



**T.C.
ÇANKIRI KARATEKİN UNIVERSITY
HEALTH SCIENCES INSTITUTE
DEPARTMENT OF NURSING**

PUBLIC HEALTH NURSING MASTER PROGRAM

**ASSESSMENT OF NURSES KNOWLEDGE AND
ATTITUDES ABOUT BREAST CANCER**

Master Thesis

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Çankırı 2022

Hemřirelerin Meme Kanseri Hakkındaki Bilgi Ve Tutumlarının Deęerlendirilmesi

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ETHICAL DECLARATION

I present to you a master's thesis entitled “ASSESSMENT OF NURSES' KNOWLEDGE AND ATTITUDES TOWARDS BREAST CANCER” under the supervision and guidance of my supervisor in the research, including the idea and hypothesis, and I certify that I wrote it according to ethics. And the scientific values on which my scientific research is based and on the basis of which I wrote my thesis.

Date: Mart 2022

Hazim AL. SHUWAILI

ACKNOWLEDGEMENT

I extend my sincere thanks to Dr. İlknur GÖL, Head of Public Health Nursing Department at the Institute of Health Sciences, and Prof. Dr. Sajjad Salem Issa, Head of Community Nursing Department at Basra University, I thank them for their beautiful patience and tireless effort in guiding me. And guidance, in order to prepare this humble work.

I would also like to thank all the professors who expressed their scientific opinions in the questionnaire and research, and I salute them and appreciate everything they gave me.

I also extend my sincere thanks to everyone who helped me, near or far, in preparing this humble work.

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ABBREVIATIONS AND SYMBOLS

Symbol	Interpretation
BSE	:breast self-examination
CBE	:clinical breast examination
BRCA1, BRCA2	:2 separate genes in women cause gene mutations for breast cancer
CHEK2	: A blood test that determines the susceptibility of a gene to mutations that cause breast cancer
PALB2	: This protein restores damaged DNA
CBE	:breast self-examination
MMG	:mammography
CC	:caudal elevator
MLO	:medial lateral oblique
SPSS(V26)	:statistical package of social sciences
P	:percentage %
N	:number
F	:frequency
SD	:standard deviation
M	:mean
M.S	:mean score
Eva	:evaluation
P-Value	:probability
Sig	:significant
N.S	: (P – value) > 0.05 (then no significant)
R	:Pearson Correlation
	:Correlation is significant at the 0.01 level(p<0.01 very significant)
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*	:Correlation is significant at the 0.05 level(p<0.05 significant)

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Hemşirelerin Meme Kanseri Hakkındaki Bilgi ve Tutumlarının Değerlendirilmesi

ÖZET

Hazım naeem AL.SHUWAILI. Hemşirelerin Meme Kanseri Hakkındaki Bilgi Ve Tutumlarının Değerlendirilmesi, (Yüksek lisans), Çankırı, 2022.

Arka Plan: Meme kanseri kadınlarda en sık görülen, sıklığı gittikçe artan bir kanser türüdür. Önemli bir halk sağlığı sorunu olan meme kanserine bağlı sakatlık ve ölümlerin azaltılmasında sağlık çalışanlarına önemli roller düşmektedir.

Amaç/Hedef: Bu çalışma ile Irak, Basra kentinde kadın Hemşirelerin meme kanseri, meme kanseri risk faktörleri ve belirtileri ile ilgili bilgi düzeylerini ve tutumlarını belirlemek amaçlanmıştır.

Yöntem: Tanımlayıcı ve kesitsel tipteki bu araştırmanın evrenini Al-Sadr Eğitim ve Basra Eğitim hastanelerinde çalışan 200 hemşire oluşturmuştur. Araştırmanın örneklemini araştırmaya katılmayı kabul eden 125 hemşire oluşturmuştur. Verilerin toplanmasında kişisel bilgi formu ve araştırmacılar tarafından literatür doğrultusunda hemşirelerin meme kanseri, meme kanseri risk faktörleri ve belirtileri ile ilgili bilgi düzeylerini ve tutumlarını belirlemeye yönelik hazırlanan anket formu kullanılmıştır.

Bulgular: Araştırma grubunun tamamı kadın olup, %82.4 ünün 20-41 yaş aralığında, %45.6'sının evli ve %28.8'ini üniversite mezunu olduğu belirlenmiştir. Hemşirelerin %8'inde meme kanseri öyküsü olduğu, %13.6'sının ailesinde meme kanseri öyküsü olduğu, %31.2'sinin KKMM yapmayı bilmediği ve %60.8'inin yıllık meme muayenesi yaptırmadığı belirlenmiştir. Katılımcıların anketten aldıkları ortalama puanlar sırasıyla: 1.83±0.36 (meme kanseri risk faktörleri), 1.91±0.43 (meme kanseri belirti ve bulguları), 2.32±0.45 (meme kanseri tarama yöntemleri)'tir.

Sonuç ve Öneriler: Araştırmanın bulguları araştırmaya katılan hemşirelerin meme kanseri ve tarama yöntemleri hakkındaki bilgi ve tutumlarının düşük olduğunu, hemşirelerin bu konularda farkındalıklarının ve tutumlarının geliştirilmesine ihtiyaç olduğunu göstermiştir.

Anahtar Kelimeler; Bilgi, Hemşire, Meme Kanseri, Tutum

ASSESSMENT OF NURSES KNOWLEDGE AND ATTITUDES ABOUT BREAST CANCER

ABSTRACT

Hazem Naeem Al-Shuwaili. Assessment Of Nurses Knowledge And Attitudes About Breast Cancer, (Master), Cankiri, 2022

Background: Breast cancer is the most common type of cancer in women with an increasing incidence. Health professionals play an important role in reducing disability and death from breast cancer, a major public health problem.

The aim/objective of this study: is to determine the levels of knowledge and attitudes of nurses in two hospitals in Basra city, Iraq about breast cancer, risk factors, and symptoms of breast cancer.

Method: The scientist in this cross-sectional descriptive study consists of 200 nurses working in Al-Sadr Teaching Hospital and Basra Teaching Hospital. The study sample consisted of 125 nurses who agreed to participate in the study. A personal information form and questionnaire prepared by the researchers were used to determine nurses' knowledge levels and attitudes about risk factors and symptoms for breast cancer and breast cancer in the data collection.

RESULTS: It was determined that 82.4% of the research group were aged (20-41), 45.6% were married and 28.8% were university graduates. It was determined that 8% of nurses had a history of breast cancer, 13.6% had a family history of breast cancer, 31.2% did not know how to get BSE, and 60.8% did not have an annual breast examination. The averages of the respondents in the questionnaire were, respectively: (1.83 ± 0.36) (risk factors for breast cancer), (1.91 ± 0.43) (signs and symptoms of breast cancer), (2.32 ± 0.45) (methods of detection of breast cancer).

Conclusion and Suggestions: The results of the study showed that the knowledge and attitudes of the nurses participating in the study about breast cancer and the methods of detecting it were low and that it is necessary to increase the nurses' awareness and attitudes about these topics.

Keywords: Behavior, Breast Cancer, Knowledge, Nurse

1. INTRODUCTION

Breast cancer has become the most common type of cancer, with a high death rate among women in all societies, And the results of the report published by the World Health Organization in 2008. Breast cancer is among all types of cancer among women (23-25%) and with 1.1 million new cancers. Cases are diagnosed every year. Due to the new treatments and the increase in awareness for patients, the early detection of the disease caused the reduction in the rate of removal of the breasts or one of them. Despite significant advances in screening, treatment, and survival, breast cancer remains the number one cancer-related death toll that affects women(American Cancer Society, 2017). Therefore, many doctors around the world recommend an early diagnosis of breast cancer through self-examination. If performed on a monthly basis, breast self-examination has been touted as an important tool for the early diagnosis of breast cancer. (BSE) is easy to use at home and thus cost-effective as it is free(Korkut, 2019).

