



The Role of the Hospital Institution in the Care of Breast Cancer Patients A Field Study at the Cancer Control Center in the City of Sétif – El Baz

HAMAR Samia

Mohamed Lamine Debaghine University Setif 02, Algeria,
s.hamar@univ-setif2.dz

BOUZOUIKA Abdelkrim

Mohamed Lamine Debaghine University Setif 02, Algeria,
a.bouzouika@univ-setif2.dz

Abstract :

Breast cancer has become a global health concern and a major threat to public health. Without proper care and attention, it can have severe consequences. Women diagnosed with this disease require special care, whether within the family or in healthcare institutions specialized in cancer treatment.

This study aims to examine The Role of the Hospital Institution in Caring for Breast Cancer Patients: A Field Study at the Cancer Control Center in El-Baz – Sétif. The importance of this study lies in its attempt to further understand this medical phenomenon, which affects women worldwide, including Algerian women.

The main objective is to identify the role of the hospital in providing health, psychological, and social care to breast cancer patients. To achieve this, the study posed the following main research question: Does the hospital institution provide adequate care for breast cancer patients?

The study employed the questionnaire as a primary data collection tool, along with interviews and observation as supporting tools. A purposive sample of 40 female patients from the center was selected. The research was based on the descriptive method. Findings revealed that the hospital plays multiple roles in caring for breast cancer patients.

Keywords: *Breast cancer, healthcare, social care, psychological care, hospital institution*

Le rôle de l'institution hospitalière dans la prise en charge des patientes atteintes d'un cancer du sein

Une étude de terrain au Centre de lutte contre le cancer de la ville de Sétif – El Baz

Résumé :

Le cancer du sein est devenu un problème de santé mondial et une menace majeure pour la santé publique. Sans soins et attention appropriés, il peut avoir des conséquences graves. Les femmes diagnostiquées avec cette maladie ont besoin de soins particuliers, que ce soit au sein de leur famille ou dans des établissements de santé spécialisés dans le traitement du cancer.

Cette étude vise à examiner le rôle de l'institution hospitalière dans la prise en charge des patientes atteintes d'un cancer du sein : une étude de terrain au Centre de lutte contre le cancer d'El-Baz – Sétif. L'importance de cette étude réside dans sa tentative de mieux comprendre ce phénomène médical qui touche les femmes du monde entier, y compris les Algériennes.

L'objectif principal est d'identifier le rôle de l'hôpital dans la fourniture de soins de santé, psychologiques et sociaux aux patientes atteintes d'un cancer du sein. Pour y parvenir, l'étude a posé la question de recherche principale suivante : l'institution hospitalière fournit-elle des soins adéquats aux patientes atteintes d'un cancer du sein ?

L'étude a utilisé le questionnaire comme principal outil de collecte de données, ainsi que des entretiens et des observations comme outils complémentaires. Un échantillon ciblé de 40 patientes du centre a été sélectionné. La recherche s'est appuyée sur la méthode descriptive. Les résultats ont révélé que l'hôpital joue plusieurs rôles dans la prise en charge des patientes atteintes d'un cancer du sein.

Mots-clés : *cancer du sein, soins de santé, soins sociaux, soins psychologiques, institution hospitalière*



Introduction :

Since the dawn of humanity, health and illness have been a central concern, with early health concepts often intertwined with magic, superstition, and sorcery. However, the advancement of scientific knowledge and the growth of empirical thinking have shifted humanity toward a rational approach to understanding the causes of diseases and methods of treatment, particularly with the emergence and spread of chronic diseases that have become among the most pressing health challenges of the modern era. These challenges are the result of an interplay of genetic, social, environmental, psychological, and cultural factors.

Cancer is one of the most serious of these diseases, exerting profound effects on individuals and communities due to the growing number of cases worldwide. According to the World Health Organization, in 2022 there were an estimated 14.5 million new cancer cases globally, accompanied by 8.2 million deaths. In Algeria, more than 64,700 new cases and 35,000 deaths are recorded annually, making cancer a top national health priority (Globocan, 2022).

