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**DETERMINATION OF HEALTHY LIFESTYLE BEHAVIORS OF NURSES
WORKING IN HOSPITALS IN BAGHDAD CITY**

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NURSES WORKING IN HOSPITALS IN BAGHDAD CITY**

BY

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**The Institute of Health Sciences
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ACCEPTANCE AND APPROVAL

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ETHICS STATEMENT

The thesis entitled “Determination of healthy lifestyle behaviors of nurses working in hospitals in Baghdad city” which was prepared and presented as a thesis, was written by myself and in accordance with the scientific, academic rules and ethical conduct. The idea/hypothesis of my thesis solely belongs to my supervisor and to me. The research pertaining to the thesis was conducted by myself and therefore, all of the used sentences and interpretations within the work belongs to me.

I declare the aforementioned issues to be correct.

Signature

/ /

Hasan Kadhim Abdullah AL-SHAMOOSI

ABSTRACT

DETERMINATION OF HEALTHY LIFESTYLE BEHAVIORS OF NURSES WORKING IN HOSPITALS IN BAGHDAD CITY

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Master of Science in Nursing

Advisor: Assoc. Prof. Dr. İlknur GÖL

January 2023

Aim: This study, was aimed to determine the healthy lifestyle behaviors of nurses working in Baghdad city hospitals.

Methodology: A cross-sectional descriptive study was conducted between 05.12.2021 and 01.06.2022 at Ibn El-Nafis Hospital, Ibn El-Balady Child and Maternity Hospital and Al-Kindi Training Hospital in Baghdad. The population of the study consisted of nurses working in these hospitals. The sample of the study consisted of 270 nurses who agreed to participate in the study at the data collection dates. 'Personal Information Form' and 'Healthy Lifestyle Behaviors Scale' were used to collect data.

Results: The mean age of the study group was 35.60 ± 12.21 , 55.5% male, 77% married and 21.1% university graduate. The total mean score of the Healthy Lifestyle Behaviors Scale of the nurses participating in the study was 167.36 ± 88.47 . It was determined that the stress management and physical activity sub-dimension scores of the Healthy Lifestyle Behaviors Scale were higher in the 36-40 age group, married, university graduates and those with normal body mass index compared to the other groups, and the difference was statistically significant ($p \leq 0.05$).

Conclusion: The results of the study showed that healthy lifestyle behaviors of nurses are generally good, but physical activity and stress management levels are affected by variables such as marital status, education and body mass index.

2023, 61 pages

Keywords: Healthy lifestyle, Nurse, Health behavior

ÖZET

BAĞDAT KENTİNDEKİ HASTANELERDE ÇALIŞAN HEMŞİRELERİN SAĞLIKLI YAŞAM BİÇİMİ DAVRANIŞLARININ BELİRLENMESİ

Hasan Kadhim Abdullah AL-SHAMOOSI

Hemşirelik, Yüksek Lisans

Tez Danışmanı: Doç. Dr. İlknur GÖL

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Amaç: Çalışmada, Bağdat şehir hastanelerinde çalışan hemşirelerin sağlıklı yaşam tarzı davranışlarını belirlemek amaçlanmıştır.

Metodolojisi: Kesitsel tipteki tanımlayıcı çalışma 05.12.2021- 01.06.2022 tarihleri arasında Bağdat'taki İbn El-Nafis Hastanesi, İbn El-Balady Çocuk ve Doğum Hastanesi ve Al-Kindi Eğitim Hastanesi'nde yürütülmüştür. Araştırmanın evrenini bu hastanelerde çalışan hemşireler oluşturmuştur. Araştırmanın örneklemi ise veri toplama tarihlerinde araştırmaya katılmayı kabul eden 270 hemşireden oluşmuştur. Verileri toplanmasında 'Kişisel Bilgi Formu' ve "Sağlıklı Yaşam Tarzı Davranışları Ölçeği" kullanılmıştır.

Bulgular: Çalışma grubunun yaş ortalaması 35.60 ± 12.21 , %55.5'i erkek, %77'si evli ve %21.1'i üniversite mezunudur. Araştırmaya katılan hemşirelerin Sağlıklı Yaşam Biçimi Davranışları Ölçeği toplam puan ortalaması $167,36 \pm 88,47$ 'dir. Sağlıklı Yaşam Biçimi Davranışları Ölçeği Stres yönetimi ve fiziksel aktivite alt boyut puanlarının 36-40 yaş grubunda, evlilerde, üniversite mezunu olanlarda ve beden kitle indeksi normal olanlarda diğer gruplara göre daha yüksek olduğu ve farkın istatistiksel olarak anlamlı olduğu saptanmıştır ($p \leq 0.05$).

Sonuç: Araştırmanın sonuçları hemşirelerin genel olarak sağlıklı yaşam tarzı davranışlarının iyi olduğunu ancak fiziksel aktivite ve stres yönetimi düzeylerinin medeni durum, eğitim ve beden kitle indeksi gibi değişkenlerden etkilendiğini göstermiştir.

2023, 61 sayfa

Anahtar Kelimeler: Sağlıklı yaşam tarzı, Hemşire, Sağlık davranışı

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Hasan Kadhim Abdullah AL-SHAMOOSI

Çankırı-2023



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INDEX OF ABBREVIATIONS AND SYMBOLS

%	percent
F	Frequency
M	mean
n	Number
P	The level of marginal significance within a statistical hypothesis test
SD	Standard deviation



LIST OF ABBREVIATIONS

BMI	Body Mass Index
HB	Health Behaviors
HBM	Health Belief Model
HLS	Health Life Style
HLSB	Healthy Life style Behaviors
HPLPII	Health Promoting Lifestyle Profile -II
HR	Health responsibility
IR	Interpersonal relationships
LS	Life Style
N	Nutrition
PA	Physical activity
SG	Spiritual growth
SM	Stress management
WHO	World Health Organization

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1. INTRODUCTION

Scientific developments have led to important changes in society in health-related indicators. Although this has allowed an increase in life expectancy at birth for the world's population it may also mean emerging health problems that can be more difficult to eradicate, because its roots lie in people's lifestyles (LS) (Jamison *et al.* 2006).

LS has been defined by the World Health Organization (WHO) that it is generally considered as the general form in which life is practiced based on a type of interaction that always takes place between life conditions and in a more comprehensive and broader way that can be defined as a type of behavior that is carried out individually Which are identified as cultural and social factors in addition to personal characteristics (WHO 2002). Scientists and researchers have been interested in this subject, as LS is considered one of the main elements in health recently, and based on the statistics of the WHO, sixty percent of the factors that can affect the health of the individual and affect the quality of life that are linked in one way or another to the LS (Ziglio *et al.* 2004), as there are huge numbers of individuals living up to millions with a sedentary LS. Because of that, these people become incapacitated, sick and even may suffer death. Therefore, an unhealthy LS leads to many difficulties, including problems and obesity, bones and joints, metabolic disorders, violence, cardiovascular diseases, high blood pressure, and others. Therefore, it is very important that the relationship between health and LS be carefully studied (WHO 2011).