Breast cancer is one of the leading causes of death for women over the age of 30. It shortens the lives of people at risk, especially those between the ages of 31 and 50. Breast cancer is becoming more and more common around the world. Breast cancer is becoming more common in societies where it was not common before. Breast cancer has become the most common cancer among women around the world (with the exception of skin cancers). The prognosis is poor for women over the age of forty. Many patients because of fear are late to go to the hospital if nothing happens or because of their wisdom and attitude towards breast cancer(Salaudeen et al., 2009).

Since many factors such as biology, diet, and environmental factors influence breast cancer risk, the etiology of breast cancer is complex, and the etiology of breast cancer is unknown. However, according to(O'Sullivan et al., 2018). the condition has a variety of causes. These factors include age, female gender, positive family history, harmful changes in gene sequences (BRCA1, BRCA2, CHEK2, PALB2, etc.), mammography density (dense breast), and reproductive factors (including infertility, early menstruation, delayed menstruation). In menopause, menstruation, and late menopause).

Therefore, it is impossible to prevent disease progression due to several of these reasons Impact breast cancer development and as a result, early detection is

critical to reducing death rates. Breast self-examination (BSE), clinical breast examination (CBE), and mammography (MMG) are also known as early detection techniques(Qaseem et al., 2019).

Additionally, women should be taught breast cancer risk factors, symptoms, and screening strategies for early detection. It is important for nurses to have an adequate understanding of breast cancer in order to do so. Since women like to talk to a healthcare professional about personal matters. As a result, nurses play an important role in the multidisciplinary team that cares for breast cancer patients. So are people at risk of developing this condition. This is especially important in order to maximize risk reduction activities in women at risk, as well as for nurses to be aware of risk factors so that they can enable women to practice risk reduction. Breast cancer is also a leading cause of death in women and a global issue. As a result, it is important to assess nurses' levels of awareness regarding breast cancer and include both undergraduate and postgraduate instructions to address any gaps.

1.1 The Purpose of the Study

It is the determination of the knowledge level and attitudes of nurses about breast cancer, risk factors, and symptoms of breast cancer.

1.2 Statement of the Problem

Statement of problems can be summarized through the following question:-

What are the levels of knowledge and attitudes about breast cancer?

1.3 Limitations of this Study

The research is limited to the date it was conducted, the data collection form used for the purpose, and the answers given by the individuals.

2. GENERAL INFORMATION

2.1 Breast Cancer

Uncontrolled mitosis is a feature of cancer cells, which leads to abnormal development (carcinoma in situ). Invasive cancer is a life-threatening disease characterized by a tendency to enter normal tissues locally (Davies, 2016). Lung cancer, stomach cancer, prostate cancer, and breast cancer are among the most common types of cancer that cause death. Breast cancer is characterized by the uncontrolled spread of malignant cells into the epithelial tissue of the breast. Both men and women are affected by this condition (Lukong, 2017). Breast cancer results from the irregular development of irregular cells in the milk-producing glands (lobules) or the ducts that carry milk to the nipples (ducts). Characterized. The primary tumor begins in the breast but can spread to other organs if it becomes invasive and has spread to regional axillary lymph nodes. The most common cancer among women between the ages of 40 and 60 is this type (Masoudiyekta, 2018).

2.2 Breast Cancer Risk Factors

Genetic predisposition, exposure to estrogen, ionizing radiation, smoking, and alcohol consumption are the most important risk factors, and they increase with age, with nearly a quarter of breast cancer cases occurring after the age of 50. The mortality rate has decreased in recent years as a result of improved treatment and early diagnosis, especially among young people (Senkus et al., 2013).

2.2.1 Gender

A primary male or female is the human component that decides lifetime health and illness. Men and women differ not only in the way they think, feel, and act with their organs and bodies, but also in the way they think, feel, and act in their minds. Environmental, social, and psychological factors also play an important role. The sexes' complex partnerships are beginning to crumble (Kiss & Meryn, 2001). Women are more likely than men to inherit the disease, and the number of men and women with the disease is about equal (1 percent) (Abbas Hamid Abdel Hussein, 2017).

2.2.2 Age

Breast cancer is more common in women and men between the ages of fifty and seventy in the age range (50-69) (Davies, 2016).

2.2.3 Family history:

Women with a family history of breast cancer and other breast disorders have a higher health and knowledge degree about breast cancer(Andegiorgish et al., 2018).

2.2.4 Genetic factors

Using both genetic and environmental causes, fifteen types of cancer have been estimated. The relatively broad effect of cancer inheritance in individual sites indicates that living situation and lifestyle are the main cause of cancer(Czene et al., 2002).

2.2.5 Fertility history

Pregnancy lowers a woman's risk of breast cancer, while abortion raises it. The precise duration of pregnancy needed to minimize a woman's risk of contracting breast cancer is unknown. The following research suggests that breastfeeding reduces the risk of breast cancer over a 34-week pregnancy. Breast reduction has been performed on some women when they are 33 weeks or less pregnant, and no cancer has been discovered in births that are 34 weeks or more. It was discovered that the parity, social status, and vital status of the infant at birth were not clarified. After 34 weeks of pregnancy, I believe a hormonal effect is a key to detecting pregnancy-related breast cancer(Husby et al., 2018).

2.2.6 Breastfeeding

According to pooled results, breastfeeding reduces the risk of breast cancer. Breast cancer risk has been found to be associated with those who breastfeed for a shorter period of time, particularly when a longer period of breastfeeding has been shown to be inversely related to the risk of developing breast cancer. That is, the more you breastfeed, the less likely you are to develop breast cancer(Zhou et al., 2015).

2.2.7 Use of hormones

The results showed that the estrogen hormone increases the incidence of breast cancer, and the prolonged use of oral contraceptives increases the risk factors for breast cancer by increasing the work of the endocrine glands. Current and prolonged use of HRT greatly increases the risk. The risk of developing cancer in women at high risk of breast cancer is reduced by tamoxifen and other selective estrogen receptor

modulators. These genes interact with growth factors and steroid hormones. This information can be helpful in treating breast cancer(Hulka & Moorman, 2008).

2.2.8 Alcohol use

Drinks contain proven carcinogenic additives and toxins that greatly increase the spread of cancer through laboratory carcinogenicity tests with ethanol or some alcoholic beverages that have been tested for cancer in five experiments on mice by mouth and placenta added in water as drinking fluids. Tumors of the pituitary gland, adrenal gland, and pancreas as well as the nasal cavity, trachea, and kidneys cause breast cancer and lung tumors. By intraperitoneal injection. The prevalence of hepatocellular carcinoma and hepatocarcinoma was increased by using ethanol in drinking water. There is sufficient evidence that acetaldehyde in laboratory animals is a carcinogen (the primary metabolite of ethanol) to the experimental animals(Agency & Cancer, 1998).

2.2.9 Socio-economic level

These social factors are closely related to survival time. The post-diagnostic survival probability is classified as increasing according to improvement in socioeconomic status, showing that socio-economic variability is directly proportional to the time period of survival(Dayal et al., 1982).

2.2.10 Obesity

In 2016, nearly 1.9 billion people were overweight, and more than 650 million were obese. Since menopause and early menopause reduce the risk of breast cancer, and since adipose tissue is a large storehouse for hormone synthesis, the risk of developing breast cancer is highly correlated with obesity. Menopause with estrogen. In postmenopausal women, increased concentrations of estrogen in the blood along with increased production of estrogen in the environment are the main causes of breast cancer(Mohanty & Mohanty, 2021).

2.2.11 Smoking

Laboratory and animal studies have revealed that molecules such as polycyclic hydrocarbons and aromatic amines in addition to cigarette smoke can be found in tobacco smoke. Induce carcinomas in mammals. P53 mutations lead to the smoking of DNA genes. Animal and in vitro experiments have shown that cigarette smoke

compounds such as polycyclic hydrocarbons and aromatic amines can also be used. It causes mammalian cancers The consequences of smoking. In the breast tissue of many smokers, genetic mutations in the smokers' DNA breast tissue may help detect or develop breast cancer(Russo, 2002).

