

Investigating the impact of the mutual management of the financial manager of the audited company and the audit firm on the quality of the audit report

Abstract

This research investigates the dimensions of marital adjustment of married women with cancer with breast evacuation, breast conservation, and normal women. This practical research is post-event type in terms of the causal-comparative implementation method. The statistical population includes all married women living in Kermanshah city in 2017. The sample size was 225 people (three groups of 75) selected using the available sampling method. A Dyadic Adjustment Scale was used to collect data. One-factor variance analysis was performed to analyze the data from the inferential statistics index. The findings indicated a significant difference in the marital adjustment of married women with breast cancer with breast evacuation, breast conservation, and normal. Women with breast cancer with breast evacuation had the lowest level of marital adjustment. In the next stage, women with breast cancer with breast conservation were, and finally, normal women had the highest score in marital adjustment. Based on the findings, more psychological interventions and couple therapy should be done through intervention research to deal with breast cancer's effects on married life.

Keywords: *Marital adjustment, Breast cancer, Breast conservation, Breast evacuation*

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Introduction

After cardiovascular diseases, cancer is the second most common cause of death throughout the world and in developed countries. This disease is also the third cause of death after cardiovascular diseases and accidents in less developed countries (Sabatino, Lawrence, Elder, Mercer, Wilson & DeVinney, 2012). The report of the project to estimate the prevalence, incidence, and mortality of cancers indicates that breast cancer is the most common cancer, including 25.1% of all cancers. In addition, the incidence rate of breast cancer and its related mortality increased by about 18% from 2008 to 2012 (Tao, Shi, Lu, Song, Zhang & Zhao, 2015). Iran's Statistical findings state that breast cancer ranks first among all cancers, and its incidence rate is higher than other cancers (Akbari, Lotfi Kashani, Farah, and Waziri, 2017).

Breast surgery is performed in two ways after the occurrence of breast cancer in women: breast-conserving surgery, which removes the breast along with its margin of healthy tissue, and Mastectomy, which removes the entire breast. Breast-conserving surgery preserves the shape and size of the breast as an organ (Gewefel & Salhia, 2014). Mastectomy destroys patients' body image and has a profound effect on the mental state of patients. According to the evidence, patients have many mental problems, even in breast-conserving surgery, which does not change the patient's appearance, and even in Mammoplasty or mastopexy, which improves the appearance of the breast. Because they suffer from a deadly disease, fear of death, and secondary effects of treatment, such as loss of hair, eyebrows, and eyelashes, feeling of general weakness, nausea, or vomiting that harm their general health. Consequently, these problems adversely affect their marital satisfaction, body image, mental health, and quality of life (Traun-Vogt & Herdina, 2010).

Breast cancer creates severe psychological effects for the patient and his family because it targets the female identity. The diagnosis of this disease and its treatment steps have many physical, psychological, family, social, and economic effects (Bakewell & Volker, 2005). Marital adjustment and satisfaction are considered important in marriage. Marital adjustment is a situation in which most of the time, husband and wife feel happy and satisfied with each other, they have much agreement, they are satisfied with the type and level of their relationship and type and quality of spending free time, and they apply good management in terms of time and financial issues (Greef et al., 2001; quoted by Shakarian, 2012). Marital adjustment is a multidimensional term that clears the multiple levels of marriage. It is also a process that occurs during a couple's life because it requires the adaptation of tastes, the recognition of personality traits, the creation of behavioral rules, and the formation of relationship patterns. Therefore, marital adjustment is an evolutionary process between husband and wife (Qurbanipour, Farahani, Barjali, Moghads, 2008; quoted by Shakarian, 2012). Adjustment in marital relationships affects various aspects of the quality of life, including couples' mental health, life satisfaction, job satisfaction, income, academic success, and even longevity, and numerous studies confirm the importance of marital adjustment (Spercher, 2001; Santtila, Wager, Witting, Harlaar, Jern & Johansson, 2008).