Nowadays, a large number of very many changes have occurred, whether in society or individuals. The onset of smoking is followed by eating habits whether it is an unhealthy diet and poor nutrition, drug or alcohol abuse, stress, and many other forms of poor lifestyle as visible and prominent forms of lifestyle. In addition, the general population faces new challenges and obstacles. Like new information that grows with its technologies such as virtual communication networks, the Internet, and it greatly affects mental health and physical health, the problem is the poor use through the excessive use

of this technology. As a result, it can be said that LS is considered to have an effect in one way or another, whether on mental health or physical health, these effects may be of a wide variety of sizes or shapes, . Kinship is LS prevalent in some races, leading to genetic diseases. Correcting this unhealthy lifestyle is a preventive factor in reducing the spread of genetic disorders (Karimi *et al.* 2010).

In certain nations, excessive drug use is seen as a serious harmful lifestyle. Iran, for example, is one of the 20 countries in the world that consumes medicines. Medication is preferred above other therapies. Furthermore, in 15-40% of cases, they take over-the-counter drugs (Karimi *et al.* 2010). Finally, some of the lifestyle elements that impact health may be classified. Such as exercise, diet, sleep, BMI, sexual behavior, etc. (Mozaffarian *et al.* 2011; Farhud 2015). The importance of the current study appears because the information about healthy LS in Iraq is very limited

1.1 Aim of the study

To determine the healthy life style of nurses working in Baghdad city hospitals.

1.2 Statement of problem

- The problem statement can be summarized in the following question:
- What is the level of healthy lifestyle for nurses working in Baghdad city hospitals?
- Is there a relationship between nurses' healthy lifestyle behaviors and demographic data (gender, age, marital status) ?

1.3 Limitation

The results are also limited by the duration of the sample, in Baghdad city hospitals in Iraq, as these data were based on self-reports from nurses working in these hospitals.

2 LITERATURE OF REVIEW

2.1 Define healthy behavior

Healthy behavior (HB), is generally defined by more than one definition, including what Norman describes and Konner describes in 1996, as a type of action undertaken with the aim of improving and promoting physical and mental health and well-being, as it aims to detect and avoid disease, as defined by Gochman (1997). as a type of specific use of medical services such as a doctor's visit, examination, vaccination, and also defines it as a type of HB that is self-directed, for example smoking, diet, alcohol consumption, exercise (Conner 2002).

It can also be defined as a type of actions that are carried out individually by individuals themselves, and they affect in some way the health of this individual and mortality, in other words, it is a type of HB, and these behaviors and activities may benefit and affect the health of others or harm the health of others. The individual himself, and it may be purposeful in one way or another, whether intended or unintended, such as sleeping, smoking, and health-seeking behaviors, such as commitment in one way or another to medical treatments that are recommended by doctors, which are in the name of the last specific procedures that can be classified as HB (Preston and Wang, 2006; Fenelon, 2013; Chen and Jacques-Tiura 2014; Preston *et al.* 2014).

Individual health habits are frequently mentioned, but they may also be quantified and summarized for people, groups, or communities. Health habits are fluid, changing between generations, communities, places, and across time. The chance of starting to smoke in the United States, for example, varies with age. Adults now are less likely to smoke than they were in the mid-twentieth century, smoking is more prevalent in the South than in the West, and smoking has declined since the 1964 Surgeon General's report (Preston and Wang 2006; Fenelon 2013; Chen and Jacques-Tiura 2014; Preston *et al.* 2014).

2.2 History

In the middle of the twentieth century, there is a growing interest in HB, so there is an increased interest in efforts to modify it (Armstrong 2009). The focus is reflected in one way or another and individually in theories that are structured in order to carry out the process of educating the population one by one in order to change some beliefs and in order to do many HB, therefore some biomedical methods and approaches that are usually narrowly defined in Research for certain health behavioral interventions to occur recently, because it focuses heavily on personal responsibility and individual choice (Cockerham 2005).

The sociological method may in some sense broaden the scope of investigation of HB by doing the process of highlighting the need for an examination of individual behaviors in context and in recognizing the importance of both agency and structure. This approach somewhat takes into account the function that takes place within the normative frameworks that take place in the formation of many societal values that are linked to many activities and many identities and choices, and it also places some restrictions that are made in order to determine the choices. It also addresses issues of social inequality and authority. Integrative and dynamic scaling is emphasized in conceptual and methodological breakthroughs in defining healthy activities. The notion of "healthy lifestyles" has been a significant theoretical breakthrough in the recent decade (Cockerham 2005; Pampel *et al.* 2010).

HB in general is targeting it, as it usually knows that these behaviors may be very difficult to modify, but instead may see HB as a type of behavior that may take place in societies and may affect societies and affect each other. Some with certain well-established identities that may arise through the participation of certain social groups (Williams 1995). Healthy lives are thus practiced at the individual level, but the meso and macro levels shape them. Understanding how healthy habits interact is thought to be crucial to successfully modifying them (Jessor and Turbin 2014).

The process of conducting a large number of experimental work has been done by a large number of researchers and a large number of scientists alike on HB because most of the studies that were previously conducted were limited to adults (Christensen and Carpiano 2014; Glorioso and Pisat; 2014). although research and policy are now focusing on the early life trajectory (Mollborn *et al.* 2014; Lloyd and Wyatt 2014) Melbourne *et al.*, for example, found that the prevalent healthy LS of US preschool children and the intergenerational mechanisms that led to their emergence predicted kindergarten preparedness (Mollborn *et al.*2014).

The acquisition of more precise data on health behaviors through large longitudinal data collecting has been a major methodological achievement (Barber *et al.* 2013). Technology advances have made it possible to collect data on the social and geographical components of activities in real time, allowing researchers to better understand how people practice healthy habits as they arise in their daily social and spatial settings (Cagney *et al.* 2013; Goldberg *et al.* 2014; Browning *et al.* 2015).

Palmer and colleagues tested the feasibility of running dynamic location-based surveys in the Human Mobility Project by asking participants to download and install an app on their phone, allowing them to collect data about their phone position as they navigated through and completed their daily routines (Palmer *et al.* 2013). Surveys. Others point to the promise of health behavior interventions that use wearable devices, including screens, to provide consistent reminders, follow-up, and rewards (Asch *et al.* 2012; Dallery *et al.* 2014). Such as an experimental study that found results that messages that are customized in a text form in order to carry out the process of self-care directed to patients with diabetes have been significantly associated with controlling high blood sugar, in adolescents with it, after a period of three months (Mulvaney *et al.* 2012).