2.3 Breast Cancer Symptoms

Since we become more conscious of the signs and symptoms of breast cancer and the use of mammograms, early breast cancer is more and more diagnosed. Women aged 40 are advised to carry out mammograms and clinical breast exams. A monthly breast examination should be encouraged for women older than 20 years and a medicinal breasts test should be performed for women of 20 to 39 years. For women with risk factors, particularly women with a long family history of breast cancer, these recommendations have been updated(Apantaku, 2000). Symptoms and signs are as follows:

2.3.1 Having a mass and feeling pain

Knowing how your breasts might look and feel is an important aspect of keeping your breasts healthy. While regular breast cancer screening is required, it also means that you are aware of changes in your breasts as well as a sign, symptoms, or pain that indicates breast cancer. The most common symptom of breast cancer is a recent lump or mass. No matter how thin or hard it is, a hard, painless, and irregular lump is more likely to become cancerous. It can be painful. Every breast change or lump may also be examined by a qualified medical practitioner. Self-examination can help detect breast cancer early(American Cancer Society, 2017).

2.3.2 Orange peel shape

Inflammatory breast cancer is a form of breast lump or lump cancer that is relatively uncommon. As seen here, the thickening and tapering of the skin are also caused, such as an orange peel. Also, larger or firmer, tender, or itchy breasts can be affected. Rash or skin redness is prevalent. The modifications in lymphatic vessels in the skin were caused by cancer cells. Breast cancer generally has a high pace of development(Vural et al., 2014).

2.3.3 Sagging or shrinking breast tissue

In a woman's breast, for example, when ovulation and menstruation begin, the breasts seem to expand and the changes in the breasts are more pronounced. A change in breast tissue and thickness may also occur in women, especially at the age of 35, and the mammary glands can shrink and the hormone secretion in women gradually decreases by the end of the fifties. Cracking due to dehydration, termination of fertility, and lactation, leading to mastitis. The hormone secretion decreases dramatically after menopause. As women get older, women may develop cracked breasts and smooth or stiff nipples, and lack of treatment can lead to precancerous tumors and cancer(Shadap et al., 2014).

2.3.4 Nipple discharge

In breast patients, nipple discharge is often the color of secretions characterized by bloody fluid coming out of the nipple, which is the main symptom of the patient's anxiety. Which are the main indicator and important markers of disease. Related papers were scanned for PubMed. The researchers studied the relationship between the color of nipple discharge, blood secretion, or an abscess and the risk of breast cancer. This meta-analysis included eight trials for a total of 3,110 participants. Compared to patients with non-bloody nipple secretions, bloody nipple discharge can be an indicator of breast cancer risk among the various shades of discharge. Patients should be distinguished on the basis of signs of bloody nipple discharge or abscess(Chen et al., 2012).

2.4 Breast Cancer Screening Methods

Early detection of breast cancer opens the door to successful care, and thereby plays a critical part in lowering disease prevalence and mortality. The most convenient and effective method for early detection of breast cancer is a mammogram (MMG), breast examinations performed by a surgeon for clinical breast examination (CBE), and breast self-examination (BSE).

2.4.1 Breast self examination (BSE)

The aim of a woman's breast examination is for women to learn what their breasts look like and not to forget a problem, to know how their breasts feel natural, and to learn about future breast changes. Mammograms and clinical breast examination should be used, and breast self-examination is not a substitute for either examination. The girl should look at her chest while standing in front of the mirror. Usually, the size of the breasts differs from each other naturally. And looking for differences in breast size and nipple changes such as inverted nipples, strange secretions, wrinkles, or pitting that are strange and abnormal. Self-examination reduces the mortality rate and increases the chance of eliminating the disease in the beginning and it is a free and easy method. Although it is the easiest method to detect, it is also the least accurate. A breast self-examination consists of two basic steps: a palpebral examination and a visual examination of the breast.

Haptic examination

A self-examination is performed every month at the same time using appropriate techniques and covers the entire rib cage area from the collar bone to the bottom of the breast including the lymph nodes, the armpits, and the upper chest. Test three times with light, medium, and firm pressure for each covered area. In all three methods, breast self-evaluation can be performed through the vertical belt, wedge buckle, and/or focus circuit. Women can use two or three fingers with the thumb extended and use small comfort pads to feel the breast firmly and firmly on the soft inner surfaces of the fingers. Hand fillers are preferred for fingers because they are less sensitive and the hand cannot be moved with long nails. The breast should also not be squeezed between the fingertips, as the inflammation will make it feel like a lump when it is not present. There are several ways to do this.

Vertical bar

The woman should start in the armpit and slowly move her fingers down the breast. Then the tips of the fingers are slightly stretched towards the center and the movement begins again to the top, this time the hand on the breast moves up and down. This process continues on the entire surface of the breast and under the armpit. He should examine both breasts.

Wedge section

Since some women can easily use circular hand movement during a breast exam, a wedge shape technique was developed. As a result, as the breast splits into wedges, the tips of the fingers of the palm move towards the middle of the breast or nipple. With a wedge, both breasts are examined until they are completely cleared.

In the form of a concentric circle,

This method is used by women to feel their breasts in a circular motion that starts from the nipple area and extends to the entire breast. The circle widens as the lady walks over the edge of the breast. The breast, upper chest, and armpit area are examined using this circular motion. A thorough examination of both breasts should be performed, as with other methods. Vertical palpitations, wedge, and circular motion are three methods of breast self-examination.

Breast self-examination

Depending on the woman's choice, a breast examination may be performed by touching in a supine position or showering standing up.

A) Lie down

The woman begins by lying on the bed or placing her left hand behind her head, with a pillow or towel placed in this place. The shoulder should be raised slightly so that it lands midway on the chest, not on the axis. Since the thicker tissue is where more cancers appear, it causes the breast tissue to spread uniformly over the chest wall, making it easier to detect any lump in the upper outer quadrant of the breast. Women can feel their correct breasts using a vertical line, wedge, or concentric circle, which were mentioned above. The left arm is tested only under the head in the left breast and is completely relaxed on the side with the left arm. Once this test is completed, the woman should move her pillow or towel, place her right arm under the

pillow, face-up, and examine her right chest with her left hand, and again, the test should be repeated in a comfortable position on the side with the right hand.

B) When you shower

Lots of lumps feel moist and slippery with your breasts and fingers. Breast palpation test (friction reduction)(Khatib OMN, 2006).

2.4.2 Clinical breast examination (CBE)

It is the second stage of self-examination that is performed in the doctor's office and which must be completed by any woman over the age of 25 years. Inquire about risk factors in the medical records. When a family member or friend joins, the patient should ask questions about breast health. An experienced doctor or nurse can examine the entire chest area from the collar bone to the edge of the sternum, as well as the armpits. The examinations are performed in a closed place and the upper part of the patient's clothes is removed in steps to conduct a clinical breast examination while you are in a lying position. The patient may feel uncomfortable about this. However, this examination is important, so you should follow up with the specialist and go for an examination (ultrasound or mammogram, then magnetic resonance imaging) if necessary. This test is necessary for you to follow up with the doctor. (CBE) is recommended for routine health review, preferably every 3 years for women aged 20-30 years, and every year for women aged 40 and above who are asymptomatic(Saslow et al., 2004).

2.4.3 Mammogram (MMG)

A tool that uses the information of x-rays to detect and diagnose breast cancer, as well as to identify and evaluate chest disease in terms of breast morphology, anatomy, and pathogens. In order to successfully treat breast cancer, early detection of breast cancer is critical. But lower doses are used to provide high quality, high contrast, high resolution, and low noise. The treatment effect is similar to other rays. Breasts are susceptible to ionizing radiation, so the lowest dose of radiation must be used to ensure superior image quality. Mammography is considered more sensitive and accurate when evaluating fatty breasts compared to dense breasts because the larger the breast, the higher the radiation level.

It is difficult to identify dense breast tissue in young women. Mammograms are also used to support simple needle biopsies and to identify imperceptible injuries.