Marital adjustment underlies good family functioning, facilitates parental role, and causes economic growth and greater satisfaction with life. On the other hand, the lack of marital adjustment in husband-wife relationships cause problems in the above relationships, problems in social relationships, the tendency to social and moral deviations, and the decline of cultural values among couples. In simpler terms,

marital adjustment is how married people individually adapt to each other to stay married (Huston & Mills, 2004; quoted by Fatut, 2012). Some studies of marital incompatibility believe that in the event of incompatibility, people experience tensions and pressures that they react to in various forms of attitude and behavior. The lack of matching in different dimensions of the base of men and women, including wealth, power, dignity, and knowledge, is provided by the growth and expansion of factors such as urbanization and education. It creates expectations that many couples cannot meet. This situation can be a source of negative psychological emotions such as depression, anxiety, and despair for them, it can make some people conservative and authoritarian against changes and modernization, and some people have positive, flexible, and innovative tendencies (Abbasi and Ershad, 2012). Characteristics of marriage, especially marital adjustment, greatly impact people's health. Women who have good adjustment have fewer conflicts with their husbands, solve their problems easily, and have a high quality of life. In addition, it can be claimed that marital incompatibility can weaken the body's immune system by causing stress and ultimately lead to a low quality of life (Bashrepour and Sheikhu-Islami, 2015).

Investigating various components and factors showed that dual communication between husband and wife and understanding interpersonal relationships has the highest predictive power in marital adjustment. Bloom et al. (1997; quoted by Afshari, 2015) recognized the dual factor as a central factor in marital adjustment. The results of Ahmadi's research (2003; quoted by Afshari, 2015) showed that among the various components and factors examined, the dyadic communication between husband and wife and understanding in interpersonal relationships have the highest predictive power in marital adjustment. In the meantime, the factor of dyadic relations was recognized as a key factor in the degree of adjustment. Relationships between two people consist of understanding, intimacy, empathy, and verbal and non-verbal communication between couples. Mahaian Khamene (2003; quoted by Fatut, 2012) studied female teachers and found a significant correlation between emotional intelligence and marital adjustment. Among the components of emotional intelligence, self-awareness, social skills, self-control and empathy have shown a significant positive correlation with marital adjustment.

Various symptoms caused by breast cancer have stressful effects on the family, such as the feeling of social isolation, fear of the spouse's reaction, fear of death, fear of infertility due to various treatments and despair of losing attractiveness, depression, and disruption in interpersonal relationships (Smeltzer, Bare, Hinkle & Cheever, 2010). Therefore, today, researchers pay much attention to these effects and the adaptation of breast cancer patients in the family system, and efforts to strengthen and maintain the family are on the list of

top priorities. Therefore, the current research investigates the dimensions of marital adjustment of married women with cancer with breast evacuation, breast conservation, and normal women.

Research Methods

This research is practical in terms of purpose and post-event type regarding the causal-comparative implementation method. This study's statistical population includes all married women living in Kermanshah city in 2016. Klein (2011) states that the sample size of the mentioned population was estimated to be 182 people by applying a factor of 2.5 to the total number of items used in the tool. It is worth mentioning that, based on the specific conditions of the research sample, due to illness and the possibility of the questionnaire being distorted, 30 additional questionnaires (10 people in each group) were administered. Therefore, the sample size in this research is 225 people; for the group of married women with cancer with breast evacuation, there were 75 people, the group of married women with cancer with breast conservation was 75 people, and the group of normal women was 75 people. This research used the available sampling method to select married women with cancer and normal people.

Research tool

Dyadic Adjustment Scale

This scale has 32 questions and deals with the quality of the marital relationship or similar two-person relationships. Using the results of this scale, it is possible to distinguish compatible and incompatible couples, including those more likely to divorce. Spainer (1976; quoted by Hasanabadi, Megdar, and Soltanifar, 2011) observed differences between the scores of compatible and incompatible couples and used them to determine the main structure of the scale. This total scale score is from zero to 151 by summing the scores of the questions. Answering 32 questions of this scale is with Likert style. Some questions are designed positively and some negatively to increase their reliability. Spainer states that people whose score is 101 or less are considered to have problems and are incompatible. The average score of this scale in his research was 114.8 for married people and 70.7 for divorced people. With changes in this tool, it can be used for interviews as well (Sanaei, 2000). Although the desired structure has been used with different words such as satisfaction, quality, adjustment, and marital satisfaction, researchers have generally used the overall assessment and satisfaction with the belief that compact adjustment ability and satisfaction are synonymous (Gottman, 1991; Spainer, 1976; quoted by Sanai, 2000). It reported the reliability of the whole scale with Cronbach's alpha of 96%, which has significant internal consistency. The researchers in Iran achieved a high internal consistency (95%) throughout the