2.3 Model of health belief

The Health Beliefs Model (HBM) was created by some of the social scientists, which was carried out in a particular public health service that took place in the United States of America in the last century, specifically in the fifties of it, in order to understand the

reasons that lead individuals to use techniques from In order to prevent diseases or to use tools for screening for the purpose of early detection of these diseases, the results and reactions of this model by patients on compliance with medical treatments and on symptoms are in the form of later applications of HBM. According to HBM, there is a type of belief that is made subjectively to individuals that there is a so-called personal risk of disease or risk of disease, as it is a great belief in the action that is taken in a proposed way for the health in general or the effectiveness of activities, and that it can predict in some way if the ability to Individuals to engage in these practices or not (LaMorte 2019).

HB is made of two components, one of which is the desire to avoid disease, and it may be a belief that a particular activity is done in a healthy way and may lead to disease treatment and may lead to disease prevention, according to HBM. A person's decision may ultimately be influenced by the person's beliefs about the advantages and disadvantages of HB. HBM comes in six different architectures. The first four buildings were created as HBM foundation concepts. The latter two were introduced as HBM's research progressed (LaMorte 2019).

2.4 Healthy behavior activities

2.4.1 Smoking

The HB that most closely correlates with health-related effects that are considered unfavorable in the long term is smoking (Conner 2002). Tobacco usage is one of the world's most important public health issues. Tobacco usage is responsible for six million fatalities per year worldwide, with more than one million of them occurring in China (National health commission of china, 2012; Cahn *et al.* 2018) China has contributed for 40% of global cigarette manufacturing and consumption in the last several decades, significantly more than any other country (National health commission of china 2012). According to a WHO assessment on the tobacco pandemic released in 2019, 27.7% of

Chinese individuals aged 15 and above were current smokers (52.1 percent of males and 2.7 percent of females, men/women ratio = 19.3) (WHO 2019).

Cigarette smoking is considered one of the health problems and even one of the most dangerous at all in the world, in one of the WHO reports there were some trends for its spread from 2000-2025, cigarette smoking is responsible for nine percent of all deaths globally, as more than half of the people who smoke They smoke cigarettes because it is associated with many diseases(Chinese Center for Disease Control and Prevention 2018).

In 2018, China became one of the largest producers of tobacco in the world, as twenty-six percent of adults smoke cigars, estimated at three hundred and eight million, and forty-four and nine percent of adults were exposed to passive smoking, estimated at five hundred and fifteen million (Chinese Center for Disease Control and Prevention 2018).

Human health may be harmed in general by cigarette smoking and through exposure to it or what is called passive smoking, as it contains seven thousand chemical components, of which about two hundred and fifty substances or more, and these substances may be carcinogenic, for example, respiratory irritants, nitrides, aldehydes and others. Nicotine affects the human body, as it is considered one of the causes of tobacco addiction. Cadmium, benzypirene, arsenic and a number of other components may in one way or another lead to cancer. Nitric oxide, which significantly reduces the process of oxygen transport when it is transported in red blood cells. In a way, it may depend on the quantity and the dose. Cigarette smoking can practically harm the organs of the human body in general, and it is one of the factors that affect its organs, especially the respiratory system, and thus infectious disorders in other systems (Arcavi and Benowitz 2004; Huttunen *et al.* 2011).

The process of quitting cigarette smoking may strengthen the immune system of the quitting individuals by improving the blood circulation within it and then the process of increasing oxygen levels and the subsequent reduction in inflammation, and it is also easier to do the process of combating the so-called cold and fighting other diseases. It

also reduces many chances of developing cancer, mainly pancreatic cancer and lung cancer (Santos 2020).

2.4.2 Exercise

Physical activity has long been recognized as beneficial to one's health and quality of life. "Lack of action ruins the excellent state of every human being," said Plato, "while movement and systematic physical exercise conserve and preserve it." The WHO guidelines make it clear that Plato's ideas were and still are relevant, and they encourage everyone, regardless of their ability or age, to engage in the process of ensuring healthy brown growth in addition to regular physical activity, and finally the maintenance of health mental, physical, and throughout one's life (WHO 2010).

Physical inactivity, on the other hand, has only lately become a public health problem. This is owing to the fact that there is less of a need to be active in everyday life. Tasks that originally needed physical effort are now completed by vehicles, machinery, and technology (Hallal *et al.* 2012). According to research, total physical activity levels in high-income nations have decreased dramatically over the previous 40 years, with medium-income and even low-income countries expected to follow suit. According to the WHO, 35 percent of Europeans do not reach the recommended minimum level of exercise for optimal health and this number is expected to rise in many nations across the world (Hallal *et al.* 2012; Johnston 2021).

Regular exercise strengthens the heart and improves the lungs' ability to take in more oxygen, allowing the cardiovascular system to provide more oxygen to the body with each pulse and the pulmonary system to raise the maximum quantity of oxygen the lungs can take in. Exercise has also been demonstrated to have health advantages, such as decreasing blood pressure through lowering total and low-density lipoprotein (LDL) cholesterol levels (the "bad" cholesterol). High-density lipoprotein cholesterol (the "good" cholesterol) levels rise (Johnston 2021).

As a result of these positive benefits, the risk of heart attack, stroke, and coronary artery disease is reduced. Regular exercisers are also less likely to acquire colon cancer and some types of diabetes. In brief, regular exercise is one of the most effective ways to avoid disease, maintain a healthy body weight, increase health and lifespan, and improve overall quality of life. Exercises improve muscles, allowing people to execute things that they may not otherwise be able to do or to do them more easily. Muscle strength and a particular range of motion in the joints are required for any physical endeavor. Both qualities may be improved with regular exercise (Johnston 2021).

2.4.3 Diet

Saturated fat, trans fats, free sugars, and salt-rich foods and beverages are all examples of an unhealthy diet. Unfortunately, this is the typical diet of today's Canadians (Garriguet 2007; WHO, 2010; Alberta health services 2012; Moubarac *et al.* 2013; Ministry of Health of Brazil 2014). More than 30 000 fatalities may be avoided or postponed each year in Canada if our diets followed nutritional recommendations, particularly for increased fruit and vegetable consumption (Bélange *et al.* 2014) According to a recent meta-analysis, each additional daily serving of fruits and vegetables lowered the risk of cardiovascular disease by 4% and the total premature mortality rate by 5% in the general population. Unfortunately, none of these ideas or frameworks have resulted in significant policy changes (Wang *et al.* 2014).

2.4.4 Healthy Weight

Healthy weight or BMI as a criterion for determining what is healthy or not is frequently used in discussions on healthy weight. Medical experts typically use BMI to determine whether or not a person is at a healthy weight. BMI is thought to provide medical practitioners a sense of whether or not a person is at risk for obesity-related chronic illnesses such as heart disease, high blood pressure, diabetes, and other comorbidities. The fat is to blame. The BMI is a fast and dirty tool to see if a person's weight is out of proportion to their height. When this happens, it's common to presume that the individual

is carrying too much fat, also known as adipose tissue, which can raise the risk of a variety of chronic diseases (Howley 2020).