In a mammogram test uniform, breast pressure is critical for image contrast, and therefore these tools must be very sensitive. On the other hand, diagnostic mammography takes longer, is expensive, and gives the patient more radiation, and mammography testing and diagnostic tools must be very accurate in order to identify malignancies to assess the variations of severity between tissue acquisition. The breast consists of two views: the caudal elevator (CC) and the medial-lateral oblique (MLO). All tissues except for the axillary portion should be included in the (CC) projection. It is imperative to ensure that the top and back of the breast are included. The image should provide the visible margin of the wider pectoral muscle, to ensure maximum distance from the detector and complete mammography. Once the lesions occur with the breasts and are detected by self-examination, the focus is on the site. There is a need for methods of dividing the breast in a way that separates the breast by the nipple and makes it the center of the examination.

Basic ingredients

Mammography tube. And the M unit to press the breast. And a mammogram receiver. And the automatic radiation control system(Ali, 2020).

2.5 The Role of the Nurse in Preventing Breast Cancer

The nurse has a critical and important role in preventing and raising awareness about breast cancer and its control. In various ways including

1. Encouraging women to get screened: Breast self-examination every month after the fifth to seventh day after their period to determine what is normal and what is abnormal for their breasts. A noticeable nipple lump, soreness, inverted nipple, or discharge are all warning signs to watch out for. Clinical breast exams can be performed twice a year from the age of 25 plus mammography and MRI every year.
2. Recommend healthy habits and understand the risks: These include lifestyle changes, eating more fruits and vegetables, staying active, maintaining a healthy weight, encouraging women to breastfeed, cutting back on or staying away from alcohol, staying away from smoking, avoiding exposure to ionizing radiation, and abstaining from the use of exogenous hormones as contraindications. Pregnancy, silicone breasts, use antiperspirants, underwires and bras, and miscarriages Understanding risk factors is critical to prevention. Since it increases with age, breast cancer can occur at any age. A first-degree family history, early menstruation before

age 12, late menopause after age 55, menopause, advanced age in your first full-term pregnancy after age 30, or not having a full-term pregnancy are all signs you should beware of.

3. Provides assistance: Women are encouraged to discuss their concerns about cancer risk and treatment options, and chemotherapy is the primary preventive approach to the use of tamoxifen (20 mg daily for 5 years). It is critical that your patients receive as much knowledge as possible about the disease as well as effective preventative techniques(Onainor, 2019)(Vogel, 2000).



3. MATERIALS AND METHODS

3.1 Design

This is a descriptive cross-sectional study. Hospitals.

3.2 Sample and Preparation

The study was conducted with female nurses working in Al-Sadr Teaching Hospital and Basra Teaching Hospital, both of which are in Basra Governorate. The universe of the study consisted of 200 nurses working in Al-Sadr Teaching and Basra Teaching hospitals. The sample of the study consisted of 125 nurses who agreed to participate in the study.

Fifty nine nurses from Al-Sadr Teaching hospital and sixty-six nurses from Basra Teaching hospital participated in the study.

The excluded samples are those who completed less than 90% of the survey and those who did not respond to the questionnaire even after completing the questionnaire.

3.3 Data Collection Tools

Instruments were selected in two parts; the data was collected using a questionnaire to determine the socio-demographic characteristics of nurses and a questionnaire consisting of three sections developed to determine nurses' knowledge and attitudes about breast cancer.

3.3.1. Socio-demographic form; The form was included questions about the age, education, marital status, religion, family history of breast cancer, breast cancer history, self-exam of breasts, annual breast examination status of the participants, etc... It contains 12 questions in total.

3.3.2. Breast cancer information and attitude form; The form prepared to determine nurses' knowledge and attitudes towards breast cancer was adapted from study The model was modified to determine nurses' knowledge and attitudes toward breast cancer from the study (Andegiorgish et al., 2018). The necessary permissions were obtained from him personally for the implementation (Appendix 1).

The form consists of three sections. The first section consists of 14 questions about breast cancer risk factors, the second section consists of 12 questions about the signs and symptoms of breast cancer, and the third part consists of 5 questions about breast cancer screening methods. Consists of 31 questions.

The assessment was made by scoring in Section 1 and Section 2 which was calculated by giving “2” to “strongly agree”, “1” to “agree” and “0” to “disagree” to the answers. Assessment was done by scoring the third syllable as “0” for the first answer, “1” for the second answer, and “2” for the third answer.

3.4 Data Collection Method

Data were collected by using the questionnaire and interview technique. The average data collection time was 15 minutes.

Research variables

The dependent variable was; the knowledge level of nurses about breast cancer, risk factors, and symptoms of breast cancer.

Independent variables were; age, gender, educational level, marital status, breast problem, etc...

3.5 Data Analysis

The data were evaluated using the SPSS (V26)Windows package program. As a result of the Shapiro Wilk test conducted to determine whether the data were distributed normality or not, it was determined that the data were normally distributed. Number, percentage, mean and standard deviation were used in the analysis of the data, and the t test and one-way ANOVA were used to compare nurses' characteristics and knowledge scores. The significance level was accepted as $p < 0.05$.

3.6 Ethical Dimension

Ethical approval was obtained from the Ethics Committee of the Scientific Research Committee of the Ministry of Health of Basra to carry out the research NO: 623 dates 17-11-2020 (Appendix 3).

4. RESULTS OF STUDY

4.1 Descriptive Characteristic of Nurses

Table 4.1.1: Descriptive statistics of Demographic Variables.

Demographic Variables	Variables Classes	N	Percent
Age	20-41	103	82.4%
	42-63	22	17.6%
	Total	125	100%
Service	1-15	104	83.2%
	16-30	14	11.2%
	31-45	7	5.6 %
	Total	125	100%
Hospital	Basra hospital	66	53 %
	Sadder hospital	59	47 %
	Total	125	100 %
Marital status	Single	58	46.4 %
	Married	57	45.6 %
	Divorced	7	5.6 %
	Widow	3	3.4%
	Total	125	100 %
Religion	Muslim	123	98.4%
	Otherwise	2	1.6%
	Total	125	100 %
Family history	No	108	86.4 %
	Yes	19	13.6 %
	Total	125	100 %
Breast self-exam	I do not have the ability	39	31.2 %
	I have the ability	86	68.8 %
	Total	125	100 %
Annual examination	No	76	60.8%
	Yes	49	39.2%
	Total	125	100 %
Breast problem	No	115	92 %
	Yes	10	8 %
	Total	125	100 %
Education level	Middle School	34	27.2 %
	High school	33	26.4 %
	Institute	36	28.8 %
	College	22	17.6 %
	Total	125	100 %
Workplace	Emergency	18	14.4 %
	Department	20	16 %
	Management	4	3.2 %
	Foyer	42	33.6 %
	Operations	30	24 %
	Center	11	8.8%
	Total	125	100 %
Work type	Nursing	115	92 %
	Management	10	8 %
	Total	125	100 %

The variables related to the demographic characteristics of 125 nurses were distributed as in Table (4.1.1). Descriptive statistics of demographic variables were distributed to two hospitals, Basra Hospital, where their number reached (66) and their percentage (53%) and Al-Sadr Hospital (59) and their percentage (47%). Among the 125 nurses studied, the marital status was distributed from (58) single women and their percentage (46.4%) and (57) married and their percentage (45.6%) and (7) divorcee (5.6%) and there were (3) divorced women. The largest percentage in religion was for Muslims, whose number was (123) Muslims and their percentage was (98.4). In the history of the family, the percentage of a yes answer was lowest, their number was (19) and their percentage was (13.6%). When asked about their knowledge of a breast self-exam, the highest percentage was the ability to perform a breast examination, their number (86) and their percentage (68.8%), those who conducted the annual examination and answered the yes, the least, as their number was (49) and their percentage (39.2%) and those who have a problem in the breast. They also have smaller numbers, their number (10) and their percentage (8%), and we tried to take equal samples in terms of educational level, but the results became clear. It is the lowest percentage of female university graduates, their number (22) and their percentage (17.6%) when asked about the workplace, the highest percentage was in operations, their number (30) and their percentage (24%) and the lowest percentage in management, their number (4) and their percentage (3.2%) when Ask them about the nature of the work.

