having a good relationship with the physicians and nurses in the hospital	Keeping a good relationship with the physicians and nurses	Keeping a good relationship with the healthcare providers			

Discussion

The present research aims at explaining the experiences of women with breast cancer from perceiving social support during their illness. One of its dimensions was creating an empathic atmosphere by the family and the community. In the study by Taghavi, it was revealed that social support is one of the vital aspects of cancer care, which can result in creating an empathic relationship for the patients. Besides, social support can increase a person's adaptation and capability to cope with chronic diseases such as cancer (24). Fink et al. carried out a study that indicated that women with cancer have received support from their family, friends, and physicians (12). This similarity of the results demonstrated that social support was an effective factor in

the emotional well-being of the patients with cancer and it was an interactive process that played a crucial role in patients' recovery by creating an empathic relationship.

Creating a safe communication network for the patient was another dimension of social support among the participants. In a study conducted by Zhang et al., it was manifested that creating a safe communication network for patients with breast cancer could lead to social support for these women (25). Therefore, providing social support through more effective and larger networks can help improve women's quality of life through instrumental, informational, and emotional support (15). The effective presence of the family members, especially the husband, during the process of treatment was the most important supportive factor and helped the patient out of their isolation and mourning and highlighted the woman's role in the family as was before the illness (18). Thus, it can be concluded that these patients' access to good and safe communication networks during their disease and maintaining their relationships with others together with benefiting from the support and cooperation of the family members and relatives can have a considerable impact on their treatment process and recovery.

Another dimension of social support was the ability to adapt to the disease. Shooa Kazemi. et al., in their research concluded that patients with breast cancer needed help to cope with their chronic disease. These people needed to learn new coping skills. This goal could be achieved when the fight and the reactions against the disease and its related problems were understood through raising awareness (26). Aghabakhshi and Rashedi in their study indicated that positive social interactions and social support were one the effective factors on the capability to fight the disease in patients with cancer (27). The similarity of these results manifests the fact that patients with breast cancer need help to adapt to their chronic disease. Accordingly, receiving and strengthening social support from the family and friends has an effective role in this regard and helps patients to cope with their illness and fight it.

Giving meaning to life was another dimension of social support and the most predominant shared experience among women. The study by Fenwan revealed three main themes, which were the feeling of the value of life, the feeling of the relationship with nature and the superior creature, and the feeling of belonging to the community. Also, this study indicated that if women with cancer had a good family relationship, received the required social support, and it could lead to having a better understanding of the meaning of life (28). In a qualitative study, it was revealed that understanding the meaning of life, enhanced the tolerance threshold of a person. This helped people whose life had more meaning to properly confront the challenges and stresses of life. Perceived social support can be effective in the strategies of coping with the pain in patients with cancer (29). This similarity between the results indicated that in the process of treatment of the patients with cancer, the factor of the perceived social support and understanding the meaning of life should be taken into significant consideration in order to prevent the social, psychological, and physical side effects and increase the person's performance.

Another dimension of social support was satisfaction with the healthcare providers for fulfilling their role. Social support for providing health care for women with breast cancer will be invaluable through perceiving the personal experiences of these women. The healthcare providers should make an effort to create a therapeutic relationship based on trust and provide these patients with the supports they need in a professional manner (15). Drageset et al. conducted research in which being perceived as a person, not a

patient under treatment, was among the experiences of women with breast cancer. They were more willing to receive the care from the fixed personnel and they tend to have the feeling of uncertainty upon losing the professional support after treatment (30). These results revealed the significance of receiving support from the healthcare providers, especially the nurses, in creating the feeling of recovery and improvement of the quality of life in these women. Thus, treatment-care staff should be aware of the importance of this issue and provide them with therapeutic support considering their individual differences and patients' experiences.

Accepting the support and cooperation of the family and friends in fighting the disease was another dimension of social support. In their research, Drageset et al. concluded that sharing the experiences with the family members and others as well as keeping an open mind regarding their illness, i.e. Cancer, was important for most of the women with breast cancer. Obtaining more awareness through other experiences helped them to feel better (30). Zhang et al. conducted a study in which most of the participants emphasized that the fellow patients shared the medical information pertinent to cancer and treatment with them and the most important issue was that they could understand that they are not the only ones suffering from this disease (15). Accordingly, it can be concluded that receiving social support either from the husband or family members or even the other patients with cancer and sharing their experiences can play a significant role in recovering from and fighting the disease.

Conclusion

Taking into account the results of the present study, women underwent various experiences from the perceived social support during breast cancer. Receiving social support helps women to improve the quality of their life and it can lead to emotional well-being and acceleration of the process of their treatment and recovery. Boosting the spirit, enhancing a person's performance, learning the techniques of fighting this disease, and effective adaptation to the disease are of the other benefits of receiving social support in women who participated in this study. Taking into account the already mentioned items, the multidimensionality and significance of social support, and various roles of women in the family life and even the society, it appears that these patients should be provided with supportive measures by their family and the society.

Limitation

One of the limitations of the present study was the unwillingness of some women to participate in this study due to their reluctance to recall the bad memories from the past, however, this problem was solved, to some extent, by explaining the purpose of the study and emphasizing the confidentiality of the personal information of the patients. The findings of this study could be beneficial as a conceptual basis for explaining the concepts in other studies or designing intervention programs for providing women with more social support in oncology wards. Considering the qualitative design of the study and the small number of participants, the results of the present study can not be generalized to all women with breast cancer. Therefore, it is suggested that in order to determine other aspects of social support on these people, other qualitative and quantitative studies should be carried out about these women and other patients suffering

from cancer in order to use their results to plan the methods of providing the required support for these patients.

Declarations

Funding

This research is part of PhD thesis and did not receive any grant from funding agencies in the commercial or not-for-profit sectors. This project was supported by the research deputy of Urmia University of Medical Sciences. The funding body had no role in the design of the study, data collection, analysis, interpretation of data, or writing the manuscript.

Competing interests

All authors declare that they have no competing interests.

Availability of data and materials

Data are available by contacting the corresponding author.

Code availability

The qualitative data analysis was carried out using MAXQDA software, version 10.

Authors' contributions

All authors participated and approved the study design. LM, and AF contributed to design the study, LM collected the data, and analyzed by LM, AF, KHR and KMA. The final report and article were written by LM, AF and KMA and all authors read and approved the final manuscript.

Ethics approval

The study was approved by the Research Council and Ethics Committee of Urmia University of Medical Science (IR.UMSU.REC.1397-06-33-1820).

Consent to participate

Before the interview, written and verbal information about the study were given and written informed consent was attained from all participants. Their participation was voluntary and they had the right to withdraw from the study at any stage.

Consent for publication

The article does not contain any individual's details and consent for publication is not applicable.

Acknowledgements

The authors would like to express their deepest gratitude to the Department of Research of the University, all participants of the study, and estimable colleagues, especially in Omid and Imam Khomeini Hospital of Urmia and Shahid Madani Hospital of Khoy.

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