



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

**EVALUATION OF HEALTHY LIFESTYLE BEHAVIORS
AMONG WHITE-COLLAR WORKERS**

Master Thesis

Ahmed DAWOOD SALMAN ALLAMİ

Çankırı 2021

BEYAZ YAKALI ÇALIŞANLARIN SAĞLIKLI YAŞAM BİÇİMİ DAVRANIŞLARININ DEĞERLENDİRİLMESİ

Ahmed Dawood Salman Allami

**Sağlık Bilimleri Enstitüsü
Hemşirelik Anabilim Dalı
Halk Sağlığı Hemşireliği Yüksek Lisans Programı**

Master Thesis

**DANIŞMAN
Doç. Dr. İlknur GÖL
Eş Danışman: Prof. Dr. Fatima Alhasnawi**

Çankırı 2021

KABUL VE ONAY

ÇAKÜ, Sağlık Bilimleri Enstitüsü'nün 19823030 numaralı Yüksek Lisans öğrencisi Ahmed Dawood Salman Allami , ilgili yönetmeliklerin belirlediği gerekli tüm şartları yerine getirdikten sonra hazırladığı “BEYAZ YAKALI ÇALIŞANLARIN SAĞLIKLI YAŞAM BİÇİMİ DAVRANIŞLARININ DEĞERLENDİRİLMESİ” başlıklı tezini aşağıda imzaları olan jüri önünde başarı ile sunmuştur.

Tez Savunma Tarihi :

Tez Danışmanı:

Doç. Dr. İlknur GÖL

.....

**Çankırı Karatekin
University**

İmza

Jüri Üyesi:

**Dr. Öğr. Üyesi Serap
AÇIKGÖZ**

.....

**Çankırı Karatekin
University**

İmza

Jüri Üyesi:

**Doç. Dr. Özüm ERİN
GEYİKTEPE**

.....

**İzmir Demokrasi
University**

İmza

Yukarıdaki sonucu

onaylarım

İmza

Unvan Adı SOYADI

Enstitü Müdür

ACCEPTANCE AND APPROVAL

We testify that the Master student (Ahmad Dawood Salman Allami- Student ID :1982303) at Çankırı University - Institute of Health Sciences - Department of Public Health Nursing has been examined and defended his thesis entitled (Evaluation of Healthy Lifestyle Behaviors among White-Collar Workers) and after fulfilling all the necessary conditions determined by the relevant regulations, We saw, as jury members whose signatures below, that the thesis (is sufficient to obtain a master's degree in public health nursing).

Date Members of discussion committee:

Thesis supervisor: **Doç. Dr. İlknur GÖL**
Çankırı Karatekin
University **Signature**

Committee Member: **Dr. Öğr. Üyesi Serap**
AÇIKGÖZ
Çankırı Karatekin
University **Signature**

Committee Member: **Doç. Dr. Özüm ERİN**
GEYİKTEPE
İzmir Demokrasi
University **Signature**

I confirm the above result
Signature
Institute Director

ETİK BEYANNAMESİ

Yüksek Lisans/Doktora tezi olarak hazırlayıp sunduğum “BEYAZ YAKALI ÇALIŞANLARIN SAĞLIKLI YAŞAM BİÇİMİ DAVRANIŞLARININ DEĞERLENDİRİLMESİ” başlıklı tez; bilimsel ahlak ve değerlere uygun olarak tarafımdan yazılmıştır. Tezimin fikir/hipotezi tümüyle tez danışmanım ve bana aittir. Tezde yer alan araştırma tarafımdan yapılmış olup, tüm cümleler, yorumlar bana aittir.

Yukarıda belirtilen hususların doğruluğunu beyan ederim.



İmza
Tarih
Öğrencinin Adı Soyadı
Ahmed Dawood Salman
Allami

ETHICAL DECLARATION

I present to you, my Master's thesis entitled (Evaluation of Healthy Lifestyle Behaviors among White-Collar Workers) under the supervision and guidance of my research supervisors including idea and hypothesis and certify that I have written it according to ethics and scientific values, upon which scientific research is based in writing the thesis.

Signature

Date : / / 2021

Student

Ahmed Dawood Salman Allami

THE REVIEW OF THE LINGUISTICS EXPERT

This is to hereby that the thesis entitled (**Evaluation of Healthy Lifestyle Behaviors among White-Collar Workers**) has been reviewed in terms of stylistics and linguistics (grammar and spelling). To the Iraqis candidate (M.Sc. student) (Ahmed Dawood Salman Allami) passport NO. (A14973336). Therefore, after the modification of all recommended notes thesis has become free of all linguistics errors and ready to be defended and used as a scientific method to award the degree of M.Sc. in (Public Health Nursing).



Signature :

Name: inst.Dr. Haider Hadi M.

Place of work: The head of the Department of English Immam alkadum University

College / Al-Diwanyia dept.

Date : - -2021

ACKNOWLEDGMENT

I extend my sincere thanks to Doç. Dr. İlknur GÖL, Head of the Department of Public Health Nursing at the Institute of Health Sciences and Professor Dr. Fatima Alhasnawi, Head of the Community Nursing Department at the University of Kufa , thank them for their beautiful patience and the hard bearing in my direction and guidance, in order to prepare this work Humble.

I would also like to thank all the professors who expressed their scientific opinion regarding the questionnaire and the research, and I pay homage and appreciation to them for all that they provided to me, especially mentioning Professor Emeritus Dr. Susan Walker at the Nebraska University in America.

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

LIST OF CONTENT

	<u>PAGE</u>
KABUL VE ONAY	i
ACCEPTANCE AND APROVAL	ii
ETİK BEYANNAMESİ.....	iii
ETHICAL DECLARATION	iv
THE REVIEW OF THE LINGUISTICS EXPERT	v
ACKNOLWEDGMENT	vi
ABBREVIATIONS AND SYMBOLS	viii
LIST OF TABLES	ix
LIST OF FIGURES	x
ÖZET.....	xi
SUMMARY	xii
1. INTRODUCTION.....	1-5
1.1 Objective of the study	5
1.2 Statement of the problem	5
1.3 Hypothesis of the study	5
1.4 Limitation of the study	5
1.5 Assumption of the study	5
2. LITERATURE OF REVIEW	6-32
2.1 Overview	6-8
2.2 Healthy lifestyle among persons with White-Collar Workers	8-22
2.3 Prevouis studies	23-32
3. MATERIALS AND METHODS	33-37
3.1 Design	33
3.2 Sample and setting	33
3.3 Instrument	35-37
3.4 Data collection method.....	37
3.5 Research variables.....	37
3.6 Pilot study.....	37
3.7 Data analysis.....	37
3.8 The ethical dimension.....	37
4. RESULTS	38-47
5. DISCUSSION	48-53
6. CONCLUSION AND RECOMMENDATIONS	54-55
REFERENCES.....	56-69
APPENDICES	70-91
CURRICULUM VITAE.....	92