questionnaire (Molazadeh, Mansour, Ajeye, Kiamanesh, 2012). In addition, its content validity has been obtained by using experts' judgments about the content of the scale. Based on the correlation of 86% between its results with the Locke and Wallace Marital adjustment Scale, its concurrent validity has been determined (Spiner, 1976; quoted by Sanai, 2000). Inferential statistics such as Levine's test, one-factor variance analysis, and Tukey's post hoc test were used to analyze the data. SPSS statistical software was used for data analysis.

Findings

The results showed that the highest percentage of age frequency was for women 41 to 50 years old (normal women: 62.7%, women with cancer with breast conservation 57.3%, and women with cancer with breast evacuation 58.7%), and the lowest percentage was for women less than 30 years old (normal women 6.7%, women with cancer with breast conservation 3.5% and women with cancer with breast evacuation 3.5%). The highest percentage of education frequency was for women with a diploma education (normal women 58.8%, women with cancer with breast conservation 54.7% and women with cancer with breast drainage 53.3%), and the lowest percentage was for women with higher undergraduate (normal women 5.3%, women with cancer with breast conservation 2.7% and women with cancer with breast evacuation 1.3%). The highest frequency in normal women was for women with more than 12 years of cohabitation (44%),

Table 1: Examining the homogeneity of the variance of the scores of marital adjustment dimensions of married women with cancer with breast evacuation, breast conservation, and normal women based on Levine's test

	The dependent variable	The first degree of freedom	The second degree of freedom	F	Sig
	Two-person correlation	3	221	1.976	0.083
Homogeneity variance	Two-person agreement	3	221	0.632	0.539
	affection expression	3	221	0.413	0.662
	Marital quality	3	221	0.825	0.491

Table (2) shows the results of the one-factor analysis of variance of the marital adjustment dimensions scores of

Table 2: Summary of the results of one-factor analysis of variance of the difference scores of marital adjustment dimensions of married women with cancer with breast evacuation, breast conservation, and normal women

and the lowest frequency was for women with 1 to 4 years of cohabitation (5.3%). The highest frequency in women with cancer with breast conservation was for women with 8 to 12 years of cohabitation (42.7%), and the lowest frequency was for women with 1 to 4 years (8%). The highest frequency in women with cancer with breast evacuation was for women with more than 12 years of cohabitation (41.3%), and the lowest frequency was for women with 1 to 4 years of cohabitation (8%). The highest frequency in women with cancer with breast conservation was for women who have been aware of cancer for 4 to 6 years (61.3%), and the lowest percentage was for women who have been aware of cancer for less than 3 years (4 percent). The highest frequency in women with cancer with breast evacuation was for women who have been aware of cancer for more than 9 years (42.66%), and the lowest percentage was for women who have been aware of cancer for less than 3 years (9.33%).

Examining the results of table (1) shows no significant difference between the variances in the factor levels. Therefore, the assumption of homogeneity of variances is fully fulfilled. The F ratio resulting from this analysis for two-person correlation equals 1.976 at the sig level <0.083, for two-person agreement equals 0.632 at the sig level <0.539, for affection expression equals 0.413 at the sig level sig>0.662, and for marital quality equal to 0.825 at the level of sig>0.491, it is not statistically significant.

married women with cancer with breast evacuation, breast conservation, and normal women.

Source of change	The dependent variable	sum of squares	Degrees of freedom	of mean square	F	Sig
Intergroup	Two-person correlation	109.04	3	54.52	10.09	0.001
	Two-person agreement	1458.03	3	729.01	43.45	0.001
	affection expression	55.84	3	27.92	18.17	0.001
	Marital quality	1401.34	3	700.67	67.29	0.001

The analysis of variance results indicates a significant difference between the two-person correlation scores (SIG = 0.001 and F = 225-10.09), the two-person agreement (SIG = 0.001 and -43.45 = 225) 1F), affection expression (SIG=0.001

and F=18.225) and marital quality (SIG=0.001 and F=225.67) of married women with cancer with breast evacuation, breast conservation, and Normal women. Tukey's post hoc test was performed to explain this difference better.