Among the most common types of cancer affecting women is breast cancer, which accounts for over 14,000 cases annually in Algeria, at a rate of 20 cases per 100,000 women. This disease often requires difficult treatments such as mastectomy, which leaves deep psychological and social impacts, especially given the symbolic feminine and familial significance of the breast. Patients also suffer from biological and psychological side effects such as vomiting, hair loss,

and loss of appetite. These health burdens are compounded by economic and social challenges borne by the family, including treatment costs and the disruption of women's social roles (Ministère de la Santé, 2015).

In response to these challenges, Algeria launched the "National Cancer Control Program" in 2003, reaffirmed through the 2015–2019 plan, which included the establishment of specialized institutions, intensification of preventive efforts, and provision of comprehensive psychological and social care. Against this backdrop, the present study seeks to explore the role played by hospital institutions in caring for women with breast cancer, particularly in the psychological, social, and economic domains, with a focus on the experience of the Cancer Control Center in Sétif Province.

Based on the above, the aim of this study is to identify the role of the hospital institution in providing care for women with breast cancer, with particular emphasis on the psychological, social, and economic aspects, focusing on the case of the Cancer Control Center in Sétif.

1. The Theoretical Framework of the Study

1.1. Research Problem

Breast cancer is one of the most serious chronic diseases and a genuine threat to public health, with a noticeable annual increase in incidence rates, particularly in developing countries, including Algeria. According to the *BreCaReAl* study (2020), the incidence rate of breast cancer in Algeria reached 22.3 cases per 100,000 women over a period of just eight months. Moreover, nearly 29.2% of cases are diagnosed at advanced stages, which reduces the chances of recovery and complicates treatment pathways (*BreCaReAl Study*



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Group, 2020). Another study found that 24.2% of cases occur in women under the age of forty, indicating an expanding range of at-risk groups (Sassi et al., 2023).

In this context, the role of the hospital institution emerges as a central actor in the healthcare system, providing medical, psychological, and social support to breast cancer patients. The institution's role goes beyond delivering medical and surgical treatment—it is expected to offer comprehensive, ongoing psychological support and accompanying social services, especially during the critical stages of diagnosis and treatment. With a high proportion (21.6%) of cases being “triple-negative” breast cancer—an aggressive subtype with limited treatment response—the need for a holistic approach addressing not only the biological but also the human and social dimensions of the disease becomes more pressing.

However, the current health landscape reveals significant challenges that hinder effective patient care, most notably overcrowding, shortages of specialized staff, and the absence of fully integrated psychological and social care units in most public hospitals.

Accordingly, the central problem of this study can be summarized in the following main question:

To what extent do hospital institutions in Algeria fulfill their comprehensive role in providing medical, psychological, and social care to women with breast cancer?

This central question is further broken down into the following sub-questions:

- Do hospital institutions provide adequate healthcare for breast cancer patients?

- Do hospital institutions provide adequate psychological care for breast cancer patients?
- Do hospital institutions provide adequate social care for breast cancer patients

1.2. Research Hypotheses

1.2.1. General Hypothesis:

Hospital institutions in Algeria fulfill their comprehensive role in providing medical, psychological, and social care to women with breast cancer.

1.2.2. Sub-Hypotheses:

- ✓ Hospital institutions provide healthcare for breast cancer patients.
- ✓ Hospital institutions provide psychological care for breast cancer patients.
- ✓ Hospital institutions provide social care for breast cancer patients

1.3. Significance of the Study

The importance of this study lies in the severity of cancer as a disease and its increasing prevalence in society, particularly the rising number of women diagnosed with breast cancer. This situation calls for serious consideration of this public health and social phenomenon, as well as an exploration of its various aspects and underlying causes.