ABBRAVIATIONS AND SYMBOLS

HPM	: Health Promotion Model
HPL	: Health Promotion Lifestyle
HL	: Healthy Lifestyle
HPLPII	: Health Promoting Lifestyle Profile -II
DV	: Dependent Variable
INDV	: Independent Variable
SG	: Spiritual Growth
HR	: Health Responsibility
PA	: Physical Activity
N	: Nutrition
IR	: Interpersonal Relation
SM	: Stress Management
BMI	: Body Mass Index
CDs	: Chronic Diseases
WHO	: World Health Organization
HTN	:Hypertension
DM	:Diabetes Mellitus
CVA	:Cerebrovascular Accident
One-Way ANOVA	: One –Way Analysis of Variance
M	: Mean
SD	:Standard Deviation
F	:F- Computed
P	:Significant of Probability

LIST OF TABLES

	<u>PAGE</u>
Table 3.1: Setting of the Study(n=384).....	34
Table 4.1: White-Collar Workers of measure HPLP II scores and categorize of levels HL(n=384).....	42
Table 4.2: One –away ANOVA for the comparison age and healthy life style among persons with White-Collar Workers.....	43
Table 4.3: One –away ANOVA for the comparison gender and healthy life style among persons with White-Collar Workers.....	43
Table 4.4: One –away ANOVA for the comparison educational level and healthy life style among persons with White-Collar Workers.....	43
Table 4.5: One –away ANOVA for the comparison marital status and healthy life style among persons with White-Collar Workers.....	44
Table 4.6: One –away ANOVA for the comparison residence area and healthy life style among persons with White-Collar Workers.....	44
Table 4.7: One –away ANOVA for the comparison professions and healthy life style among persons with White-Collar Workers.....	45
Table 4.8: One –away ANOVA for the comparison hours of work and healthy life style among persons with White-Collar Workers.....	46
Table 4.9: One –away ANOVA for the comparison prevalence of CDs and healthy life style among persons with White-Collar Workers.....	46
Table 4.10: One –away ANOVA for the comparison BMI and healthy life style among persons with White-Collar Workers.....	47
Table 4.11: Independent T- test results for prevalence of CD depending on BMI	47

LIST OF FIGURES

	<u>PAGE</u>
Figure 4.1: White-Collar Workers distribution age.....	38
Figure 4.2: White-Collar Workers distribution according to their gender.....	38
Figure 4.3: White-Collar Workers distribution according to their educational levels.....	39
Figure 4.4: White-Collar Workers distribution by marital status.....	39
Figure 4.5: White-Collar Workers distribution by residence area.....	40
Figure 4.6: White-Collar Workers distribution according to their professions.....	40
Figure 4.7: White-Collar Workers distribution according to their hours of work.....	41
Figure 4.8: White-Collar Workers distribution by prevalence of CDs.....	41
Figure 4.9: White-Collar Workers distribution according to their BMI.....	42

BEYAZ YAKALI ÇALIŞANLARIN SAĞLIKLI YAŞAM BİÇİMİ DAVRANIŞLARININ DEĞERLENDİRİLMESİÖZET

Allami, Ahmed dawood salman. BEYAZ YAKALI ÇALIŞANLARIN SAĞLIKLI YAŞAM BİÇİMİ DAVRANIŞLARININ DEĞERLENDİRİLMESİ, (Yüksek Lisansi), Çankırı, 2021. Beyaz Yaklı Çalışanların

Giriş/Amaç: Beyaz Yaklı Çalışanların çalışanlar için sağlıklı yaşam biçimini belirlemek önemlidir, Çünkü kendilerine yüklenen sorumluluklar, uzun vadeli mesleki baskılar, sağlıksız yaşam tarzına yol açan iş stresi nedeniyle, hastalıklara duyarlılıkları artmaktadır. Bu çalışmanın amacı Beyaz Yaklı Çalışanların çalışan kişilerin sağlıklı yaşam biçimini değerlendirmektir.

Yöntem: Kesisel tipte Tanımlayıcı olan bu çalışmanın evrenini Irak Diwaniya valiliğine bağlı kurumlarda Beyaz Yaklı Çalışanların çalışan toplam 2700 kişi oluşturmuştur. Çalışmanın örnekleme ise rastlantısal örnekleme yöntemiyle farklı alanlarda çalışan 384 kişi dahil edilmiştir. Araştırmada veriler, bireylerin sosyo demografik özelliklerini belirlemeye yönelik hazırlanan toplam 9 soru içeren bir soru formu ve sağlıklı yaşam biçimi davranışları ölçeği II kullanılarak toplanmıştır.

Bulgular: Araştırma grubunun %37.8'i 35-44 yaş aralığında, % 58'i erkek, %47.4'ü doktora derecesine sahip, % 44.3'ü 11 saat ve üzeri çalışmakta, % 76.3 fazla kilolu ve %77.6'sının bir kronik hastalığı vardır. Toplam HPLP-II puan ortalaması 2.42 ± 0.172 dir. Ölçeğe ait en düşük puan "stres yönetimi" alt grubuna, (2.258 ± 0.1173) en yüksek puan ise "manevi gelişim" e aittir (2.73 ± 0.14).

Sonuç: Çalışanların, HPLP-II puanı düşük seviyededir. Araştırma bulguları, Beyaz Yaklı Çalışanların çalışan bireylerin sağlıklı yaşam biçimi davranışları açısından riskli grupta olduklarını göstermektedir. Sağlık bakım hizmeti sunanların, sağlıklı yaşam biçimi davranışları açısından belirlenen riskli grubu daha dikkatli değerlendirmesi önerilmektedir.

Anahtar Kelimeler: Çalışanlar, Sağlıklı yaşam tarzı, Sağlıklı Yaşam Biçimi Davranışları Ölçeği-II

Evaluation of Healthy Lifestyle Behaviors among White-Collar Workers

SUMMARY

Allami, Ahmed dawood salman. Evaluation of Healthy Lifestyle Behaviors among White-Collar Workers, (Yüksek Lisansi), Çankırı, 2021.

Background/aim: To evaluate the level of healthy lifestyle and identify the relationship with socio-demographic characteristics among persons with high- class jobs. Because their susceptibility to diseases increases due to the responsibilities imposed on them, long-term professional pressures, and work stress that leads to an unhealthy lifestyle. The aim of this study is to evaluate the healthy lifestyle of people working in White-Collar Workers .

Methods: The universe of this cross-sectional descriptive study consists of 2700 people working in White-Collar Workers in the institutions of the Iraq Diwaniya governorate. 384 people working in different fields were included in the sample of the study using the random sampling method. The data were collected by using a questionnaire form containing 9 questions prepared to determine the socio-demographic characteristics of the individuals and healthy lifestyle behavior scale II.

Results: 37.8% of the research group is between the ages of 35-44, 58.2% are men, 47.4% have a doctorate degree, 44.3% work for 11 hours or more, 76.3% is overweight and 77.6% has a chronic disease. The mean total HPLP-II score was 2.42 ± 0.17 . The lowest score of the scale belongs to the "stress management" subgroup (2.25 ± 0.11) and the highest score belongs to "spiritual growth" (2.73 ± 0.14).

Conclusion: Employees have a low HPLP-II score. Research findings show that individuals working in White-Collar Workers are in the risky group in terms of healthy lifestyle behaviors. It is recommended that health care providers evaluate the risk group determined in terms of healthy lifestyle behaviors more carefully.