2.4.5 Good sleeping

Sleep is a resting state experienced by animals, including humans. Most of the muscles that animals could ordinarily control are not engaged during deep sleep, but they recoup their energy when they wake up. During sleep, animals are normally calm and unaware. Humans, like most other animals, sleep well at night. The term "sleep" refers to the state in which animals are sleeping. They will not react as swiftly (if at all) as they would if they were awake at this period. They may, however, readily wake up from sleep rather than coma or coma (Suni 2019).

The importance of sleep to human health and well-being cannot be overstated. Humans and animals both require sleep to prepare their bodies for the next day. This requirement has an impact on one's daily activities, appearance, and how one presents oneself (Suni 2019). People who are weary (due to a lack of sleep) will be unable to conduct joint tasks correctly. Sleep deprivation makes it difficult to recall things, as well as affecting mood, energy, health, and attention, among other things. Sleep deprivation (the inability to receive adequate sleep) can be used as a form of torture (Suni 2019; Finan 2022).

In addition, the immune system produces cytokines, which aid in the battle against inflammation and infection. If a person does not receive enough sleep, their cytokines will be insufficient to defend them against disease (Wilson 2016). The body may not have enough time to retrieve memory, mend muscles, and produce growth and appetite-regulating hormones (Suni 2019)

The sun rises during the day, and most people awaken. They work, go to school, or go about their regular routines. Many individuals sleep quickly in the early afternoon for a brief nap or because they can't sleep throughout the day. This is referred to as a snooze.

A decent nap should last between 15 and 30 minutes, and naps lasting longer than that can make you dizzy and less attentive (Levi 2022).

In certain nations, particularly those where the weather is hot, it is customary to snooze in the afternoon or early afternoon. This custom is known as the siesta and is more prevalent in Spain and Latin America. Some businesses and services are closed while their owners and/or employees slumber (Levi 2022).

2.4.6 Reduce Stress

Many people do not care about their mental health, but it can be claimed that mental health is as necessary and required as physical health because of its impact on all systems of the body. Examples include muscle discomfort, headache, trouble sleeping, and other symptoms. Individuals in the 21st century face many obstacles and daily demands, and if stress, anxiety and tension are not adequately relieved, they may engage in dangerous and unhealthy activities. As a result, time should be set aside for relaxation, rest, and psychological liberation to engage in activities that the person enjoys, such as meditation, yoga, sports, talking with friends and family, reading, pursuing a favorite hobby or engaging in any other new activity that makes them feel good and physically comfortable (Clarke 2018).

2.4.7 Health Screening

Preventive healthcare, often known as prophylaxis, refers to actions used to avoid disease (Leavell and Clark 1979). Given the worldwide growth in the frequency of chronic illnesses and fatalities from these diseases, preventive healthcare is extremely crucial. There are several strategies for illness prevention. One of them is smoking prevention through information dissemination (Thrul *et al.* 2014; Lsensee and Hanewinkel 2018; Galea 2018).

2.4.8 Sexual Behaviors

Sexual health is an important aspect of health for people of all ages. Understanding harmful sexual practices is still a priority in public health research (Douglas and Fenton 2013). Risky sexual activities can result in a variety of unfavorable health outcomes and public health challenges, including sexually transmitted infections (STIs) and unwanted pregnancies (Adhikari 2009). Younger age at first sexual intercourse (SI), having several partners or casual partners, incorrect use of contraception, and drug and alcohol use prior to SI are among high risk sexual practices (Adhikari 2009; Douglas and Fenton 2013)

2.5 Benefits of a healthy lifestyle

- Helps prevent disease
- HBs, such as eating a diet rich in vegetables, can reduce your risk of developing a variety of diseases, even those in your family.
- Helps save money
- It's usually a good idea to have an annual physical exam with your primary care provider. This is especially evident when we think about how some health issues, such as high blood pressure, go unnoticed. This means they don't show any signs or symptoms, so you won't know you have them unless you get tested. However, the healthier you are, the less likely you are to go to the doctor. This can help you save money by reducing your contributions and eliminating the need for medications and other treatments.
- Extends the life of a person
- Living a longer life is connected to basic healthy behaviours. Making a couple of these adjustments may help you live longer if you have never smoked , maintain a healthy weight, are routinely active, eat a nutritious diet, and drink alcohol in moderation.
- It has the potential to be beneficial to the environment.
- Foods that have been ultra-processed contain refined grains and additives to alter texture, flavor, or color. Cheesecakes, packaged candy cakes, chicken nuggets, and sweetened morning cereals are examples of these items. More than 70% of

goods in supermarkets in the United States are over-processed. Ultra-processed food production adds to greenhouse gas emissions, water shortages, biodiversity loss, plastic waste, and deforestation)Risher 2021).

2.6 Nurses' health behaviors

Nurses' health has been studied extensively, most notably in the Harvard Medical School and Brigham and Women's Hospital Women's Health Study (Buring and Lee 2016). which followed nearly 40,000 health professionals, nearly all of whom were nurses, for more than 20 years and contributed to significant advances in women's health. This study and previous research indicate that not only do nurses occasionally fail to participate in HBs, but that the circumstances in which nurses work may also lead to bad health behaviors (Caruso 2014). Nurses must participate in both personal and professional health promotion and disease prevention, and nurse leaders in complicated health care contexts must aspire to be active partners who encourage and develop self-care and wellbeing (Caruso 2014; Buring and Lee 2016).

It is critical to distinguish between health risk activities, health screening habits, and health promotion behaviors while studying health behavior (Pellmar *et al.* 2002). Tobacco usage, illegal drug use, and excessive alcohol intake are all risky practices for one's health. Nursing smoking is well-documented, and despite overwhelming evidence of the risks of smoking, nurses appear to smoke at rates comparable to the general population (Chandrakumar and Adams 2015). For more than a century, nurses have recognized substance misuse as a major problem that has attracted both study and policy attention (Monroe and Kenaga 2011).

Health screening behaviors, which are defined as routine physical examinations and disease screenings to detect and treat preclinical health conditions, (Steptoe and Wardle 2004). have received far less academic attention than health risk behaviors in nurses. Stress and social support, on the other hand, are two factors that may impact health screening practices. (Su *et al.* 2016). discovered that Taiwanese nurses who experienced

more job stress were less likely to have Pap smears than those who had less job stress. In another study, Brazilian nurses with greater levels of social support were more likely than those with lower levels of support to have mammograms and Pap smears (Silva *et al.* 2009).

Health-promoting behaviors (eg, physical activity, healthy eating, stress management, sleep hygiene, and healthy relationships) increase personal resilience and improve health. These behaviors are very important in reversing the obesity epidemic and obesity-related diseases, among others (Pender *et al.* 2011).