Breast cancer disproportionately affects women compared to men. Women play a vital role within both the family and society, undertaking responsibilities such as raising children, attending to the needs of their spouses, supporting family life, and sharing roles with men both at home and in the workplace, as well as in various other spheres of life.



Consequently, a woman's illness can disrupt the family and social structure, leading to multiple problems:

- **Family problems** such as marital breakdown or family disintegration.
- **Economic problems** such as treatment costs and hospital expenses.
- **Work-related problems** such as women being forced to stop working, which deprives them of the financial and psychological benefits of employment.
- **Psychological problems** including stress, anxiety, and depression.

Cancer is both physically and emotionally exhausting, as well as financially burdensome. Therefore, patients require comprehensive support—psychological, social, and medical—both at the family level (from spouses, children, extended family members, neighbors, and friends) and at the institutional level, with hospitals fulfilling their multiple roles in delivering medical, psychological, and social care aimed at rehabilitating patients and reintegrating them into normal life.

1.4. Study Objectives

The present study aims to:

- a) **Identify the role of the hospital institution in providing healthcare** for breast cancer patients, including adherence to surgery schedules, organization of medical examinations and laboratory tests, implementation of health awareness programs for patients, provision of specific dietary plans, and the quality of interaction between medical staff and patients.

b) **Identify the role of the hospital institution in providing psychological care**, including psychological preparation of patients to accept their diagnosis, pre-surgery psychological support for mastectomy, preparation for chemotherapy and radiotherapy, and the use of supportive techniques such as marital therapy, group therapy, relaxation techniques, and cognitive-behavioral therapy.

c) **Identify the role of the hospital institution in providing social care**, including health insurance (via the “Carte Chifa”), accommodation, transportation, nutrition, hygiene, and the provision of appropriate physical conditions (ventilation, lighting, spaciousness, comfort, etc.)

1.5. Previous Studies

Among the notable studies addressing breast cancer in the Algerian context is that of *Darwish et al.* (2018), titled “*A Study of Social and Biological Factors Contributing to Breast Cancer Among Algerian Women.*” The researchers adopted a descriptive-analytical approach and applied a case-control study design to examine the impact of certain social behaviors and daily habits on the risk of breast cancer. The study sample included 150 women diagnosed with breast cancer and 150 control participants from the same social background in El Oued Province. Data were collected using a standardized questionnaire.

The results revealed that certain habits, such as passive smoking, placing a mobile phone inside a bra, and frequent consumption of fast food, were significantly associated with an increased risk of breast cancer. The odds ratio (OR) for some behaviors reached 31 and 19, respectively. Conversely, breastfeeding for more than eight months and the intake of



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certain dietary elements such as spices appeared to have a protective effect.

The current study benefits from this research in identifying the relationship between social factors and disease onset, but it focuses instead on the post-diagnosis phase—specifically on how patients are cared for by healthcare institutions in both psychological and social dimensions, a subject not addressed by Darwish and colleagues.

Another relevant study is by *Boulahbal et al.* (2020), titled “*Socio-demographic and Reproductive Factors Associated with Breast Cancer Risk: A Case-Control Study in Sétif Province.*” The authors employed a quantitative analytical method, using a questionnaire completed by 612 breast cancer patients and 615 control participants, selected from various healthcare facilities between 2012 and 2017.

The findings indicated that women with a family history of breast cancer were more likely to develop the disease (OR \approx 4.15), while higher education appeared to offer a significant protective effect (OR = 0.63). The use of second-generation contraceptives was associated with a slight increase in risk.

The current study draws on these results to confirm the importance of socio-demographic background in explaining the prevalence of the disease. However, it extends the scope by focusing on the post-diagnosis stage, assessing the extent to which psychological and social care is provided by hospital institutions—an aspect not addressed in Boulahbal et al.’s work.