Keywords: Healthy Lifestyle, Employees, Health Promoting Lifestyle Profile-II

1. INTRODUCTION

World Health Organization (WHO), has defined the term of health and has developed this healthy term concept that is essential to people's lives. Health is a condition of normal physical, mental, social aspects that is not only free of illness and infirmity (WHO,2020 a). Well being is asset for daily life rather than the purpose of life. It may be a positive concept that emphasizes social and individual assets and physical capacity that exist in community (Cihangiroğlu and Deveci, 2011).

Lifestyle refers to individual choices that might influence health, such as count calories, physical action, smoking and Alcohol utilization. In a similar report, Priority is given to each of these four life factors in arrange to supply Well-being and wellness viably (Bernstein et al., 2010) and a healthy lifestyle (HL),is characterized as “orientation toward the avoidance of health problems, and the maximization of individual well-being.” (Kraak and Story , 2010).

Well-being understanding is based on gaining behaviors that will protect, maintain and improve the health of the individual and to make the right decisions about his/ her own health (Cürçani et al,2010). Health behavior includes all the behaviors that the individual believes and applies to stay healthy and protect from diseases (Klanz et al., 2015).

Positive health behavior consists of conscious efforts to actively protect individuals 'health and others' health (Hacıalioglu et al ,2010). HL behaviors defined as controlling all the behaviors that affect the health of the individual and choosing the behaviors that suit their health status in organizing their daily activities. These behaviors include behaviors that increase the level of well-being of the individual and enable self-improvement (Ýlhan et al. ,2010).

Wars are among the causes that result in poor health conditions in many countries, such as Iraq. Death rate due to diseases obviously increased after the war, and thus greatly affect the behavior of healthy standards of society and affect the emergence of various diseases in these societies, which are difficult to control due to emerging disorders and lack of health resources in these countries (Baker, 2014).

Behaviors are transforming into attitudes, persons can maintain their health status, as well as bring their health to a better level. There is quite good epidemiological evidence that the lifestyle of the individual is the cause of many diseases and its impact on death rates in Europe. According to the WHO statistics, 70-80% of deaths in developed countries and 40-50% of deaths in developing countries are diseases that occur depending on lifestyle (WHO,2019). The role of one's own attitudes and behaviors is great in the formation of these diseases (Cürçani et al., 2010).

The concept of healthy habit is every act that benefits your physical and emotional mental health and that these healthy habits result in improving the general condition of the liver. The benefits of healthy weight control habits include regular eating and regular exercise that can help control body mass index and maintain a healthy weight, improving mood as exercise and body activity stimulate the production of androgen in the brain, a chemical responsible for feeling happy and relaxed, disease control. Healthy habits help prevent some health problems such as cardiac diseases, diabetes mellitus(DM),Cerebrovascular accident(CVA) and Hypertension (HTN),(Arslanoğlu and Bozlar, 2016).

Beliefs alone cannot explain the variation in the behavior of individuals in general and patients in particular, and models that recognize the important role of unconscious and spiritual processes, emotions and Responsibility of the person , In addition to the social and environmental factors broader individuals that society faces in order to be able to perform it (Auyeung et al., 2020) and society must be mobilized in all its segments a sound initiative involves understanding how social norms are based on what people think and work to correct it (Unicef, 2019).

Disease is caused by several reasons. Among those reasons are work pressures and others such as chemical, physical, psychological and living reasons that result in bad effects in the work environment which are not less dangerous to health than negative health behavior. Such behavior is known as a reason causing chronic diseases (CDs), and cancer. Whether in terms of increased risk of death or illnesses diagnosed by doctors (Pikhart and Pikhartova ,

2015), in other words, affected by our health with social, cultural, financial and organic variables (Keep et al. , 2017).

Effect of demographic factors is the most contributing factor in increasing disease incidence in most countries of the world (İpýkhan and Güleç, 2018; Said, 2019). In later decades, researchers became more interested in life style as a critical factor of Well. According to WHO, 60% of related variables related demographics to individual Well-being and quality of life are related to lifestyle (Razzaghi et al., 2020) that the number of deaths due to cancer worldwide is likely to reach 13.1 million in 2030 (WHO, 2018 a).

Theoretical developments have revealed that CDs spread throughout the world are greater and constitute a general disease burden in terms of deaths. Unhealthy behaviors are one of the main catalysts for their occurrence, and behavior modification is a key component to avoid and control diseases. There are growing appeals for reducing the ratio of body mass indicators to the normal proportions related to the occurrence of diseases in the body (WHO, 2019 ; Kearns et al., 2014) that It contributes to 40% high blood pressure in the world's adults (Njambi and Tanui,2012).

Such a phenomenon has been widely observed and is considered a scientific gap in all books. It is difficult to get rid of bad health habits, but someone can adopt an HL with a high healthy culture and healthy ideas consistently, the obstacle to the habits arising from the young is broken. Healthy habits reduce the risk of certain diseases; improve your physical appearance and mental health towards a disease-free better (Farhud and Dariush, 2015).

Field of study is sometimes referred to as the complexity of related behavior that hypothetical surveys of investigation are considerable that report that numerous distinctive fragments of society receive undesirable behaviors that increment the hazard of creating CDs (Karyani et al. ,2019). CDs which have caused 63% of all deaths worldwide, have become a serious public health concern in the world (WHO, 2012) While 53% of causes of death are related to the individual lifestyle (W. Hoeger and S. Hoeger , 2017).

White-Collar Workers such as doctors and others professions with individual stress tolerance including the functions for which the heads, administers or inspector at the private sector or public sector at all levels who put public plans and the general objectives of that institution. Those, using all available powers for the general purpose, have the freedom to deal with the subjects, have the power to make decisions and adopt the necessary legal and

administrative contexts according to law, and have a great responsibility to use their physical and psychological efforts. They should be interested in their health (Kendall ,2011).

Stress may exceed normal levels that be transformed into many behavioral reactions that an individual takes against himself or his institution: Unjustified absences, aggressive acts, sabotage, exhaustion, excessive eating, smoking or addiction. All the wrong behavioral reactions are an unhealthy pattern toward work pressures (Feras, 2016), Employees were 70% more likely to develop mental illness and other CDs by the age of fifty (Samuel Harvey, 2018 ; Kenny,2015).

Behaviors (diet, body exercise, and sleep) and demographic factors are linked to jobs creation in general and especially those with high-grade jobs. Optimal nourishment, physical exercise, and sleep levels are important in maintaining a healthy pattern and achieving career achievement while proving that its decline negatively affects the employee and the deterioration of his health (Bostan and Be'er,2016). To improve health habits among people early as a disease prevention, relying on recovery and effort recovery theory would reduce the potential negative impact of long working hours on employees (Jeon et al.,2014).

Families spend a large portion of the family's income affects the increase in the capital expenditures for countries on health problems due to the prevalence of CDs. So it is necessary to pay special attention to the strategic approach to deal with the conditions and risk factors affecting the increase in the scope and severity of CDs and from this law and the most important of them is with interest in applying of the healthy patterns in society (Tol et al.,2013).