4.2 Nurses' Knowledge Scores on Breast Cancer, Symptoms, Risk Factors and Screening (N=125)

Table 4.2.1: Nurses' knowledge scores on breast cancer, symptoms, risk factors and screening (N=125).

Parts of Questionnaire	N	Mean± SD
Risk factor	125	1.83±0.36
Signs & Symptoms	125	1.91±0.43
Screening ways	125	2.32±0.45

The average knowledge scores of the nurses participating in the study for breast cancer risk factors, symptoms, and examination are presented in Table (4.2.1) When examining the table, it is noted that the average knowledge score about breast cancer risk factors is (1.83 ± 0.36) the average knowledge score about breast cancer, symptoms is (1.91 ± 0.43) and the average knowledge score about breast cancer screening is (2.32 ± 0.45).

4.3 Item Score Averages of the Responses Given By the Nurses Regarding the Breast Cancer Risk Factor

Table 4.3.1: Item score averages of the responses given by the nurses regarding the breast cancer risk factor (N=125).

Rick factor domain	N	Mean±SD
Does the risk of breast cancer increase with age?	125	1.98±0.58
Is breast cancer hereditary	125	1.74±0.72
Is a high-fat diet a risk factor for breast cancer?	125	1.83±0.63
Is smoking a risk factor for breast cancer?	125	1.90±0.65
Menstruation at an early age	125	1.53±0.65
Does raising the ovaries at a young age cause breast cancer	125	1.75±0.65
Late menopause is a risk factor for developing breast cancer	125	1.74±0.65
Is stress a risk factor for breast cancer?	125	1.55±0.66
Hormone therapy causes breast cancer	125	1.92±0.65
Does breastfeeding reduce the risk of breast cancer?	125	2.26±0.65
Is a painless breast lump a sign of breast cancer	125	1.98±0.65
Is obesity a risk factor for breast cancer?	125	1.70±0.63
Do birth control pills increase the risk of breast cancer?	125	1.81±0.61
Does physical activity reduce the risk of breast cancer?	125	1.94±0.69
Total	125	1.83±0.36

The average item scores for the answers given by the nurses to the breast cancer risk factor are presented in Table 4.3.1. The top three items with the highest scores by study nurses: "Does Breastfeeding Reduce Breast Cancer Risk?" (2.26 ± 0.65), "Does the risk of breast cancer increase with age?" (1.98 ± 0.58), "Is a painless breast lump a sign of breast cancer?" (1.98 ± 0.65).

Table 4.3.2: Item averages for responses provided by nurses regarding recognition of breast cancer signs and symptoms (n = 125).

Signs & symptoms domain	N	Mean±SD
A painless lump or knot in the breast or underarm	125	2.01±0.54
Discharge from the breast	125	1.93±0.62
Pain or soreness in the breast	125	1.98±0.64
Swollen or swollen breasts	125	2.03±0.56
Breast color change	125	1.94±0.60
Redness or wrinkling of the skin on the surface of the breast, like an orange peel	125	1.87±0.66
Weight loss	125	1.72±0.72
Changes in the shape of the breast and the presence of veins above the skin	125	1.94±0.61
Nipple inversion or indentation	125	1.86±0.61
Change in the shape, size, or contours of the breast, or wrinkling of the skin	125	1.90±0.64
Underarm knot	125	2.05±0.59
Itchy, crusty sores or a rash around the breasts	125	1.78±0.66
Total	125	1.91±0.43

N= number

The average item scores for the answers provided by the nurses about the signs and symptoms of breast cancer are shown in Table 4.3.2. The first three items given by the nurses participating in the study are in the mean range and the highest scores for “Underarm knot”(2.05 ± 0.59) and “Swollen or swollen breasts” (2.03 ± 0.56) and “A painless lump or knot in the breast or underarm” (2.01±0.54).

Table 4.3.3: Item score averages of the responses given by the nurses regarding the breast cancer screening (N=125).

Breast Cancer Screening	N	Mean Score
Breast cancer can be detected	125	2.40±0.73
What is the preferred time to take the test?	125	2.39±0.81
The most important and prominent global methods that help control and reduce the spread of breast cancer?	125	2.27±0.72
One of the factors that help to reduce the proportion Breast cancer	125	2.41±0.59
Ways to prevent breast cancer include	125	2.18±0.88
Total	125	2.32±0.45

Item score averages of the answers given by the nurses to the breast cancer screening are shown in Table 4.3.3. The first three items given the highest score by the nurses participating in the study “Breast cancer can be detected” (2.40±0.73), “One of the factors that help to reduce the proportion Breast cancer” (2.41±0.59), “What is the preferred time to take the test?” (2.39±0.81).

4.4 Results the Demography's Relationships With Knowledge of Breast Cancer

Table 4.4.1: Distribution of the research group's average knowledge scores on breast cancer risk factors according to demographic variables.

Demographic Variables	Variables Classes	N	Mean±SD	*P value
Hospital	Basra hospital	66	1.80±0.345	0.446
	Sadder hospital	59	1.85±0.383	
Age	20 – 41	103	1.81±0.351	0.818
	42 – 63	22	1.88±0.420	
Social status	Single	58	1.79±0.353	0.126
	Married	57	1.89±0.358	
	Divorced	7	1.76±0.453	
	Widow	3	1.45±0.218	
Religion	Muslim	123	1.82±0.364	0.512
	Otherwise	2	2.00±0.404	
Family history	No	108	1.81±0.357	0.308
	Yes	17	1.91±0.401	
Breast self-exam	I don't have the ability	39	1.835±0.410	0.948
	I have	86	1.830±0.342	
Annual examination	No	76	1.82±0.345	0.879
	Yes	49	1.83±0.393	
Breast problem	No	115	1.81±0.352	0.128
	Yes	10	2.00±0.457	
Education level	middle School	34	1.64±0.345	0.001
	high school	33	1.80±0.245	
	Institute	36	1.85±0.360	
	College	22	2.12±0.361	
Workplace	Emergency	18	1.95±0.348	0.200
	Department	20	1.71±0.313	
	Management	4	2.07±0.391	
	Foyer	42	1.78±0.381	
	Operations	30	1.88±0.317	
	Center	11	1.79±0.463	
Service	1 – 15	104	1.83±0.350	0.609
	16 – 30	14	1.89±0.433	
	31 – 45	7	1.72±0.433	
Work type	Nursing	115	1.83±0.361	0.924
	Management	10	1.82±0.411	

T-test for independent samples when it is two groups , using one-way ANOVA when it is three or more groups

Table 4.4.1 shows the distribution of the research group's mean knowledge score on breast cancer risk factors according to some characteristics. It was determined that knowledge scores were affected only by education level and knowledge scores on breast cancer risk factors increased as education level increased (p=0.001).

Table 4.4.2: Mean knowledge distribution of research group scores regarding breast cancer signs and symptoms according to demographic variables.