1.6. Operational Definitions

- **Social Care:** All social services provided by cancer treatment hospitals to women with breast cancer during their treatment period, including accommodation and meals, health insurance (via the “Carte Chifa”), and transportation.
- **Healthcare:** Various medical services provided to women with breast cancer during their treatment at cancer treatment hospitals, including medical examinations, laboratory tests, surgical procedures, health education, provision of proper nutrition, chemotherapy, radiotherapy, and other forms of treatment, as well as respectful and empathetic treatment from medical staff.
- **Psychological Care:** All psychological services provided by the clinical psychologist to women with breast cancer during their treatment at cancer treatment hospitals. These services include psychological preparation (at diagnosis, before mastectomy, after surgery, before chemotherapy and radiotherapy), supportive therapy, marital therapy, group therapy, cognitive-behavioral therapy, and relaxation sessions aimed at alleviating or reducing cancer-related psychological disorders such as depression, anxiety, fear of death, and loss of hope.
- **Breast Cancer:** A swelling or lump in the breast, which may appear as swelling in the breast itself, under the armpit, or adjacent to the breast on the chest. It may cause discharge from the nipple, such as blood or a milk-like fluid, affecting the nipple’s shape (flattening or inversion), and may alter skin color to a reddish tone – often without pain.



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- **Hospital Institution:** Any public institution specialized in cancer treatment, possessing legal personality and financial autonomy, under the authority of the provincial governor. It includes structures for diagnosis, treatment, hospitalization, and medical rehabilitation, serving residents of one or multiple provinces.

2. Methodological Procedures of the Study

2.1. Geographical Scope

The study was conducted at the *El-Baz Cancer Control Center* in the city of Sétif, located at an elevation of over 1,300 meters above sea level and opposite the Mother and Child Care Center. This facility is a specialized hospital under the Ministry of Health, Population, and Hospital Reform, with a capacity of 160 beds and an area exceeding 8 hectares. It is the third largest center of its kind in Algeria in terms of size and its critical role in providing cancer care, serving several provinces in eastern Algeria, including Sétif, Bordj Bou Arréridj, M'Sila, and Khenchela. The center comprises several main departments, including the Screening and Admission Unit, the Chemotherapy Department, the Radiotherapy Department, and the Surgery Department, enabling it to provide comprehensive medical services for cancer patients.

- The *El-Baz Cancer Control Center* operates under Executive Decree No. 97-467 of 2 Shaaban 1418 AH (December 2, 1997), which sets out the rules for establishing and organizing specialized hospitals. The center's responsibilities include diagnosis, treatment, prevention, study, training, and research. It is

managed by a general administration responsible for governance, enforcement of regulations, and maintaining the integrity of the institution.

2.2. Time Frame

The field study was carried out from mid-March to the end of October 2022. During this period, research tools were developed and applied within the specialized hospital, including the organization of interviews, distribution of questionnaires, and collection of data necessary for analyzing the phenomenon under investigation. This time frame was chosen due to stable health and administrative conditions, allowing researchers to move freely and interact with patients and medical-social staff. The period was also suitable for objectively assessing the state of care for breast cancer patients.

2.3. Population

The study population consisted of women diagnosed with breast cancer and receiving treatment at the *El-Baz Cancer Control Center* in Sétif, numbering more than 160 patients in 2022. It also included the professional staff at the center, totaling 107 individuals, distributed according to their specializations and tasks: 34 general and specialized physicians, 27 nurses, 8 pharmacists, 5 physicists assisting in chemotherapy preparation, and 8 psychologists, in addition to 24 personnel for security, reception, guidance, and cleaning services.

2.4. Sample

A purposive sampling method was adopted for this study, in which the researcher selects units that are believed



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to best represent the original population, focusing on individuals or locations possessing the characteristics relevant to the research problem. This allows for results that closely resemble those of a full population survey (Awad, 2002, p. 196).