Generally, procedures to prevalence of CDs in all age groups in general and in large groups are to promote healthy lifestyles such as diet, physical exercise, and smoking abandonment. This would later reduce the rate of spread of the disease, so an HL is one of the important determiners of the individual and community's health and is a key factor in maintaining and improving health. It has been noticed that in most studies, health patterns are well aware of the importance of adopting health habits and not sufficiently adhering to and applying the general principles of health patterns, they are likely to be preoccupied with the work they undertake, whether community or functional (Çakýr, 2017).

Knowledge of health patterns should be improved and fully aware of CDs and health education programs should target all segments of society (Song et al., 2013; Koçhan and Ay°e, 2019; Scates, 2019) .The WHO invites staff individuals should adopt an HL behavior, and develop an internationally established list that seeks to promote healthy lifestyles, as support for achieving their goals in society (WHO, 2011).

1.1 Objectives of the study

The aim of this study is to evaluate the level of HL, persons with White -Collar workers , to identify the relationship between the level of HL persons and their socio-demographic characteristics.

1.2 Statement of The problem

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

What are the levels of application of health lifestyle behaviors of those working in white-collar workers ?

1.3 Hypothesis of the study

The main hypothesis of the research are;

H₀: There is no a relationship between HL and certain variables.

H₁: There is a relationship between HL and certain variables.

1.4 Limitation of the study

The basic research limitation was lack of generalization due to the sample (accidental) and considered a weak sample considered.

1.5 Assumptions of the study

The fundamental assumptions of the models are; our essential hypothetical assumption is that a persistent and active practice of body activities, healthy eat and behavior are definitely It contributes to building a healthy lifestyle, harmful health habits lead to an increase in body mass index (BMI), and thus lead to help in CDs, as I assumed that participants will understand the questions and be honest in their responses to the interviews, I assumed the interview evidence was reliable and valid, the inclusion criteria in the sample are appropriate, and thus they ensure that all participants have experienced the same phenomenon or similar study.

2. LITERATURE OF REVIEW

2.1 Overview

Health behavior is interpreted as understood inclusive and believed adopts all healthy behaviors by using all preventive behavior measures to prevent diseases in society and aims to develop the ability of individuals to behave in order to maintain health and restore the physical health of individuals, HL behaviors. It must be adopted to improve health, by strengthening supervision in their lives and their work for changing the lifestyle of individuals ,therefore, it is important to identify the health factors that has an impact in behavior and work to treat them (Göçer et al. , 2020).

Thought processes for human behavior increase a person's understanding of himself and others, motives are divided into two parts; primary motives, and secondary motives biological and psychological. The primary ones are human biological needs such as hunger and thirst, whereas the secondary are those like ownership, respect, excellence and control (Luthans et al., 2015), and their origin comes from the persons perception of this vocabulary with exciting incentives for behavior that stimulate feelings to please motivation and have adverse effects on dissatisfaction (Derfler-Rozin and Pitesa , 2020).

Health Belief is the best framework that reflects health determinant that outlines the best strategy for health lifestyle and also outlines a comprehensive theory for Healthy pattern. Motivating people behavior changes through this theory to take positive health actions that use the desire to avoid a negative health consequence as the prime motivation and behavioral eagerly are influenced by attitudes and individual's course of activity regularly depends on the person's perceptions of the benefits and obstructions related to Well-being behavior. It is important to think about avoiding negative health consequences as a major component of the topic. It can be an effective framework to use when developing health education strategies in the community (Siddiqui et al., 2016; Zakhari, 2021).

Situational influences in the external environment can increase or decrease commitment or participation in health-promoting behavior. People can modify perception (Butts and Rich, 2018), influence and the personal and material environment to create incentives for healthy behavior, Health promotion behavior - desired behavioral endpoint result in decision making (Pender, 2011).

Health promotion model (HPM), indicates that each individual has individual characteristics and personal experiences that are different from person to person. It focuses on a set of behavior influencing factors that have a vital central stimulus. These factors can be changed by behavior activities. The behavior developed for well-being is the desired behavioral outcome and is the point where individuals' behavior changes, well-being and advanced behaviors should lead to a healthy forward movement, improved utility and an improved quality of life at all stages of progress (Alligood, 2013).

Individuals in all their psychosocial complications interact with the environment, gradually transforming the environment and transforming over time. The self-reconfiguration of the interactive patterns between the person and the environment is essential to change behavior, advance behavior, inherited and acquired characteristics affect beliefs, people are more likely to adhere to and engage in health-promoting behaviors when important individuals set a behavior model, increasing perceived self-efficacy resulting in fewer perceived barriers to a specific health behavior (Pender, 2011).

Habits daily and behavior greatly affect both health and its negative impact on the body mass index and lead to the appearance of CDs and that healthy behavior is considered as disease prevention, The body mass index can be used in the work environment as an indication of an individual's lifestyle which is therefore risk factor to the occurrence of CDs in the body, the BMI is an important component of the community health promotion method (Joseph-Shehu et al., 2019 b). CDs can be expected by not committing with healthy behavior (Baba and Wani, 2020)and weaken the immune system and make it prone to more serious diseases such as Coronavirus 2019 (Qin et al.,2020).

A positive or negative feeling of self that occurs before, during and after behavior based on the stimulating properties of the behavior itself. An activity-related effect can have perceived self-efficacy; a greater sense of efficacy can lead to a more positive effect. Personal perceptions and perceptions of any particular situation or context can facilitate or hinder behavior. Include visualizations of available options, ordering features, and aesthetic features of the environment in which you want to promote health (Stanhope and Lancaster,2012).

White-Collar Workers have many positive psychology interventions that can be used in the workplace to improve important outcomes, such as increased motivation and work participation, job performance, and low work pressure (Van Zyl and Rothmann, 2019). Motivation consists of the attitude of employees in dealing with work situations, is a state or energy that drives existing employees to achieve goals through behavior, the employee's positive cognitive mental attitude towards work situations is what strengthens his work incentive to be able to achieve maximum performance. (Turnip, 2020).

Demographic factors classified as biological, psychological, and socio-cultural. These factors influence behavior and are shaped by the nature of the targeted behavior being considered personal biological factors such as puberty, BMI, puberty status, aerobic ability, strength, agility, or balance. Personal psychological factors such as self-motivation assessment of personal competence, which help to judge personal ability to organize and implement health-promoting behavior. Personal social and cultural factors include variables such as ethnicity, education, and socioeconomic status to perceive and influence the individual's behavior (Masters ,2015).

Health promoting lifestyle profile II (HPLPII) ,was developed by Pender et al. measure and improve health-promoting behaviors across six sub-measures were; SG, HR, PA, N, IR and SM all dimensions are used to illustrate a lifestyle that can be followed and is beneficial to your health. This may include choosing to be more PA , relying on healthy eating and quitting smoking, as these are all appropriate options for HL that may have Beneficial health outcomes, including reduced risk of CDs (Kuan et al.,2019; Haber and LoBiondo-Wood ,2018; Tol et al. ,2013).

2.2 Healthy lifestyle among persons with White-Collar Workers

Health promotion lifestyles (HPL) , are the basis for a HL and are among the primary health care duties. It is considered as an aid to medical interventions in order to heal the patient. It also contributes to longevity and disease prevention and contributes to the productivity of an individual's work in the institution, through healthy diet and exercise in order to maintain an ideal body weight, quit smoking and reduce stress (Nies and Mcewen , 2018).