Demographic Variables	Variables Classes	N	Mean± SD	*P – value
Hospital	Basra hospital	66	1.91±0.381	0.984
	Sadder hospital	59	1.92±0.485	
Age	20 – 41	103	1.92±0.448	0.803
	42 – 63	22	1.89±0.353	
Social status	Single	58	1.93±0.504	0.918
	Married	57	1.91±0.364	
	Divorced	7	1.82±0.415	
	Widow	3	1.86±0.127	
Religion	Muslim	123	1.91±0.433	0.415
	Otherwise	2	2.16±0.235	
Family history	No	108	1.86±0.374	0.003
	Yes	17	2.28±0.582	
Breast self-exam	I don't have the ability	39	1.89±0.428	0.632
	I have	86	1.93±0.435	
Annual examinatio	No	76	1.85±0.405	0.041
	Yes	49	2.01±0.457	
Breast problem	No	115	1.89±0.388	0.012
	Yes	10	2.22±0.736	
Education level	middle School	34	1.80±0.346	0.085
	high school	33	1.89±0.421	
	Institute	36	1.94±0.527	
	College	22	2.09±0.347	
Workplace	Emergency	18	2.25±0.632	0.000
	Department	20	1.82±0.194	
	Management	4	2.12±0.284	
	Foyer	42	1.84±0.434	
	Operations	30	1.85±0.338	
	Center	11	1.90±0.388	
Service	1 – 15	104	1.90±0.444	0.519
	16 – 30	14	2.04±0.357	
	31 – 45	7	1.86±0.378	
Work type	Nursing	115	1.92±0.431	0.647
	Management	10	1.85±0.459	

*Using T-test for independent samples when it is two groups , one-way ANOVA when it is three or more groups

Table 4.4.2 shows the distribution of the research group's average knowledge scores regarding symptoms and outcomes of breast cancer according to some characteristics. Cognitive scores for signs and symptoms were compared with those with a family history of breast cancer ($p = 0.003$), those who had annual check-ups compared to those who did not ($p = 0.041$), those with breast problems compared to those who did not ($p = 0.012$) and those who worked in the emergency department compared to those who worked in other units ($p = 0.000$), found to be higher.

Table 4.4.3: Mean distribution of the research group's average knowledge scores about breast cancer screening according to demographic variables.

Demographic Variables	Variables Classes	N	Mean±SD	*P – value
Hospital	Basra hospital	66	2.30±0.476	0.492
	Sadder hospital	59	2.35±0.432	
Age	20 – 41	103	2.34±0.464	0.396
	42 – 63	22	2.25±0.410	
Social status	Single	58	2.37±0.431	0.406
	Married	57	2.31±0.494	
	Divorced	7	2.28±0.323	
	Widow	3	1.93±0.305	
Religion	Muslim	123	2.32±0.457	0.399
	Otherwise	2	2.60±0.001	
Family history	No	108	2.33±0.451	0.998
	Yes	17	2.32±0.494	
Breast self-exam	I don't have the ability	39	2.26±0.395	0.262
	I have	86	2.36±0.479	
Annual examination	No	76	2.35±0.425	0.483
	Yes	49	2.29±0.500	
Breast problem	No	115	2.32±0.452	0.940
	Yes	10	2.34±0.508	
Education level	middle School	34	2.22±0.391	0.001
	high school	33	2.18±0.492	
	Institute	36	2.36±0.404	
	College	22	2.63±0.439	
Workplace	Emergency	18	2.23±0.549	0.500
	Department	20	2.37±0.524	
	Management	4	2.20±0.565	
	Foyer	42	2.37±0.427	
	Operations	30	2.39±0.369	
	Center	11	2.12±0.449	
Service	1 – 15	104	2.34±0.467	0.662
	16 – 30	14	2.25±0.345	
	31 – 45	7	2.22±0.495	
Work type	Nursing	115	2.32±0.462	0.515
	Management	10	2.42±0.370	

*Using T-test for independent samples when it is two groups , one-way ANOVA when it is three or more groups

Table 4.4.3 shows the distribution of the research group's average knowledge scores about breast cancer screening according to some characteristics. It was determined that knowledge scores for breast cancer screening are affected only by educational level, and knowledge scores for breast cancer screening increased with increasing level of education ($p = 0.001$).

5. DISCUSSION

In this section, the results obtained from this study are discussed to assess the level of knowledge and attitudes about breast cancer and the methods of early detection and prevention conducted to determine nurses' knowledge of breast cancer, in light of the literature.

5.1 Discussing the Demographic Distribution of Nurses

According to this study, we used a self-structured questionnaire to survey a large number of nursing professionals in order to analyze their knowledge, reveal their skills, and motivate them to do better. All participants in this study were female in order to increase their abilities and to perform self-examination more effectively. The research sample was divided into two hospitals in Basra, southern Iraq, and the number of samples reached 125 from Al-Sadr Hospital who completed their questionnaire 66 samples, and the number of samples from Basra Teaching Hospital was 59 nurses divided by place of work. Most of the nurses helped many of the women do the self-examination, and the study revealed that most of those who answered the questionnaire were single. The study showed that most of those who answered the questionnaire are single (46.4%) of the total number and (45.6%) are married in the study group. These results showed that the majority of the nurses studied were unmarried, widowed (5.6%), and divorced (3.4%). The comparative study conducted in a rural area in western Turkey included a group of women (20-64 years)years. They were single housewives (19.7%), married women (67.6%), widowed (12.7%) (Dündar et al., 2006). The nurse should be well versed in applying the biological, psychological, and social approach to breast self-examination, ensuring health promotion and maintenance, breast cancer prevention, and methods of prevention and treatment. Spreading awareness in the sectors of the individual and society, which helps in the development and ensures access to public health care. The largest proportion of responses was determined by clinical breast examination. When asked about their ability to breast examination and whether they practice self-examination, the largest proportion of them answered that they have the ability to breast examination, (68.8%) and number (86) as an outcome-based study. While the percentage of nurses who performed the annual examination was small. Those who had a breast problem were very few. While a study conducted in Jordanian hospitals

in (2011) found that the majority of participants (95.5%) had no family history of breast cancer and that (55.4) percent practiced self-examination. There have also been 'concerns about an identifiable breast lump'. One of the risk factors for breast cancer is having a positive family history. Long-term use of birth control pills, smoking, and alcohol use have been identified as risk factors for breast cancer(Amasha, 2013). As for the level of education, university nurses are characterized by their access to high nursing information and their ability to diagnose nursing diseases, the percentage of institutes graduates (28.8%), and its graduates. (26.4%) secondary nursing the majority of nurses are graduates of the preparatory stage (27.2%). A small number of fresh university graduates in the province were distributed in important and sensitive places in healthy joints, and the spread of the Corona epidemic, which made it difficult to find a few of them. The current study shows that the years of service are the years of experience in the departments of the majority of nurses working in hospital wards who have less than 15 years of experience. There is a study conducted in rural areas in Turkey that was identical to my study in terms of the number of participants and the sample of nurses and their ages. The study showed that there were no statistically significant differences between the knowledge of breast cancer risks, signs, symptoms, and examination methods in terms of (age, marital status, years of experience)(Yuan et al., 1988). In another study, a researcher used the B-CAS Psychometric Characteristics Scale for the age group (25-49) in health centers in another study in the Turkish province of Konya (2021) as five components: knowledge of risk factors, knowledge of signs, symptoms, women's attitude towards breast cancer and its prevention Breast screening methods and health behavior related to breast cancer awareness. The validated and reliable test can be used to screen women's awareness of breast cancer with a simple and easy-to-use self-report assessment tool. The scale can help create new health assessment scales(Altuntuğ et al., 2021).

5.2 Assessment of Nurses' Knowledge of Breast Cancer, Symptoms, Risk Factors, and Screening Method

The results of the current study showed in Table (4-2) nurses' knowledge of knowledge statistics. Statistics are categorized into three main areas as follows: knowledge about breast cancer related to nurses' knowledge regarding the domain of breast cancer risk factors, and nurses' knowledge about signs and symptoms of breast cancer. Regarding the methods of early detection of breast cancer, the question items were optional in the knowledge areas in each study, as observation of the results showed that all 125 nurses had an average level of general knowledge. This showed that most of the nurses surveyed had generally unsatisfactory practices. The bottom line is that nurses feel the gap in nursing knowledge and practice mentioned above. This leads to the conclusion that nursing staff should be monitored and educational courses should be increased. More educational posters and programs should be published. The study showed according to the tables that there is an average risk ratio in certain areas of the nurses in the study group about the level of knowledge that there are no statistically significant differences in their knowledge ratios except for the question. (5 and 8) about knowledge of risk factors Questions (1, 2, and 4) have poor knowledge of early detection methods. Hence, the practices need to be adequately improved and developed because these results show that there is insufficient and unsatisfactory knowledge. While a different study in Karachi (2018) showed that the average knowledge score was (5.24 - 2.92). Altogether, 42 percent of the participants were found to have sufficient knowledge of breast cancer, while 58 percent had insufficient knowledge (Arif et al., 2018). The knowledge and practices of nurses must be raised, which helps in detecting the disease and eliminating its harmful and fatal effects. Breast cancer knowledge is closely related to regularity Nursing and family history courses and work units. Knowing the breast cancer risk factor among nurses is important so that they can provide the appropriate examination and recommendation for high-risk women. Nurses graduating from a private nursing school were 4 times more likely to have a good knowledge of the risks compared to those who graduated from a public nursing school. There is a need to evaluate breast cancer counseling practices of health care providers. The knowledge subscale was adapted for a survey among Jordanian nurses and had a low-reliability coefficient (Ahmed et al., 2006).