- Based on the study topic— "*The Role of the Hospital Institution in the Care of Cancer Patients: A Field Study at the El-Baz Cancer Control Center – Sétif*" — a purposive sample of 40 women with breast cancer was selected from patients at the center. Participation was voluntary; some patients refused to answer the questionnaire or discuss details of their illness for personal or psychological reasons.
- To facilitate data collection, coordination was established with the center's psychologist, as well as the social worker at *Dar Al-Sabr*, a nearby accommodation facility for female cancer patients during treatment.
- **Sample Characteristics - Table 01: Personal Data of Respondents**

Age Group	Number	Percentage
30-39 years	20	40%
40-49 years	18	36%
50 years and above	12	24%

The percentages show that 76% of respondents were between 30 and 49 years old, an age group that is socially and family active, which highlights the need for comprehensive care at this sensitive life stage. Additionally, 66% were married, which may influence the treatment process in terms of family support and domestic

responsibilities. Furthermore, 80% had less than a university-level education, indicating the need for the institution to adopt simple, well-supported communication strategies to bridge comprehension gaps, consistent with Parsons' theory emphasizing the need to adapt to the patient's social context.

2.5. Study Methodology

The scientific method consists of a set of procedures and steps adopted by the researcher to achieve the study's objectives. It serves as a fundamental tool that guides the research process, frames its scope, and shapes its questions and hypotheses. In this regard, *Rachid Zerouani* (2002, p. 199) states that the methodology "illuminates the researcher's path and helps ensure the rigorous control of research tools."

Despite the interconnected and overlapping nature of social phenomena, each has its unique characteristics, necessitating the selection of an appropriate research method. Given the nature of the subject under investigation, the descriptive method was chosen for this study, as it is well-suited to the phenomenon in question.

The descriptive method involves portraying reality as it exists by collecting precise and systematically organized data, followed by classification, analysis, and interpretation according to established scientific criteria. This method was adopted to observe and analyze the role of the hospital institution in the care of cancer patients, based on data gathered from a sample of breast cancer patients at the *El-Baz Cancer Control Center - Sétif*.



2.6. Data Collection Tools

The choice of data collection tools was determined by the nature of the phenomenon under study, the research method, and the characteristics of the sample. Three tools were employed:

- ✓ **Structured Interview Form (Questionnaire)** – This was the primary tool, designed according to the study's hypotheses and consisting of 48 straightforward and direct questions. The questionnaire was reviewed by a panel of experts for validation before final implementation. Data collection was conducted by orally presenting the questions and recording the answers, with the assistance of two psychologists working at the *El-Baz Cancer Control Center* and at *Dar Al-Sabr*.
- ✓ **Interview** – Used as a complementary tool to gather more in-depth insights into the patients' experiences and to clarify points from the questionnaire.
- ✓ **Observation** – Served as an additional method to enhance the accuracy of data and to better understand the social and psychological context of the respondents

3. Presentation, Analysis, and Interpretation of Field Data

Table 02 - The Role of the Hospital Institution in Providing Healthcare for Breast Cancer Patients

Statement	Yes %	No %	Somewhat %
Is your educational level low?	80	20	-
Do you have sufficient awareness of preventive measures (self-examination, mammography)?	30	60	10
Did you perform a deliberate breast examination?	25	40	35
Did you visit the doctor immediately after feeling pain?	77.5	15	7.5
Did the doctor inform you of the diagnosis immediately?	92.5	5	2.5
Did the doctor explain your condition in a dialect appropriate to you?	72.5	17.5	10
Did you understand the medical explanations?	79	11	10
Did you perform medical tests inside the public hospital?	32.5	67.5	-
Was the surgery performed on schedule?	92.5	5	2.5
Did you stay in the hospital for less than a week?	85	10	5
Was the number of patients in the room less than 5?	57.5	30	12.5
Were the beds and linens clean and comfortable?	85	10	5



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Did nurses check on you regularly?	92.5	5	2.5
Was the surgical operation successful?	100	0	0
Did you receive explanations about the treatment?	90	7.5	2.5
Were you provided with a specific dietary plan?	25	75	0
Did you receive chemotherapy/radiotherapy on schedule?	100	0	0
Were you treated well by the medical staff?	97.5	2.5	0
Are you satisfied with the healthcare services provided?	97.5	2.5	0

The table shows that the hospital plays a significant role in delivering essential healthcare services to breast cancer patients. This is evident in the high “Yes” responses in critical areas such as successful surgical operations (100%), adherence to treatment schedules (100%), and regular nurse check-ups (92.5%).