2.7 Roles of nurses in promoting health

Health-promoting behaviors are important in preventing noncommunicable and lifestyle-related diseases. In the past decade, researchers have begun to focus on nurses' participation in health promotion activities, so health promotion: smoking, drug use, and excessive alcohol consumption are all health-hazardous behaviors. Nursing smoking is well documented, and despite clear evidence of the risks of smoking, nurses appear to smoke at rates similar to the general population. For more than a century, drug abuse has been recognized as a serious issue among nurses and has received research and policy attention (American Heart Association 2016, Ross *et al.* 2017).

Nurses also participate in routine physical examinations and pathology examinations to detect and treat preclinical health conditions⁸, which have received far less research attention than health-risk behaviors in nurses. On the other hand, stress and social support can have an impact on health screening behaviors. Nursing therefore increases personal resilience and improves health (eg physical activity, healthy eating, stress management, sleep hygiene, healthy relationships). These behaviors are critical in reversing the epidemic of obesity and obesity-related diseases that so many people are afflicted with these days (American Heart Association 2016, Ross *et al.* 2017).

3 MATERIAL AND METHOD

3.1 Study type

This is a descriptive cross-sectional study.

3.2 Place and time of research

The research was conducted in Ibn Al-Nafis Hospital in Baghdad, Ibn Al-Balady Hospital for Children & Maternity (Baghdad City) and Al-Kindi Teaching Hospital in Baghdad, Al-Rusafa between 05.12.2021- 01.06.2022.

3.3 Study sample groups

Total number of nursing in these Hospitals is 900 nurses. The sample size was determined as 270 according to a 95% confidence interval and 50% response.

3.4 Data collection tools

In data collection; The personal information form was used to determine the nursing' sociodemographic and description of HPL-II's dimensions (Appendix 1). Personal information form; The form contains 6 questions to specify age, gender, family size, marital status, Job experience (years), Education Level and Income satisfaction (Appendix 1)

3.5 HPLP – II;

The second part was used to measure HPLP II in a limited extent within northern Iraq only (Kamali et al. 2016), the scales consisted of 52 items and had six dimensions including SG containing (9) items, HR containing (9) items, PA had (8) items, N had (9) items, IR had (9) items, SM had (8) items, these were scored and related to 4 piont Likert

scales such as (4) routinely, (3) often, (2) sometimes, (1) forever. The overall HPLP II score is categorized into 4 levels. : poor for range 52 to 90, medium for range 91 to 139, good for range 140 to 168, excellent for range 169 to 208 (Walker et al. 1987). The scale was valid and reliable for use as an Arabic version in Iraq, and the HPLP Cronbach's alpha ranged from 0.80 to 0.90 which is consistent with the degree of validity of the current study (Appendix 1) (Walker et al. 1987). The cronbach alpha coefficient in this study is 0.92

3.6 Data collection method

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

3.7 Search Variables:

3.7.1 Dependent variable:

Description of HPL profile -II's dimensions.

3.7.2 Independent variables;

Age, gender, family size, marital status, and Description of HPL -II's.

3.8 Data analysis

SPSS 26 was used for data analysis. The data was analyzed using frequency, percentage, mean, standard deviation, one-way analysis of variance (ANOVA) and independent sample t-test in SPSS software. The level of significance to be determined in evaluating the data is $P \leq 0.05$

3.9 Ethical dimension of research:

On 09/11/2021 ethical approval was obtained from Çankırı Karatekin University (Appendix 3), as well as the Consent to collect data 01/12/2021 from Baghdad Health Department, Rusafa (Appendix 5), where the researcher provided a detailed description including the purpose and methodology of the study. For hospitalization, participants were orally informed of the aims of the study and asked to participate voluntarily, and were assured of non-disclosure. To ensure the confidentiality of the participants, no names were written during data collection and reporting. They were also informed that they could refuse to answer a particular question or withdraw from the study at any time without any penalty.

4 RESULTS

In this study, the results of the research were discussed in three parts, the first being the descriptive characteristics of the research group, and then measuring the HPLP II scores for the research group, and finally the relationship between demographic data and HPLP II for the research group, where the sample was selected from nurses working in the hospitals under study, which is Ibn Al-Nafis Hospital in Baghdad , Ibn Al-Baladi Hospital for Children and Maternity (Baghdad), and Al-Kindi Teaching Hospital in Baghdad, as shown in the figure 4.1

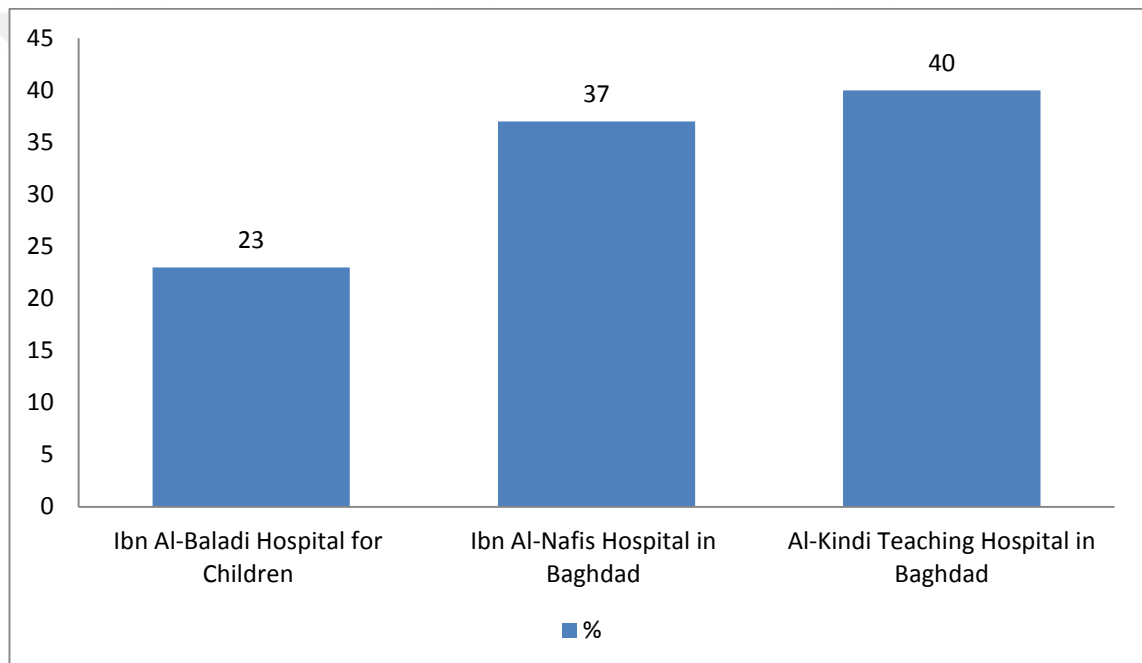


Figure 4.1: Relative distribution of the study population by hospital

Al-Kindi Teaching Hospital in Baghdad (40%) of the study sample, followed by Ibn Al-Nafis Hospital in Baghdad (37.0%) and the rest (23%) at Ibn Al-Baladi Hospital for Children in the city of Baghdad constitutes.