5.3 Assessment of Nurses' Attitudes Towards Breast Cancer

When asked about their ability to examine the breast and whether they practiced self-examination, the largest proportion of them answered that they had the ability to examine the breast, (68.8%) and number (86) as an outcome-based study. The study showed that the largest group is that no family member had breast cancer, and the study conducted in Iran matched my results(Fotedar et al., 2013). The largest percentage when asked about who performs the annual examination (60.8%) said that they did not see a doctor or did a mammogram. The majority did not have a breast problem (92%), which is a good sign and there was a study that matched my problem(Lemlem et al., 2013). Among the risk factors for developing cancer, it was found that there were concerns about breast cancer among nurses, and they were asked whether the risk of developing breast cancer increases with age, answered (83) in agreement, and the circumstances. the breast. Cancer is hereditary, (57.6%) of them answered that it is hereditary, and with the BRCA1 gene, women are up to 50% more likely to develop breast cancer and affect their lives(Faramarzi et al., 2021). The results of the question showed that a high-fat diet is a risk factor for breast cancer (72). They answered in agreement. Was the attitude to smoking a risk factor for breast cancer? (82) of them answered in agreement, as their attitude was satisfactory, and some nurses were afraid to hear the name of the disease and did not accept to participate in the name of the research only, but many of them had positive ideas about or learn about the latest developments about it and the possibility of its detection and prevention by focusing and identifying with Self-examination and educating their family and friends, and in general, when asking nurses about breast cancer risks. Through this study, it was found that those who have positive attitudes towards breast cancer are those who have good cognitive practices. And many nurses showed that breast cancer, if caught early, can be prevented and treated much easier and less expensively. Knowledge of breast cancer attitudes and practices was relatively poor in Kirkuk due to conflicts in the city, but a positive attitude towards learning screening techniques and the intention to educate others was somewhat encouraging(Alwan et al., 2012). In one study, many negative factors were evaluated during this study compared to the previous results of medical specialties! Recently, studies have been conducted on the association between alcohol consumption, smoking, and miscarriage for cancer risk according to a relative risk of (1.5–2.0) (25–30). No association with cancer risk was identified during this study(Yuan et al., 1988).

6. CONCLUSIONS AND RECOMMENDATION

The study confirms that there is a high percentage of nurses who do not have the ability to recognize and diagnose the disease and know the signs and symptoms and that some health workers need to increase their knowledge because they do not have the desire to do so and do not accept to hear or know what breast cancer is and what it is. Risks that lead to the loss of the patient's life and expresses her fear of the name

6.1 Recommendations

I recommend raising awareness among nurses by training all medical staff, holding multiple and periodical courses, making posters and television programs and presenting them to all nursing staff working in all hospitals to increase their knowledge of breast cancer and its life-threatening risks. .

I have recommended a number of effective recommendations, the most important of which are:

1. Paying attention to the means and methods of early detection of breast cancer, periodic self-examination and radiological examination for early detection of breast cancer. Providing specialized medical devices and services for this type of cancer in hospitals and oncology centers to provide the necessary services to patients so that the disease can be diagnosed in its early stages.
2. The importance of knowing and understanding the vitality of cancer cells and determining the appropriate treatment methods for each individual patient. And participate more actively in conducting local scientific research to contribute to the advancement and development of breast cancer treatment.
3. The importance of discussing the treatment plan for the cancer patient in general, especially breast cancer, in a periodic meeting that includes all the different medical specialties to determine the appropriate treatment methods for each patient.
4. Strengthening relationships between those who treat cancer, standardizing treatment methods, and strengthening relationships with researchers to obtain the best results. Providing moral support to breast cancer patients, which affects the patient's treatment and increases the person's recovery rate from the disease.

5. Paying attention to the means and methods of early detection and diagnosis of breast cancer in its early stages to increase the chances of recovery from it. Spreading health awareness and conducting awareness campaigns in poor areas about the seriousness of this disease.
6. Keeping abreast of the latest developments in the diagnosis and treatment of breast cancer and opening channels for cooperation between doctors and nursing staff to treat cancer patients, as well as strengthening relations between those concerned with cancer treatment, and unifying treatment methods with developed countries. . in this field. As well as closer relationships with researchers to get the best results.
7. Awareness in early detection of the tumor by following the medical advice and instructions urging the regular monthly self-examination before the age of thirty, the necessity of visiting the doctor and the periodic radiological examination before the age of forty, and identifying the normal and health status of the breast shape so that the woman can conduct the examination and identify what is It's not normal
8. You must lead a healthy lifestyle by maintaining regular exercise and a healthy diet. Vegetables and fruits that contain antioxidant vitamins. Reducing bad habits such as drinking alcohol and smoking that increase the risk of breast cancer.

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3. APPENDICES

APPENDIX 1: Permission to approve the questionnaire form by the researcher personally

APPENDIX 2: Ethical approval from the Ethics Committee of the Scientific Research Committee of the Ministry of Health in Basra

APPENDIX 3: Approval of Thesis Sample in language

APPENDIX 4: Questionnaire

APPENDIX 5: Curriculum vitae

**Appendix2: Ethical approval from the Ethics Committee of the Scientific Research
Committee of the Ministry of Health in Basra**

Appendix3 : Approval of Thesis Sample in language

APPENDICES4: Questionnaire

Dear Subscriber:

Please take the time to read this document carefully

We invite you to participate in a research entitled "Assessment of Nurses' Knowledge and Attitudes towards Breast Cancer" conducted by Hazim Naeem Al-Shuwaili. Before deciding whether or not to participate in this research, you need to know why and how to conduct the research. Therefore, it is very important to read and understand this model. If there is something you do not understand and is not clear to you, or if you want more information, ask us. Participation in this study is completely optional, and you have the right not to participate in the study or to withdraw from the study at any time after participation. Your response to the study will be interpreted as your consent to participate in the study. Do not be pressured or suggested to anyone while answering the questions on the forms provided to you. Personal information obtained from these forms will be kept strictly confidential and will be used for research purposes only.

Socio-demographic characteristics of nurses working in health facilities in Basra, Iraq						
a variable	Elements					
Age						
Social status	The married	Divorced	single	Widow		
Religion	Muslim		Otherwise			
Do you have breast cancer in the family?	Yes		No			
Learn about breast exam and spotting	I have the power to discover		i don't have			
Annual and biennial radiation examination	Yes		No			
Is there a problem with the breast	Yes		No			
Education level	Collectors	Institute	high school		Middle school	
Years of service						
Workplace	Managemen t	Emergency	cente r	Foye r	Departmen t	Oper ation s
Work type	management		Nursing			

Nurses' knowledge of risk factors and their attitudes toward breast cancer			
Questions	I agree	strongly agree I	non agree I
1. Does breast cancer risk increase with age?			
2. Is breast cancer hereditary?			
3. High-fat diet a risk factor for breast cancer?			
4. Smoking is a risk factor for breast cancer?			
5. Early menstruation ?			
6. Late menopause is a risk factor for breast cancer?			
7. Stress is a risk factor for breast cancer?			
8. Hormone therapy?			
9. Does breastfeeding reduce the risk of breast cancer?			
10. Is a painless breast lump a risk factor for breast cancer?			
11. Obesity is a risk factor for breast cancer?			
12. Do birth control pills increase the risk of breast cancer?			
13. Does physical activity reduce breast cancer risk?			