Perception of process is the basis of behavior and it goes through several stages before the behavior is implemented. It consists of selection which is the first stage where it receives data selectively and is affected by several different external and internal factors. Organization involves organizing in order to understand the data received. They are grouped based on similarity, proximity, closure, continuity or by dealing with numbers as a focal point or by using background stimuli using cognitive stability. Interpreting is the last step in which information is interpreted before it is implemented as behavior (N . Jacintha, 2020).

Ibrahim Maslow explained his theory of human needs, and Buhler and Rogers emphasized the idea that man is human that is in essence good, and that human behavior is itself motivated by a self-operating campaign. The 1968 Maslow Theory identified three categories of human needs: The needs of life and the need to realize those inborn potentials in a hierarchy, and here the dimensions of promoting healthy lifestyles were based on them (Evans et al., 2020).

Endocrine and nervous system are believed to have an effect on human behavior .This complexity of an individual's environment-related behavior is associated with its comprehensive anatomical framework .In general , the human body has a more complex nervous system that has the ability to learn new responses and thus modify its behavior (Gregory , 2015).

Attitude is a mental develop, a mental and enthusiastic entity that inheres in, or characterizes individual (Perloff , 2016), Fazio divided the stages of the attitude into ;the first stage begins with the activation of the behavioral attitude, the second stage is called selective perception, the third stage comes the immediate perceptions of the attitude, the fourth stage an event known as definition includes a situational definition norms of attitude, the last stage consists of the behavior (Ackermann and Mathieu, 2015).

Stress is a major factor that afflicts among persons with high-ranking jobs and called occupational stress. Its response stages are ; alarm which is the first stage that is the body's response to a fight or flight and includes Physical, emotional, or mental stress. Resistance represents the second stage which the body tries to restore its balance by boosting melatonin in the brain, that resists and calms the body's system, but it is difficult to control when exposed to stress for long periods. Exhaustion is the third stage when the body simply surrenders to pressure (Seaward, 2021).

HL is a commitment to improving well-being. It broadens satisfaction in all important areas of your life, including physical, mental and emotional measurements, attitude of responsibility, awareness of health status and health decision-making. Improving these aspects of your life enhances your confidence (Readett and Gallagher, 2016).

Educational level is a great indicator of health performance. Promotional behaviors are accomplished by motivating motivation and self-efficacy and envisioned among individuals who have higher educational degrees, and demographic variables also have less influence on the performance of behaviors to promote health in society (Fisher and Kridli, 2014). Self-efficacy is generally a positive behavior effect (Prabhakar and Sharma, 2020).

Immediate competing demands and preferences for a HL are those optional behaviors that are controlled by the behavior of people, whether at home or at work, and which require natural demands such as work obligations or family welfare and social relationships. The competing tendencies are alternative behaviors that individuals implement for a long time and moderately through moderate behavior (Kearney - Nunnery, 2020).

Habits made up by perception and attitude are two different terms in concept. Perception is the recognition and interpretation of sensory information, while attitude is general assessments made by people. It is formed through routine regular repetition that leads to an increase in the automaticity of behavior. The behavior is divided into normal behavior and harmful health (Lally et al., 2010). Habits vary according to the place of residence rural or city (Omeland et al. , 2020).

WHO indicates that, according to the statistics provided, 60% of the quality of life and condition of people depend on their behavior and lifestyle (Foroushan et al. , 2014). Life has raised many developments that affected adult health patterns due to the availability of all means and technology that limit their movement and affect their health condition, and it is considered as one of the causes of fatigue in Europe and affects weight gain at about 50% and obesity by 20% of the general population (Georgiou et al., 2013).

Behavior change for healthy life style could be a troublesome issue not a one time event but or maybe a set of different stages borne by the individual. Behavior change requires prolonged learning, monitoring, and evaluation by Specialists and health care providers to avoid a relapse into old behavior. People must be linked to personal health services and ensure the provision of health care when this is not available while providing support to define healthy patterns in society (WHO, 2018 a).

Beliefs give a pivotal connect between socialization and conduct that beliefs are the individual characteristics that shape behavior, source of belief is basic socialization. Belief is also modifiable and can be different between people from the same background. Influence methods should be used to change beliefs by persuading person to healthy behavior. This gives a hypothesis scientific reasonable for the instructions evidence-based health (Abraham and Sheeran, 2015) .

Mental stress due to work affects personal culture and lifestyle behaviors. One of the most important reasons for psychological weakness is labor and fatigue, which affect a person's daily behavior and prevent him from using healthy behavior in life, so cultural and psychological factors must be taken into account in planning and working on health promotion and disease prevention programs (Hardan-Khalil and Jadalla, 2017). The well-being of individuals in society is their healthy behavior (Short and Mollborn, 2015).

Health promotion behavior is an endpoint or result of coordinated activity to achieve positive health outcomes such as exemplary prosperity achieve health, achieve personal goals (Friberg,2020). Aim to extend the level of health and decrease the possibility of health issues with security or early prediction of diseases through culturally oriented activities to fortify solid behavior among people for the advancement and Well being assurance (McEwen and Wills, 2014).

Signs of occupational stress among persons with White-Collar Workers are; physical include fatigue , headache, intestinal problems , HTN ,crying ,yelling ,blaming, frequent colds , infections ,excessive sweating, backaches , clenched jaw, grinding teeth, weight gain or loss, in addition to unhealthy behaviors habits and mental include dread, rigid thinking, inability to tolerance any change ,anxiety, forgetfulness, unable in participating in work or home ,confused ,depression, decrease concentration ,anger, irritability, impatience Inability to focus, and chaos (Waddell and Walton,2020; Mustafa ,2015).

Health behavior outputs have a positive impact on health as the application of a community health promotion program that helps health thinking so that the body can get rid of psychological stress and enjoy better physical and mental health and works to improve coping skills when psychological stress occurs (Mohamed et al., 2018). Healthy compensatory beliefs are when individuals seek to offset the harm caused by not using healthy patterns (Petersen et al. , 2019).

Occupational spiritual and emotional stress among persons with high classjobs are signs ; feeling of failure ,disappointed in the performance of his duties, irritable attitude and anger dissatisfaction with colleagues at work, subordinates or home, cyanicism toward others,

no positive feeling about others , excessive anxiety, insecurity, lack of self esteem, increased conflict (Waddell and Walton,2020). According to ILO reports, more than 2.3 million people die every year in the world due to defecation (Czaja et al., 2020) .

United Nations world food program explained Malnutrition as a catalyst for various diseases that still exist in some middle-income developing countries in the Middle East such as Iraq (WFP, 2018). Health care centers seek to improve preventive behavior through primary and secondary care to get rid of all diseases such as heart disease and others and to reduce the burden of disease and death resulting from a person neglecting his health and protective system must be used correctly (Bag, 2012).

Employee who feels an occupational stress then feels sad about his behavior in the society in general and in the job in particular, will naturally be affected by the promotion of his healthy behavior (Upadhyay and Awasthi, 2020). Work stress causes a lot of negative situations at work and is considered as a major factor causing damage or injury to others; physically or psychologically in the workplace (Conner, 2015).