Table 4.1: shows the socio-demographic and clinical characteristics of the nurses participating in this study and it is as follows

Table 4.1 Distribution of the Descriptive features of the Research Group (n=270)

Descriptive Features		
Age	Mean±SD	
	35.60±12.21	
	n	%
Age		
20-25 years	45	16.6
26-30 years	37	13.7
31-35 years	88	32.5
36-40 years	95	35.1
< 60 years	5	1.8
Gender		
Male	150	55.5
Female	120	44.4
Marital status		
Single	62	22.9
Married	208	77
Educational status		
Nursing school	207	76.6
Bachelor	57	21.1
Master	6	2.2
PhD	0	0
Income Satisfaction		
satisfied	91	32.9.9
somehow satisfied	911	37
not satisfied	99	30
BMI		
Under weight	5	1.85
Normal weight	911	37
Over weight	965	61.1

BMI:Body Mass Index

Table 4.1 presents the sociodemographic and occupational characteristics of nurses. Accordingly, the majority of nurses were in the age group 36-40 years, 88 (32.5%) in the age group 31-35, 45 (16.6%) in the age group 20-25 years, and 37 (13.7%) in age group 26-30 and 5 (1.8%) in age group < 60 years of the nurses, 150 (55.5%) male, 120 (44.4%) female, 208 (77%) married, 62 (22.1%) single, 207 (76.6%) graduated from nursing school degree 57 (21.1%) hold a bachelor degree and 6 (2.2%) hold a master's degree. also, 165 (61.1%) were over weight, 100 (37%) were normal weight, and 5 (1.85%) under weight (table 4.1).

Table 4.2 HPLP II Score Distribution for Nurses and their Sub-Dimensions (n = 270)

HPLP II Score	n	Mean±SD	Score degree
Spiritual growth (SG)	270	31.42 ± 96.59	9-36
Health responsibility (HR)	270	27.41 ± 93.58	9-36
Physical activity (PA)	270	25.38 ±93.86	9-36
Nutrition (N)	270	30.18 ± 94.61	9-36
Interpersonal relationships (IR)	270	30.96 ± 96.54	8-32
Stress management (SM)	270	22.01 ± 93.29	8-32
Total	270	167.36 ± 99.88	52-208

All data are presented as mean ± SD

Table 4.2 presents the distributions of nurses' scores with respect to HPLP II. The total score for nurses from HPLP II is 167.36 ± 88.47, the first dimension in the SG score is 31.42 ± 16.59, the second dimension is “IR” 30.96 ± 16.54, the third factor is “N” with a score of 30.18 ± 14.61, the fourth dimension is “HR” with a score of 27.41 ± 13.58, fifth dimension, PA with a score of 25.38 ± 13.86, the last dimension was determined by SM with a score of 22.01 ± 13.29, the final result HPLP II was determined as good.

Table 4.3 Distribution of HPLP II scale total and subdimension scores based on nurses age (n = 270)

Comparison of sub-dimensions	Age	N	Mean±SD	F	p-value
SG	20-25	45	25.91±4.43	0.775	0.542
	26-30	37	26.13±4.77		
	31-35	88	25.65±4.67		
	36-40	95	26.77±4.70		
	<60	5	27.20±2.16		
HR	20-25	45	28.15±3.86	0.116	0.977
	26-30	37	27.54±4.35		
	31-35	88	27.79±4.35		
	36-40	95	27.71±4.41		
	<60	5	27.80±4.14		
PA	20-25	45	22.06±5.06	5.627	0.000*
	26-30	37	22.24±5.56		
	31-35	87	22.57±4.97		
	36-40	95	25.47±5.19		
	<60	5	23.80±4.26		
N	20-25	45	27.64±4.90	1.732	0.143
	26-30	37	26.70±5.53		
	31-35	87	27.18±4.85		
	36-40	95	25.71±5.60		
	<60	5	29.40±3.64		
IR	20-25	45	23.11±5.80	1.237	0.295
	26-30	37	24.18±6.83		
	31-35	87	24.28±5.86		
	36-40	95	25.41±5.88		
	<60	5	25.60±6.73		
SM	20-25	45	19.55±3.49	15.975	0.000*
	26-30	37	19.78±3.17		
	31-35	87	19.79±3.44		
	36-40	95	23.92±5.15		
	<60	5	21.80±2.16		
Total			750.84 ± 139.91	25.462	1.957

ANOVA *p <0.05 , SG: Spiritual growth, HR: Health responsibility, PA: Physical activity, N: Nutrition, IR: Interpersonal relationships, SM: Stress management

It appears in Table 4.3 that there is a significant relationship between age and PA $p \leq 0.05$ and that the highest value was in the age group 31-35 with an average of (22.57 ± 4.97) in addition to a significant relationship between age and SM ($p \leq 0.05$) and the highest value was in the group Age 36-40 average (23.92 ± 5.15) , also total of score average (750.84 ± 139.91)



Table 4.4 Distribution of HPLP II Scale Total and Subdimension Scores Based on Nurses Gender (n = 270)

Comparison of sub-dimensions	Gender	N	Mean±SD	T	p-value
SG	Male	150	25.75±4.65	-1.997	0.047*
	Female	120	26.96±4.51		
HR	Male	150	27.85±4.31	-1.379	0.169
	Female	120	28.63±4.14		
PA	Male	150	22.31±5.11	-1.008	0.314
	Female	120	23.02±5.45		
N	Male	150	27.04±4.93	0.560	0.446
	Female	120	27.56±5.32		
IR	Male	150	24.03±5.92	0.280	0.134
	Female	120	25.13±6.71		
SM	Male	150	19.72±3.20	-1.505	0.134
	Female	120	20.38±3.35		
Total			298.38±57.6	-5.049	1.197

t-test *p <0.05 , SG: Spiritual growth, HR: Health responsibility, PA: Physical activity, N: Nutrition, IR: Interpersonal relationships, SM: Stress management

In table 4.4, there was a significant relationship between gender and SG ($p \leq 0.05$) and the highest value in the category was for females, with a mean of (26.96± 4.51) finally the total score with mean (298.38±57.6)

Table 4.5 Distribution of HPLP II Scale Total and Subdimension Scores Based on Nurses Marital Status (n = 270)

Comparison of sub-dimensions	Marital status	n	Mean±SD	T	p-value
SG	Single	62	26.22±4.13	0.072	0.943
	Married	208	26.17±4.72		
HR	Single	62	28.20±4.04	0.861	0.390
	Married	208	27.66±4.42		
PA	Single	62	22.27±5.22	-2.004	0.046*
	Married	208	23.81±5.32		
N	Single	62	27.32±5.17	1.059	0.291
	Married	208	26.51±5.26		
IR	Single	62	23.46±6.13	-1.514	0.131
	Married	208	24.78±5.97		
SM	Single	62	19.58±3.39	-3.966	0.001*
	Married	208	21.72±4.72		
Total			297.7±58.49	-5.492	1.755