Information on signs and symptoms of breast cancer in Iraqi Basra nurses			
Questions (symptoms and symptoms)	I agree	strongly agree I	non agree I
A painless lump or knot in the breast or under the armpit			
Discharge from the breast			
Pain or soreness in the breast			
Change in breast size			
On the breast color change			
Redness or w rinkled skin appearance on the breast surface like orange peel			
Weight loss			
Changes in the shape of the breast and breast presence on			
Reflection of the nipple breast or socket			
Changes in the shape, size or properties of the breast or wrinkles on the skin			
A lump under the armpit			
Itching, crusty sores, or redness around the chest			

Nurses' knowledge of early detection and prevention of breast cancer		
1. Breast cancer can be detected	Breast self-examination and Clinical breast exam	
	Radiography and Sonar survey	
	Everything mentioned	
2. When is the preferred time for breast self-examination?	every year	
	Every month before menstruation	
	Every month after the menstrual period	
3. The most important and leading international methods to help control and seriously prevent the spread of breast cancer	Protection	
	Intact detection and Take care of my breasts	
	All of the above are true	
4. Among the factors that help reduce the incidence of breast cancer	Early pregnancy	
	See a doctor when discovering any breast nodules	
	All of the above are true	
5. Among the ways to prevent breast cancer	Stay away from abuse and hormones and steroids	
	Sport and nutrition	
	All of the above are true	

الاستبيان

عزيزي المشارك

يرجى أخذ الوقت الكافي لقراءة هذه الوثيقة بعناية

ندعوكم للمشاركة في بحث بعنوان "تقييم معرفة الممرضات ومواقفهم حول سرطان الثدي" الذي أجراه حازم نعيم الشويلي . قبل أن تقرر ما إذا كنت ستشارك في هذا البحث أم لا ، تحتاج إلى معرفة سبب وكيفية إجراء البحث. لذلك ، من المهم جدًا قراءة هذا النموذج وفهمه. إذا كان هناك شيء لا تفهمه وغير واضح لك ، أو إذا كنت تريد المزيد من المعلومات ، أسألنا. المشاركة في هذه الدراسة اختيارية تمامًا ، ولك الحق في عدم المشاركة في الدراسة أو الانسحاب من الدراسة في أي وقت بعد المشاركة. سيتم تفسير ردك على الدراسة على أنه موافقتك على المشاركة في الدراسة. لا تتعرض لضغط أو اقتراح من أي شخص أثناء الإجابة على الأسئلة الواردة في الاستمارات المقدمة لك. سيتم الاحتفاظ بالمعلومات الشخصية التي تم الحصول عليها من هذه النماذج سرية تمامًا وسيتم استخدامها لأغراض البحث فقط.

الخصائص الاجتماعية والديموغرافية للممرضات العاملات في منشآت صحية في البصرة ، العراق						
متغير				العناصر		
				العمر		
متزوجة		مطلقة		غير متزوجة		ارمله
				الدين		
هل يوجد في العائلة سرطان الثدي				نعم		لا
معرفة فحص الثدي والاكتشاف				لدي القدرة		ليس لدي القدرة على الاكتشاف
الفحص السنوي والنصف سنوي الشعاعي للثدي				نعم		لا
هل توجد مشكلة في الثدي				نعم		لا
المستوى المهني				جامعي		معهد
				ثانوي		متوسطة
سنوات الخدمة						
مكان العمل		الإدارة		الطوارئ		مركز
		قسم		ردهه		عمليات
نوع العمل				اداريه		تمريضيه

معرفة الممرضات بعوامل الخطر للإصابة تجاه سرطان الثدي			
أسئلة	أوافق	أوافق بشده	لا أوافق
1. هل تزداد مخاطر الإصابة بسرطان الثدي مع تقدم العمر			
2. هل سرطان الثدي وراثي			
3. هل النظام الغذائي عالي الدهون عامل خطر للإصابة بسرطان الثدي			
4. هل التدخين عامل خطر للإصابة بسرطان الثدي			
5. الحيض في سن مبكرة			
6. هل رفع المبايض في سن مبكره يسبب سرطان الثدي			
7. هل انقطاع الطمث المتأخر عامل خطر للإصابة بسرطان الثدي			
8. هل الإجهاد عامل خطر للإصابة بسرطان الثدي			
9. العلاج بالهرمونات يسبب سرطان الثدي			
10. هل الرضاعة الطبيعية تقلل من خطر الإصابة بسرطان الثدي			
11. هل كتلة الثدي غير المؤلمة علامة للإصابة بسرطان الثدي			
12. هل السمنة عامل خطر للإصابة بسرطان الثدي			
13. هل حبوب منع الحمل تزيد من خطر الإصابة بسرطان الثدي			
14. هل النشاط البدني يقلل من خطر الإصابة بسرطان الثدي			

معارف الممرضات حول العلامات والاعراض لمرض سرطان الثدي			
أسئلة (العلامات والأعراض المذكورة)	وافق	وافق بشده	لا اوافق
1. نتوء او عقده غير مؤلمه في الثدي او تحت الابط			
2. خروج افرازات من الثدي			
3. ألم أو وجع في الثدي			
4. انتفاخ او تورم الثدي			
5. تغير لون الثدي			
6. ظهور احمرار او ما يشبه الجلد المجعد على سطح الثدي مثل قشر البرتقال			
7. فقدان الوزن			
8. تغيرات في شكل الثدي و وجود أوردة فوق الجلد			
9. انعكاس حلمه الثدي او تسننها			
10. تغير في شكل وحجم او ملامح الثدي وتجدد في الجلد			
11. عقده تحت الإبط			
12. حكه او تقرحات قشرية أو طفح جلدي حول الثدي			

معرفة الممرضات بطرق الكشف المبكر والوقاية من سرطان الثدي

الفحص الذاتي للثدي و الفحص السريري للثدي	1. يمكن الكشف عن سرطان الثدي من خلال	
التصوير الشعاعي و فحص السونار		
كل ما تم ذكر		
كل سنة	2. ما هو الوقت المفضل لإجراء الفحص الذاتي للثدي	
كل شهر قبل الدورة الشهرية		
كل شهر بعد الدورة الشهرية		
الوقاية	3. أهم وأبرز الطرق العالمية التي تساعد على السيطرة والحد من انتشار سرطان الثدي	
الكشف المبكر و العناية بالثدي		
كل ما ذكر أعلاه صحيح		
الحمل المبكر	4. من العوامل التي تساعد على انخفاض نسبة الإصابة بسرطان الثدي	
مراجعة الطبيب عند اكتشاف أي عقدة الثدي		
كل ما ذكر أعلاه صحيح		
الابتعاد عن تعاطي الهرمونات والمنشطات	5. طرق الوقاية من الإصابة بسرطان الثدي تشمل	
زيادة النشاط البدني		
كل ما ذكر أعلاه صحيح		

4. Curriculum Vitae

Name – Nickname : Hazem Naim Wahib Al-Shuili

Place and date of birth:

Education status: Bachelor of Science in Nursing

University Level: Graduation Year: 2008/2009 University: Baghdad College:
Nursing Department: Community Health

Masters: Year of Graduation: 2019/2022 University: ÇANKIRI Department:
Community Health Nursing

Practical experiences: Giving lectures on the basics of nursing at the College of
Nursing, University of Basra

Academic institutions to which he is affiliated: He was appointed at Al-Sadr
Hospital as an official in the Cardiac Catheterization Center with the title of
University Nurse for the period 2009/2016.

Academic fields of study: Transferred to the College of Nursing with the title of
Senior University Nurse 2016/2021

Courses Taken Outside the Education Program: Computer course to learn Word
and Excel, English language course and course

Scientific courses to which I contributed: Training graduates of biological
sciences on the basics of nursing to work in hospitals 2014/2015

Other memberships: Amnesty International and the Basra branch of the Nursing
Syndicate