Dimensions of a HL are directly related to our health and are very valuable, Health includes all aspects of life physical, psychological, social and existential aspects (Innstrand, 2012). The dimensions of life are homogeneous and direct-impact with our lifestyle that the probability of an increased incidence of CDs in society relates to a healthy lifestyle, where the type of CDs varies according to the nature of the behavior (Whitehead, 2019) . Unhealthy behavior must be explained and its cause is known in order to achieve behavioral change (Hayden, 2019) .

Work environment among persons with White-Collar Workers affects occupational of stress and causes its absence due to mental or physical stress (Aftab, 2011). The higher the employee's responsibilities assigned to him, the more likely he will be exposed to occupational stress (Ananthanarayanan et al., 2012). Stress leads to less control over his HL and impairs the ability to know to deal with an environment and job satisfaction (Ngatimun et al. , 2020; Yousaf et al.,2019 ; Darviri et al., 2014). Bad attitudes and perceptions increase the causes of stress (Singh et al. , 2020).

Health condition is affected by decrease in the body mass index related to feeling depressed, stress, or worried and having mixed CDs. BMI height is an important risk factor for many physical and mental illnesses where people with underweight or overweight are more likely to become ill, and this is directly related to unhealthy behavior patterns (Gawlik et al., 2021; Kim et al.,2015). Bad of HL leading depression disease (Gezginci et al., 2019).

International Labour Organization indicates that increased risk of non-communicable diseases increased correlates with excessive working hours, psychological stress at work, departments should think about how to eliminate occupational stress by removing obstacles that caused these stress and putting in place solutions to them. Reduce working hours can improve occupational health and safety results (ILO, 2019).

Health habits are represented by practice through the healthy behavior of the individual for improvement of health. Treatment against disease or medical rehabilitation, and behaviors limits and defines the features of the public life of individuals and their relationship in the surrounding environment which is considered an important variable in the life of the individual in society and affects the behavior of the individual and determines the quality of life they live (Conner, 2015).

Sources of occupational stress among persons with White-Collar Workers vary from person to person and the main causes of occupational stress are; the policies of the strict administration and the mismanagement with the lack of support and the constant threat, restricted possibilities for professional and personal self-growth, interpersonal conflicts, and performance expectations that far exceed the capabilities (Nelson and Quick ,2013) .

HPM is revers the perspectives of nursing and behavioral sciences wich it is built on healthy and behavioral assumptions, the socio-demographic characteristics at home and at work help increase the psychological complications that individuals interact with and their behavior changes over time and they change their behavior by activity. Healthy employees are part of the environment activity which has an impact on people throughout their lives. Self-formation of healthy patterns between a person and the environment is essential to changing behavior (Murdaugh et al., 2018).

Occupational Stress can be explained as a state of psychological stress, physical fatigue, or both (Dworznik-Hoak, 2020;WHO,2017 a) and those among persons with White-Collar Workers more exposure vulnerable to job stress that are exposed to as a result of internal or external conditions (Pruschkowski,2014). There are two types of stress; negative stress that results from stress excessive mental, physical and spiritual health, and positive one which provides the excitement, motivation that we need for life when we are in trouble (Garg and Saxena , 2020; Michael Olpin and Hesson,2016).

Understanding and intervention of HPM is based on the following theoretical propositions (Polit and Beck, 2018) major prepositions are; Inherited and acquired behavior affects beliefs, people's commitment to healthy behaviors that are perceived barriers restrict commitment to healthy behavior, and perceived competence or self-efficacy increases commitment to healthy behavior ,positive emotions and thoughts increase healthy behavior. Circumstance and the external environment affect behavior and the more obligations the more healthy behavior people can modify perception and influence (Fitzpatrick and Kazer, 2012).

Behavioral intentions are affected by a sense of faith that is consistent with behavioral perceptions (Gallois et al.,2015). It consists of one's beliefs about behavior and personal standards towards behavior and its goal is to promote personal health (Kan and Fabrigar,2017;Tylor, 2015). Plan and commitment to healthy behavior in order to self-regulate behavior and fulfill the desire that shapes healthy behavior (Mees, 2019).

Health promotion framework emphasizes attention to a HL and focuses on three main points; individual characteristics and experiences include previous significant behaviors and individual components, behavior-specific cognitions and influence . Behavior outputs Include commitment to the work arrange, quick competing requests and health-promoting behavior (Fitzpatrick and Kazer, 2012; Mosack, 2011).

Targeted healthy behavior relates to the nature of influences, personal factors that are classified as social, cultural and psychological. Personal biological factors are included such as age, body mass index, body balance and physical ability. Personal psychological factors such as self-esteem, self-motivation, personal competence, perceived health status and understanding of health. Socio-cultural factors such as ethnicity, race, acculturation, socioeconomic status and education (Edelman and Kudzma , 2018).

Perceived benefits of action increase the positivity of healthy behavior patterns. Perceived barriers to action are costs associated with taking work and physical discomfort in all its forms, and the lower the barriers, the greater the possibility of applying healthy behavior. Perceived self-efficacy in health promotion is a personal ability to implement health-promoting behavior. Cues to action is done by stimulation to perform healthy work by influential external signals (Hodges and Videto , 2011).

Sources of work stress arise from many causes found in work duties or the environment and they are responses that not everyone can align with it. Individuals differ in the degree of behavioral compatibility according to the nature of their personalities. In general, there are two important types of pressures that are; the set of factors related to the organization of working hours and duties and related to an individual's personal life, which

affects the performance of his duties at work and thus causes a type of psychological pressure affecting his personal health (OECD, 2020) .

Perception of self-efficacy affects perceived barriers to health action. The higher efficacy results in fewer visualizations of the barriers to healthy behavior (Huff et al. , 2015), Activity-Related Affect is a positive or negative self-feeling that occurs before, during, and following-up behavior by motivational properties and is influenced by perceived self-efficacy (Kearney - Nunnery, 2020), its external influence is linked to many factors in which healthy behavior is affected and includes demographic and social factors (Sharma , 2017).

Physiological response reaction of occupational stress including increase pump blood in the brain with muscles and decreases pump in the limbs and skin, reticular activating system which causes insomnia, difficulty hearing and vision sometimes. Increased activity of adrenaline in the blood with sympathetic nervous system activity, high cortisol secretion in the blood with release of compounds such as glucose and fatty acids into the blood which causes blood pressure disease and reduces the work of the immune system and the digestive system and caused pathological problems (Kotecki, 2018).

Personal influences include perceptions of behavior, belief, or attitudes of others towards their health and their sources are families, peers, and health care providers. Situational influences include perception and cognitions of any situation that could facilitate or hinder healthy behavior and have a direct or indirect impact on healthy behavior. (Potter et al. ,2021). Commitment to Plan of Action is the intention of the work planned to implement healthy behavior (Arnold and Boggs, 2020).

Characteristics of the achievement of high level employees are they have goals that involve risk and challenge, they do not like very easy tasks, they have the carot to take responsibility, they have the desire to backfire, they are more realistic in work than others and they are highly skilled at work and have a spirit of perseverance in achievement and are alienated from routine work, It is considered a negative point in the field of behavior and the prevailing culture in norms and social class affects their behavior in general and occupational behavior in particular (Babu and Gayathri , 2018) .