SG: Spiritual growth, HR: Health responsibility, PA: Physical activity, N: Nutrition, IR: Interpersonal relationships, SM: Stress management

In table 4.5, there was a significant relationship between PA and marital status ($p \leq 0.05$) and the highest value in the category was for Married nurses, with a mean of (23.81±5.32) and there was a significant relationship between SM and married nurses with mean and SD (21.7260± 4.72192), and total mean (297.7±58.49)

Table 4.6 Distribution of HPLP II Scale Total and Subdimension Scores Based on Nurses Education Level (n = 270)

Comparison of sub-dimensions	Education level	n	Mean±SD	F	p-value
SG	nursing school	207	26.05±4.73	0.885	0.414
	Bachelor	57	26.82±4.34		
	Master	6	24.83±2.92		
HR	nursing school	207	27.95±4.34	1.123	0.327
	Bachelor	57	27.08±4.49		
	Master	6	29.00±1.89		
PA	nursing school	206	23.09±5.13	3.062	0.048*
	Bachelor	57	25.01±5.79		
	Master	6	22.50±4.96		
N	nursing school	206	26.94±5.14	1.021	0.361
	Bachelor	57	25.84±5.73		
	Master	6	27.33±3.38		
IR	nursing school	206	24.47±5.92	0.039	0.961
	Bachelor	57	24.52±6.53		
	Master	6	25.16±5.15		
SM	nursing school	206	20.70±4.08	6.868	0.001*
	Bachelor	57	23.15±5.64		
	Master	6	21.83±3.06		
Total			452.27± 83.22	12.998	2.063

ANOVA *p <0.05 , SG: Spiritual growth, HR: Health responsibility, PA: Physical activity, N: Nutrition, IR: Interpersonal relationships, SM: Stress management

In table 4.6, there was a significant relationship between education level and PA, SM ($p \leq 0.05$) and total with mean (452.27 ± 83.22).

Table 4.7 Distribution of HPLP II Scale Total and Subdimension Scores Based on Nurses Income Satisfaction (n = 270)

	Income	N	Mean$\pm$SD	F	p-value
SG	Stisfied	89	25.92 $\pm$ 4.56	0.308	0.735
	Somehow satisfied	100	26.45 $\pm$ 4.71		
	Not satisfied	81	26.16 $\pm$ 4.61		
HR	Stisfied	89	27.83 $\pm$ 4.14	2.921	0.056*
	Somehow satisfied	100	28.47 $\pm$ 4.46		
	Not satisfied	81	26.91 $\pm$ 4.29		
PA	Stisfied	89	22.11 $\pm$ 5.20	8.166	0.000*
	Somehow satisfied	99	23.25 $\pm$ 5.01		
	Not satisfied	81	25.29 $\pm$ 5.36		
N	Stisfied	89	27.07 $\pm$ 5.12	6.823	0.001*
	Somehow satisfied	99	27.78 $\pm$ 4.79		
	Not satisfied	81	25.01 $\pm$ 5.55		
IR	Stisfied	89	23.53 $\pm$ 6.13	1.696	0.185
	Somehow satisfied	99	25.01 $\pm$ 5.95		
	Not satisfied	81	24.92 $\pm$ 5.94		
SM	Stisfied	89	19.55 $\pm$ 3.29	31.686	0.000*
	Somehow Satisfied	99	20.33 $\pm$ 3.32		
	Not Satisfied	81	24.23 $\pm$ 5.49		
Total			449.82 $\pm$ 87.92	51.6	0.92

ANOVA * $p < 0.05$, SG: Spiritual growth, HR: Health responsibility, PA: Physical activity, N: Nutrition, IR: Interpersonal relationships, SM: Stress management

In table 4.7, there was a significant relationship between income and HR , PA and SM ($p \leq 0.05$) and mean of total (449.82 ± 87.92)

Tablo 4.8 Distribution of HPLP II Scale Total and Subdimension Scores Based on Nurses BMI (n = 270)

Comparison of sub-dimensions	BMI	N	Mean±SD	F	p-value
SG	Under weight	5	25.80±4.65	0.392	0.676
	Normal weight	100	26.88±4.54		
	Over weight	165	25.38±4.68		
HR	Under weight	5	26.00±3.24	0.432	0.649
	Normal weight	100	27.85±4.54		
	Over weight	165	27.82±4.06		
PA	Under weight	5	20.00±4.52	5.121	0.007*
	Normal weight	100	24.39±5.35		
	Over weight	165	23.26±5.10		
N	Under weight	5	27.40±5.89	0.730	0.483
	Normal weight	100	28.19±5.94		
	Over weight	165	26.40±5.42		
IR	Under weight	5	19.80±4.65	2.474	0.086
	Normal weight	100	25.95±6.11		
	Over weight	165	24.97±5.94		
SM	Under weight	5	20.00±2.91	10.566	0.000*
	Normal weight	100	23.70±4.23		
	Over weight	165	22.23±4.08		
Total			446.02±85.85	19.715	1.894

ANOVA *p <0.05 , SG: Spiritual growth, HR: Health responsibility, PA: Physical activity, N: Nutrition, IR: Interpersonal relationships, SM: Stress management

In table 4.8, there was a significant relationship between BMI, PA and SM ($p \leq 0.05$) with total mean (446.02±85.85).

5 DISCUSSION

5.1 Discussion of the HPLP II score distribution for nurses and its sub-dimensions

In our study, it was found that most HPLP nurses have the highest score for the sub-dimension SG is the highest among all the sub-dimensions. The reason for this is because Islam is the religion of the state in general, and it forbids things that may harm health, such as drinking alcohol, which is consistent with health and is similar to a study conducted in Jordan Which showed that the sub-dimension is the highest among the sub-dimensions of nursing students (Omayyah and Shaheen 2014). consistent with previous studies in Jordan (Haddad *et al.* 2004, Ammouri 2008). consistent with a study conducted in Kurdistan in Iraq that showed high scores in Spiritual growth in the majority of the study sample (Kamali *et al.* 2017). is a global study conducted in Japan (Wei *et al.* 2012). which is similar to a study conducted in Iran (Rezaei-Adaryani *et al.* 2012). but it contradicts other global studies who showed that HPLP II such Health and Nutrition Responsibility (Wang *et al.* 2013, Karadağ and Yildirim 2010).

The reason for this is because the nature of the Iraqi society has a great interest in its life in general in the spiritual dimension and this is reflected in the healthy lifestyle of nurses in Iraq.