Table 3: Summary of the results of Tukey's post hoc test for the difference in the scores of marital adjustment dimensions of married women with cancer with breast evacuation, breast conservation, and normal women.

Variable	Group one	The second group	averages difference	standard error	significant
Two-person correlation	normal	Breast evacuation	1.68	0.379	0.001
		Breast evacuation	0.58	0.379	0.027
	Breast conservation	Breast evacuation	1.09	0.379	0.012
Two-person agreement	normal	Breast evacuation	4.04	0.669	0.001
		Breast Evacuation	6.13	0.669	0.001
	Breast conservation	Breast evacuation	2.09	0.669	0.006
Affection expression	normal	Breast evacuation	0.49	0.202	0.041
		Breast evacuation	1.21	0.202	0.001
	Breast conservation	Breast evacuation	0.72	0.202	0.001
Marital quality	normal	Breast evacuation	4.01	0.526	0.001
		Breast evacuation	6.00	0.526	0.001
	Breast conservation	Breast evacuation	1.99	0.526	0.001

As indicated in Tukey's follow-up test, the average two-person correlation of normal women was 1.68 units higher than women with cancer with breast conservation (significance at the level of 0.001) and 0.58 units higher than women with cancer with breast evacuation. (Significance at the level of 0.027). In addition, the average two-person correlation of

women with breast conservation was 1.09 units higher than women with cancer with breast drainage (significance at 0.012 level). The average agreement between two people of normal women was 4.04 units higher than women with cancer with breast conservation and 6.13 units higher than women with cancer with breast evacuation (significance at 0.001 level).

Also, the average agreement of two people with breast conservation was 2.09 units higher than that of women with breast evacuation (significance at 0.006 level).

On the other hand, it has been determined that the average affection expression of normal women was 0.49 units higher than women with cancer with breast conservation (significance at the level of 0.041) and 1.21 units higher than women with cancer with breast evacuation (significance at the 0.001 level). The average affection expression of women with breast conservation was also 0.72 units higher than those with cancer with breast evacuation (significance at 0.001 level). Finally, it has been determined that the average marital quality of normal women was 4.01 units higher than women with cancer with breast conservation and 6.00 units higher than women with cancer with breast evacuation (significance at 0.001 level). Furthermore, the average marital quality of women with breast conservation was 1.99 units higher than those with cancer with breast evacuation, which was significant at the level of 0.001.

Conclusion

The one-factor analysis of variance test results indicates a significant difference between the scores of two-person correlation, two-person agreement, expression of affection, and marital quality of married women with cancer with breast evacuation, breast conservation, and normal women. The results of Tukey's post-hoc test showed that the mean correlation of normal women was higher than women with cancer with breast conservation and of women with cancer with breast evacuation, and the mean correlation of two-way correlation of women with cancer with breast conservation was higher than women with Cancer was more with breast evacuation. The mean agreement of normal women was higher than those with cancer with breast conservation and those with cancer with breast drainage, and the mean agreement of two people with cancer with breast conservation was higher than those with cancer with breast drainage. On the other hand, it has been determined that normal women's average affection expression was higher than those with breast conservation and cancer with breast evacuation. The average affection expression of women with breast conservation was higher than those with cancer with evacuation. Finally, it has been determined that the average marital quality of normal women is higher than those with breast conservation and cancer with breast evacuation. In addition, the average marital quality of women with cancer with breast conservation is higher than women with cancer with breast evacuation. The findings are consistent with the findings of Esfandiari-Dolabi et al. (2015), Kiaei et al. (2016), Bahmani et al. (2014), Frouzi (2010), Aoki and Kamkaiz (2011), Traun-Vogt and Herdina (2010), Aoki et al. (2009), Anderson et al. (2007) and Walsh et al. (2005).