However, there are shortcomings in certain areas, particularly in preventive awareness, access to free medical tests, and nutritional education. A substantial portion of patients did not perform deliberate self-examinations (40% “No”, 35% “Somewhat”) and did not receive a specific dietary plan (75% “No”). Nonetheless, the high overall satisfaction rate (97.5%) and positive interactions with staff (75%) indicate that, in general, the hospital fulfills its healthcare role.

Table 03 - The Role of the Hospital Institution in Providing Psychological Care for Breast Cancer Patients

Statement	Yes %	No %
Experienced psychological shock upon diagnosis	72.5	27.5
Positive outlook on treatment (acceptance after shock)	62.5	37.5
Psychological improvement due to faith in God during treatment	62.5	37.5
Contacted by a psychologist for assistance	32.5	67.5
Scheduled psychological sessions provided	12.5	87.5
Sessions helped acceptance of illness	12.5	87.5
Body image disturbance after mastectomy	60	40
Psychologist helped build self-confidence post-illness	7.5	92.5
Received chemotherapy immediately after surgery	95	5
Chemotherapy effects (hair loss, weight loss) impacted psychologically	92.5	7.5
Received psychological help after treatment	7.5	92.5
Received family psychological support	97.5	2.5
Satisfied with psychological services provided by psychologist	7.5	92.5

Most respondents experienced an initial psychological shock upon diagnosis (72.5%), but many gradually accepted their condition, drawing on religious faith (62.5%). However, institutional psychological support was largely absent—67.5% reported no contact from a psychologist, and 87.5% had no structured sessions. Family support emerged



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as the primary source of emotional assistance (97.5%), indicating that psychological care at the institutional level is partial and insufficient.

Table 04 - The Role of the Hospital Institution in Providing Social Care for Breast Cancer Patients

Statement	Yes %	No %
Husband bears treatment costs	37.5	62.5
Underwent surgery free of charge at public hospital	85	15
Obtained medication through "Carte Chifa"	80	20
Received good accommodation if from outside Sétif	85	15
No transportation provided by hospital	95	5
Waiting time for treatment exceeds two hours	80	20
Waiting area seats sufficient and comfortable	97.5	2.5
Good treatment by hospital staff	95	5
Satisfied with social services provided	100	0

The hospital offers important social support services, including free surgery, access to medication via health insurance, and accommodation for non-local patients. Nevertheless, there is a notable gap in transportation services, with 95% confirming the absence of hospital-

provided transport. Despite long waiting times (over two hours for 80% of respondents), most patients found the waiting area comfortable (97.5%) and expressed complete satisfaction (100%) with the social care provided.

3.1. Interpretation of Results in Light of the Hypotheses.

- **First Hypothesis:** *Hospital institutions provide healthcare for breast cancer patients.*

Statistical analysis shows that 80% of respondents had a low level of education, with 25% being illiterate and 55% having only primary or secondary education. This indicates a lack of sufficient health awareness to carry out preventive measures such as weekly self-examinations or mammography every six months after the age of 40.

Findings also revealed that 40% of respondents discovered changes in their breast accidentally while bathing, rather than through intentional self-examination. On the positive side, 77.5% sought medical advice immediately after experiencing pain, demonstrating awareness of the importance of early diagnosis. Additionally, 92.5% reported that their diagnosis was disclosed by the physician, consistent with professional ethics, and 72.5% said the explanation was delivered in a local dialect they could understand—79% confirmed they fully understood the explanations.