Promoting a HL plays an important role in anticipating the development of risk factors such as weight gain or loss that leads to diseases of the digestive system, heart disease, stress and DM in order to avoid them and includes healthy behaviors in order to achieve ideal weight, physical activity, and physical and psychological comfort. Focus on changing the environment at home and at work to encourage healthy behavior options (Bendich et al. , 2017).

People learn their healthy behaviors through reinforcement, punishment, or learning by observing those around them. Individual acquires his behaviors through simulation and tradition acquired through personal experiences in society, individual must have the desire ability and interest to change behavior by stimulating external influences and learning new health behaviors .Self-perception of behavior is not enough just that this act is harmful to health and must be persuaded and generated with behavioral intentions and be able to not do so and depends on the individual's intention to leave the harmful act (Sigelman and Rider , 2018) .

Healthy behaviors are defensive behaviors. Some unhealthy behaviors are acquired through various experiment processes that are based on the laws of acquisition, generalization, discrimination, etc. as a result of one's experiences of interacting with the environment. (Benjamin and Jr,2019). Adaptation affects the physiological action of behavior (Brannon et al. , 2018). It is paired with a conditional catalyst to give a conditional response that affect healthy behavior change (Egger et al., 2017) .

Internal and external factors interact with each other to influence healthy behavior in home and work (Vallabhaneni,2020). Medical insurance increases the effectiveness of behavior health, insurance can greatly improve health status and life satisfaction in conjunction with improving behavior and this development is of great importance in formulating medical security and achieving equality, It meets all the community needs to access medical service and fully implement the decision of the World Health Assembly (Simon et al.,2017) .

Aspect of the workload among persons with White-Collar Workers causing occupational of stress is; quantitative workload or overload that performance of work that exceeds the capacity of an employee's own person, specific workload is existence of work that is difficult to perform, underload is having a job that fails to use a person's skills and abilities to accomplish. The workload is associated with the higher business requirements and external stress resources such as the home requirements (Schultz et al., 2020).

Occupational stress is a major factor in the prevalence of CDs such as physical diseases and mental diseases (Cooper and Marshall , 2018). Because of the presence of demographic factors such as working long hours, sleep deprivation and high work requirements, stress occurs, and work pressure causes a decrease in personal care (Hassan et al., 2020). Self-insecurity within countries makes high-ranking people who feel insecure in their jobs suffer from negative effects on physical and mental health, causing them job stress (Fullerton et al., 2020).

Poor lifestyle associated with long hours of work is associated with the prevalence of CDs (Sahana et al., 2019). Harmful Nutritional practices and lack of physical activity their effect varies according to age (Dorado and Racca, 2019). The tendency towards healthy behaviors is different for men and women (Maleki et al., 2016; Park and Kim, 2016), bad habits have effects on persons with White-Collar Workers causes occupational stress, absenteeism and health neglect (Rongen et al., 2013). Number of hours and the nature of work are considered as a possible factor for an increase in BMI (Doerrmann et al., 2020).

Interpersonal conflict at work or home is one of the most common causes of occupational of stress. Conflict can cause anxiety, stress, and depression in the workplace and one of the causes of CDs .Workplace conflict is also associated with other stressors, such as conflict of roles, role ambiguity, heavy workload, and competition for a specific goal. Conflict was also associated with lower levels of job satisfaction (Soelton et al., 2020) .

Epidemiology of occupational stress can be explained in three stages; the first stage includes incorporation of the causes of stress. The second stage is the stress reaction, whereas the third stage includes life history and shapes of trouble medical, psychological, behavioral or shapes of healthy stress. Stress response differs from one person to another, which acts as protection factors for the individual, and stress tends to attack the weak points of the body, so that the dangerous symptoms of stress become clear (Quick and Henderson, 2016).

Consistency is important in applying a HL among people who have White-Collar Workers ; it means compatibility, harmony, cohesion or firmness in applying the healthy pattern. Promoting consistency of spiritual principles is very important in applying healthy patterns and lack of consistency has negative effects on our health. Individuals must have the ability to abandon these negative actions and how to deal with daily stresses for psychological comfort. (Twyman, 2010).

Process of assessing health promotion lifestyle (HPL), is an important process before changing healthy behavior among persons with White-Collar Workers. Prepare an implementation plan of evaluation health y lifestyle should be aware of its type personal life in all its aspects (Polan and Taylor, 2019). The fundamental shifts in the behavior of individuals involve protecting the individual from the health threats resulting from his behavior and convincing the individual to change his health behavior (Edelman et al. , 2017).

Evaluation work-related SM indicates all conditions and factors with a potentially harmful effect on the health of workers among persons with White-Collar Workers . Its aim is to uncover potentially harmful health conditions in working conditions in addition to their personal interview method to reveal their requests, dissatisfaction, fatigue, workload,

conflicts, and the resulting insecurity and discomfort from their work that directly affect behavioral motivation to take care of their health and requires corrective actions to be taken according to occupational of SM (Colombini and Occhipinti, 2020).

Promotion of personal health seek for personal prevention and maintenance of health which involves HR and personal desire for how to take care of a person by himself by improving his or her healthy behavior to achieve a high level of wellness (Helming et al., 2014). Assessing health promotion includes determining individual readiness and adeptness, including enabling factors that have a positive impact on targeted health behavior (Scaffa and Reitz, 2020).

According to perceived self-efficacy structures, impact, social support, benefits, and barriers, health-promoting behaviors are measured using the six healthy dimensions of SG, HR, PA, N, IR and SM (Bahabadi et al. , 2020). Nursing process can also be combined with the HPM for discussion, consistency and comparison (Masters, 2015).

SG is a process of conversion according to the prevailing religious principles, beliefs or personal contemplation, not the term religiousness. Spirituality expresses itself more faithfully in behavior so that our spirituality is sustainable for life and is embodied through positive behavior including healthy behavior, to be used to promote personal health (Steinberg, 2019; Evans, 2019).

Actual conviction emanating from emotions has a great impact on the health of the body. SG indicates a profound expansion of consciousness and participation in healthy activities. Spirituality is seen as an inspiring aspect of human experience in society to make profound progress as vital to improving behavioral organization in life and optimism for the future and makes you feel the determination to achieve the goal in life (Russo-Netzer, 2017).

Psychosocial satisfaction is closely related to the level of happiness and a sense of peace with the self-resulting from healthy behavior which is also particularly associated with prevention of depression and is associated with social and demographic factors, prevalence of symptoms of depression or anxiety and related social and demographic variables such as age, gender, history of family diseases and living or financial condition and The ability to change and develop for the better (Seo et al., 2018).

World is difficult and complex and this is a vital starting point for facing the difficulties in life including unhealthy behavior. The general understanding of the problem is that the complexity of the problem related to our behavior varies from person to person and its change depends on the characteristics of the problem and the goal of behavior change and how we

deal with the problem. It helps us to feel that every day is very interesting and challenging for us despite the hardships of life (Zamagni, 2012).