In this study IR showed 30.96 ± 16.54 considered the second most important after nurse fatigue in HPLP II. A review of the previous literature showed a similarity in the study in Jordan (Omayyah and Shaheen 2014). who showed IR as the second most important effect on HPLP II in nurses 24.18 ± 4.22 and this is consistent with other studies (Rezaei *et al.* 2012, Can *et al.* 2008). who showed that interpersonal relationships were one of the most important dimensions that affected the healthy lifestyle of nurses. In this study the results showed that "N" with a score of 30.18 ± 14.61 same study in Jordan (Omayyah and Shaheen 2014). who showed nutrition that affected HPLP II in nurses was 16.27 ± 5.21 and this is consistent with the study of (Incekar *et al.* 2021). with a score of 20.96 ± 4.26 which is Consistent with the study in Iran (Fashafsheh *et al.* 2021). who showed that the nutrition of nurses relative to the HPLP II scale 22.62 ± 4.82 , the results of this study

showed that the sub-dimension of "HR" is at a degree of 27.41 ± 13.58 this is consistent with the study of (Omayyah and Shaheen 2014). who showed a health response of 22.07 ± 4.80 It also corresponds to the study of (Fashafsheh *et al.* 2021). who showed health responsibility 22.89 ± 5.08 . The results in this study were the physical activity sub-dimension at a score of 25.38 ± 13.86 which is consistent with a study that corresponds to the study of (Fashafsheh *et al.* 2021). who showed the dimension of physical activity at 19.97 ± 5.33 . It agrees with the study of (Omayyah and Shaheen 2014). who showed physical activity at 16.27 ± 5.21 The minimum sub-dimension for nurses is stress management at a score of 22.01 ± 13.29

This is consistent with the study of (Fashafsheh *et al.* 2021). who showed stress management at 26.01 ± 13.29 and with the study of (Omayyah and Shaheen 2014). who showed stress management at 18.66 ± 3.75

In the end result HPLP II was determined that nurses in Baghdad city hospitals had a good level of health-promoting lifestyle behaviors. Similar to the current study previous studies are consistent with (Najaf-Abadi *et al.* 2018, Kurnat-Thoma *et al.* 2016, Heidari *et al.* 2018). who demonstrated good levels of health-promoting lifestyle behaviors by nurses

5.2 Discuss the relationship between HPLP II for nurses and demographic data

A statistically significant relationship for age was found with the HPLP II scale and its sub-dimensions specifically in PA. The reason for this is because physical activity is negatively related as the age increases the physical activity decreases. It is also due to the nature of the Iraqi society which the older the person the less physical activity he has. A study conducted in Iraqi Kurdistan (Kamali *et al.* 2017). is consistent with a study conducted in Palestine (Fashafsheh *et al.* 2021). and a study conducted in Istanbul (Can *et al.* 2008). and a study conducted in Japan (Wei *et al.* 2012). who found that there is a significant relationship between age and HPLP II. This study contradicts a study conducted in Jordan that did not find an association between age and the HPLP II scale (Omayyah and Shaheen 2014). and its sub-dimensions are due to the nature of the

temperatures in Iraq are very high which makes the older nurses have lethargy and inability to exercise physical activity in general unlike the nature of the atmosphere in others

It has been determined that the age of nurses is a variable that makes a difference The health-promoting behaviors of the nurses that the scores of the 36-40 years age group are the highest HPLP II ($p < 0.05$) and the difference between the mean scores was statistically significant In terms of our second research question it was accepted There is a significant difference between scores of nurses in HPLP II which is consistent with the study of Fashafshe *et al.* 2021, ($P < 0.05$).

It was determined that the nurses' gender is a variable that makes a difference Health-lifestyle-enhancing behaviors of the nurses that male HPLP II scores higher than female HPLP II ($p < 0.05$) and the difference between the mean scores was statistically significant in terms of our second research question it was accepted that there is a difference Significantly was found among dozens of nurses in HPLP II which is consistent with the study of (Omayyah and Shaheen 2014, Can *et al.* 2008, Wittayapun *et al.* 2013). showed that the gender variable for health-promoting lifestyle was higher for males than females ($p < 0.05$).

In addition the marital status of the nurses is a variable that makes a difference. Behaviors that promote the healthy lifestyle of the nurses have the highest HPLP II scores ($p < 0.05$). and the difference between the mean scores was statistically significant in terms of our second research question it was accepted that there is a difference Significantly among dozens of nurses in HPLP II This is consistent with the study of (Fashafshe *et al.* 2021, Omayyah and Shaheen 2014, Wittayapun *et al.* 2008). who showed that the marital status variable in relation to health-promoting lifestyle was higher for single ($p < 0.05$).

6 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The research was conducted with 270 nurses working in Baghdad city hospitals

- The age groups 36-40 years had more physical activity and stress management, and the age group <60 years had more nutrition and nutrition as a healthy lifestyle style.
- Females were the most practicing a healthy lifestyle.
- Singles were the most practicing spiritual growth and health responsibility as a healthy lifestyle style.
- Married couples were more likely to practice a healthy lifestyle in many respects (Physical activity, Nutrition, Interpersonal relationships and Stress management).
- The Bachelor's level of education was the most practiced for a healthy lifestyle
- Somehow satisfied people practiced a healthy lifestyle.
- The study participants had a BMI of somehow satisfied.
- In the current study it was found that nurses working in Baghdad city hospitals have a good level of health promotion lifestyle behaviors.
- The nurses working in Baghdad city hospitals had the highest health-promoting behavior of spiritual growth and the lowest was stress management.

6.2 Recommendations

The following applications can be recommended in

- In order to improve health-promoting lifestyle behaviors and nurses' sleep quality, Training programs within these hospitals.
- Providing working conditions that help nurses use a health-promoting lifestyle in terms of setting specific shifts to work during the month which enhances their time management.

- Issuing pamphlets or periodicals in which nurses participate in writing their experiences in health-promoting behaviors which is their healthy lifestyle behaviors.
- The study suggests that male nurses who are 20-30 years old should be given instructions to practice a healthy lifestyle, and should talk to them frequently to help them with these healthy practices.
- Measuring the level of a healthy lifestyle at regular intervals.
- Creating a special section for assistance and guidance to raise the cultural level, particularly the low educational level.



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APPENDICES

APPENDIX 1. Sociodemographic and clinical characteristics form

APPENDIX 2. Healthy Lifestyle Behaviors Scale II

APPENDIX 3. Permission to use the scale

APPENDIX 4. Ethics Committee for approval from the Çankırı Karatekin University

APPENDIX 5. Consent to collect data from Baghdad Rusafa Health Department

APPENDIX 6. Consent to collect data from Baghdad Rusafa Health Department

(türkçe)

APPENDIX 1. Sociodemographic and Clinical Characteristics Form



APPENDIX 2 Healthy Lifestyle Behaviors Scale II





APPENDIX 3. Permission to use the scale



Appendix 4. Ethics Committee for approval from the Çankırı Karatekin University



Appendix 5. Consent to collect data from Baghdad Rusafa Health Department





CURRICULUM VITAE

Full Name : Hasan Kadhīm Abdullah AL- SHAMOOSI

Certificates :



Professional Experiences :