Regarding medical testing, 67.5% reported not benefiting from free examinations in the public institution, having to pay for tests in private clinics. On surgical procedures, 92.5% stated that mastectomies were performed on schedule, with 85% staying in the hospital less than a week, meeting acceptable medical standards. In terms of comfort, 57.5%



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reported that rooms had fewer than five patients, and 85% found beds and linens clean and comfortable.

Nursing care was rated highly, with 92.5% confirming regular nurse check-ups and 100% reporting successful surgeries. While 90% received treatment explanations, 75% did not receive dietary guidance. All respondents (100%) received chemotherapy or radiotherapy on schedule, 75% reported good treatment from medical staff, and 97.5% expressed overall satisfaction with healthcare services.

The hospital institution plays a substantial role in healthcare delivery for breast cancer patients, with strengths in timely surgery, treatment adherence, and patient interaction, but with weaknesses in preventive education, free testing availability, and nutritional guidance.

- **Second Hypothesis:** *Hospital institutions provide psychological care for breast cancer patients.*

A large proportion of respondents (72.5%) experienced psychological shock upon diagnosis—a natural reaction to such critical news. Over time, 62.5% accepted their illness, largely due to faith in God. However, institutional psychological support was minimal: 67.5% received no contact from a psychologist, and 87.5% had no structured counseling sessions. Those who did attend sessions (12.5%) reported they were few and had limited impact.

Additionally, 60% reported body image disturbances post-mastectomy, yet 92.5% said the psychologist did not help build self-confidence. While 95% began chemotherapy immediately after surgery, its side effects—hair loss, weight loss, nausea—were linked to psychological distress for 92.5% of respondents.

Notably, 97.5% relied on family for psychological support, underscoring the gap in institutional mental health services. Overall, 92.5% were dissatisfied with the psychological services provided by the institution.

Psychological care exists but is partial and inadequate, with family support serving as the primary source of emotional assistance.

- **Third Hypothesis:** *Hospital institutions provide social care for breast cancer patients.*

Findings indicate that 37.5% of respondents reported their husbands bearing treatment costs, while 85% underwent surgery free of charge in the public hospital. Additionally, 80% received medication through the “Carte Chifa” health insurance program, and 85% benefited from accommodation if from outside Sétif.

However, 95% reported the absence of hospital-provided transport, relying instead on private or public means. Although 80% reported waiting more than two hours for treatment, 97.5% found the waiting area adequate and comfortable. Furthermore, 95% reported good treatment from hospital staff, and all respondents (100%) expressed satisfaction with the social services provided.

The institution delivers valuable social care, including free surgery, medication, accommodation, and respectful staff interaction, though transportation remains a notable deficiency.

- The hospital institution provides healthcare for breast cancer patients.
- The hospital institution provides psychological care for breast cancer patients.
- The hospital institution provides social care for breast cancer patients.



Thus, the study's general hypothesis is confirmed

Conclusion

Through theoretical and field research on *The Role of the Hospital Institution in Caring for Breast Cancer Patients – A Field Study at the El-Baz Cancer Control Center – Sétif (2022)*, the findings reveal that the hospital fulfills multiple roles in patient care.

In terms of **healthcare**, the institution respects patients' educational and cultural backgrounds when delivering diagnoses, provides essential information about breast cancer, performs surgeries free of charge, ensures high surgical success rates, delivers necessary treatments (medication and nursing care), and maintains good doctor-patient relationships.

Regarding **psychological care**, while some patients benefited from counseling, awareness sessions, and preparation for surgery and chemotherapy, these services did not reach all patients.

As for **social care**, services include free medication via the "Carte Chifa," accommodation with adequate physical conditions, free meals, hygiene maintenance, and necessary equipment to ensure comfort, along with respectful reception and guidance from staff.

However, the institution does not offer equal services to all patients—psychological care was absent for many, transportation was not provided, and free medical tests were limited.

The results cannot be generalized to all hospital institutions, as each has its own system, budget, resources, and staff size. Therefore, the conclusions remain context-specific to the *El-Baz Cancer Control Center*.

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