The findings explain that breast cancer causes many challenges in women, including adapting to the initial news of its diagnosis, planning, and recovery after surgical treatments, facing the side effects of treatment, getting rid of the disease or its recurrence, and death is expected in progressive cases of the disease (Hack & Degner, 2003). It can also be argued that the evacuation of one or both breasts is often associated with feelings of mutilation, changes in a mental image, decreased sexual attraction, anxiety, depression, hopelessness, guilt, fear of recurrence, rejection, and finally, thoughts of death. Removing the breast is considered the destruction of a part of the body that symbolizes gender, femininity, and maternal dimensions (Kunkel, Emie & Titus, 2002). These serious complications caused by cancer affect the efficiency of affected women in various aspects of married life, including marital adjustment, which is an active process in a marital relationship. Marital adjustment is a multidimensional term that clarifies the multiple levels of marriage and is a process that occurs during a couple's life because it requires the adaptation of tastes, recognition of personality traits, the creation of behavioral rules, and the formation of relationship patterns. Adjustment in marital relationships affects various aspects of quality of life, including spouses' mental health, life satisfaction, job satisfaction, income, academic success, and even longevity (Spercher, 2001; Santtila, Wager, Witting, Harlaar, Jern & Johansson, 2008). Breast cancer has much pressure on the marital relationship and can severely affect important functions such as marital adjustment.

The research results in this field confirm the findings in some way. Kiai, Ferdowsi, Moradi, Chalongar, Ahmazadeh, and Bahman Ziyari (2016) concluded a significant positive correlation between self-efficacy and quality of life in women with breast cancer receiving chemotherapy. In addition, there was a statistically significant relationship between self-efficacy and dimensions of quality of life, including physical health, mental health, social relationships, and satisfaction with the environment. Esfandiari Dolabi, Julayi, and Mazal Azad (2015) compared marital satisfaction, general health, and body image among cancer patients with breast evacuation, breast conservation, and normal people. They found a significant difference in general and body image in three groups of cancer women with breast evacuation, women with breast conservation, and normal women. Women with breast cancer are in a different situation than the normal group regarding marital satisfaction, mental health, and body image. Bahmani, Naghaei, Ghanbari Motlatl, Khorasani, Dehkhoda, and Ali Mohammadi (2014) indicated that the difference between the averages of the two groups was significant and that the marital satisfaction of women with breast cancer was lower than that of healthy women. Farouzi (2010) compared marital satisfaction in breast cancer patients in the two groups of

Mastectomy and breast conservation. The results indicated no difference in marital satisfaction and nine subscales of marital satisfaction in breast conservation and mastectomy groups. Of course, marital satisfaction decreased with increased disease duration in mastectomy patients, but there was no difference in the breast conservation group. Avci & Kumcagız (2011) investigated the relationship between loneliness and marital adjustment of mastectomized women and their spouses. They stated that these couples believed that the quality of their marital relationship had decreased after surgery compared to before surgery. Traun- Vogt, Herdina. (2010) studied "The effect of breast cancer surgery on couples' sexual relations" and concluded that sex loses its quality under the influence of breast cancer surgery. Avci, Okanlı, Karabulut & Bilgili (2009) concluded that these women with breast cancer surgery had reasonable marital satisfaction. Anderson, Carpenter, and Chang-Yang (2007) concluded that breast cancer hurts women's marital satisfaction, and they have a low mean score in marital satisfaction compared to normal women. Walsh, Manule, and Avis (2005) stated that breast cancer affected women's sexual and marital relationships.

Breast cancer is a disease that affects the whole family system. All family members share the experience of this suffering. It seems that the stress caused by cancer has adverse effects on the family, especially the couple's marital relationship (Salis, 2003, quoted by Shamsikhani, 2013). In general, it can be said that cancer casts a shadow on all aspects of the affected people's lives and ultimately affects their mental health. According to the findings obtained from this research as well as the research and theoretical background, as a general conclusion of this research, it can be said that there is a significant difference between the three groups of cancer patients with breast evacuation, breast conservation, and normal people in the variables of intimacy, quality, and marital adjustment

Some subjects' physical, mental, and psychological conditions due to the effects of the disease and the treatment period may have caused a disturbance in completing the questionnaires. On the other hand, in treating breast cancer, public attention and treatments have focused on these patients' physical recovery, while physical diseases also cause psychological damage. After the treatment or control of the physical side of the disease, its psychological damage maintains its effects for a long time. Therefore, the planners of the treatment centers must pay sufficient attention to the treatment of these patients' marital problems based on the research results.

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Conflict of interest

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Ethics statement

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