People have the ability to feel safe and healthy. People realize and contribute to this feeling of safety in the environment, home or work, and we are only a small part of this world, but we have our role in promoting the health of society by interacting with the feelings of others and learning what is important to us in all matters of life and what is harmful (Tennant, 2013) .

Feeling in contact with spiritual force brings positive feeling and makes you confident of your sense of healthy change. It makes you motivated to achieve the highest level of personal achievement. It develops moral values and develops our competency perceptions around the world. It creates a general idea that has meaning and we can achieve it as an experiment and a new challenge that can be accomplished by a strong sense of spirituality (Boulding, 2016).

Individual has a great experience in life and makes him desire to change and makes a lot of knowledge through healthy learning. Health goal is constantly developing in the long run and finding the people who help us in gaining experience in achieving our goals. Our goals must be effective and efficient to achieve our health goals. We should evaluate our past experiences toward a better health experience (Fernández-Aráoz, 2014).

HR bears consequences and the results of individuals of actions towards themselves. (Langanke et al., 2016). Diseases are caused by attitudes unhealthy behavior resulting from poor personal care for individuals in life and are affected by social responsibility individuals are responsible for taking care of their personal health (Traina et al., 2019). HR is a necessary condition for changing habits behavior (Estebansari et al. , 2019).

Individuals should obtain an opinion or other advice in which they discuss their health concerns about their healthy behavior and inquire about it by providers of health promotion programs (Vidrine et al. , 2013). Watching health programs on TV and modern social media, participation in health programs, order for guidance and health advice from specialists in order to enhances the personal health of individuals (Vertigans et al., 2016).

Rights and responsibilities of doctors and client help in early detection of diseases and help him in assessing his healthy lifestyle. Client must inform the doctor about the health complaint or health professional is asked about everything related to his health and health behavior and to check his health (Rakel R. and Rakel D. , 2011). Occupational Safety and Health Council emphasizes the continuous periodic checks as a health liability related to individuals and discusses the health concerns with health care officials (OSHC, 2016).

Physical activity is the movement of all muscles in the body that an individual performs to maintain overall fitness and health of his body. Benefits of physical activity are; stimulating the muscles of the heart and blood vessels, strengthening the immune system against diseases, strengthening physical fitness, losing excess weight and maintaining an ideal weight (WHO , 2018 b ; 2017 b).

Frequency of different forms of physical activity varies with different people and depends on the experience of previous individuals in the field of exercise and their level of relative fitness and has different degrees of intensity, high degree, moderate, and low (Ramírez-Vélez and Izquierdo, 2019).

Exercise improves a person's behavior and mood, it is important to check your heart rate when exercising, and ensure that your heart rate reaches your workout goal. When exercising for a longer period, it is preferable to use carbohydrates in a limited manner and some electrolytes (salts and minerals), and drink enough water while performing the planned exercise (Nash et al. , 2011).

Physical activity recommendation exercising more than 150 minutes per week to lose weight, long enough to burn fat in body, doing exercise walking for 40 minutes 5 times or more a week (Rippe,2019), participation in recreational physical activities such as swimming and cycling is important to a healthy body, doing body lift exercises at least three times a week, doing exercise during regular daily activities (WHO, 2020 b).

N is eating a healthy balanced diet that provides the body with the energy and nutrients the body needs in maintaining optimum health and body growth (Venkatraman, 2019). Benefits of health N are many such as weight reduction, DM control and blood pressure, improved bone and dental health, enhanced intestinal health, enhanced memory and mood, cancer prevention, and improved heart health (Astley and Finglas, 2016).

Elements of nutrients consist of proteins, fats, sugars, vitamins, minerals and water, and it is advised to eat a few meals of fats and sugars and eat three different meals a day (Hoeger et al., 2019). Eating all nutrients is good for a healthy body (Devine and Lawlis, 2019). Breakfast is one of the most important daily meals and consumed within 2-3 hours of waking, and breakfast is often associated with efficiency and mental and physical health (Gibney et al., 2018).

According to the WHO classification of BMI; Underweight (less than 18.5 kg /m²), normal weight (18.5-24.9 kg/ m²), overweight (25.0-29.9 kg/ m²), obesity (30.0-39.9 kg/ m²),sever obesity (40 kg/ m²). It is measured by measuring the body weight kg divided by the square Body height meters (Linaker et al., 2020).

Avoid eating too much food, because this works to expose the person to obesity, which in turn leads to his exposure to various diseases, Familiarity with nutritional information is important in life (Plasek et al., 2020). Reading labels on food boxes are considered a positive healthy behavior and very important in order to read the instructions and the expiration date (Bessems et al., 2020).

IR is Social affiliation, which connects two or more people and differs from one person to another (Ejifugha, 2011). Abundance of personal relationships in life can be demonstrated by personal health (Rojas, 2020). Personal relationships is a branch of social relations in the world and its goal is one of the most important and beneficial social relationships because of its impact on healthy thoughts, feelings and beliefs which affects a person's behavior in society (Arnold and Boggs, 2019).

Social exchange is the basis of all personal relationships in society, and their nature varies according to the strength of the relationship. It maintains meaningful relationships and encourages loyalty with others (Cook et al. , 2013). Individuals should discover ways to address the problems they face in communicating and discuss problems with people close to finding solutions (Cooper and Marshall , 2018). Demographics in the environment affect the personal relationship between people (Patricia, 2015). Social media affects relationships personality between people health support can be obtained online (Tang et al., 2016).

Factors affecting personal communication are relationship compatibility while maintaining calm, honesty, tolerance and forgiveness in relationships. Caring for facial expressions while interacting with the other person, getting closer and talking to them with love and warmth, discuss life's problems with them, Praise for their achievements as moral rewards. It contributes to maintaining the mental health of individuals (GambleT. and Gamble M. , 2013).

SM is dealing with stress and negative emotions such as anger and fear with stress, anxiety and physiological arousal, and increases the likelihood of CDs by %85-80 and reduces the practice of healthy lifestyle. Dealing with their cognitive and emotional responses to stress-related perceptions and attitude reduces the possibility of CDs by a large percentage and promotes integration and balance harmony of mind, body, spirit and emotion for optimum health and well-being (Seaward, 2021).

Perception or interpretation affects the severity of the stress. It is the first step towards activating the stress-response system for a long time, while increasing the secretion of hormones. Stress can disrupt almost all body processes, and this makes you more vulnerable to many health problems such as anxiety, depression, digestion problems, heart disease, sleep problems, weight gain. Negative events are an expected health threat in which a person is unable to control an obligation in his or her positive behavior. Thoughts, Perceptions, attitude, and positive event are important for controlling stress, promoting health, and improving quality of life and prevention illness (Olpin and Hesson, 2016).

Adequate sleep is beneficial to the body, sleep deprivation impairs healthy behavior and the greater the pressure, the less sleep (Deng et al., 2020). Sufficient sleeping hours for adults is 7-8 sleeping hours per day (Grandner, 2019). Use of occupational safety and health methods is a good indicator of healthy patterns and gives positive energy for healthy behavior (Niciejewska and Klimecka-Tatar, 2018).

Use specific methods to control stress reduction. Healthy eating, exercising and listen to relaxing music reduce stress. Take some time to relax each day while meditating for 15-20 minutes a day such as in yucca to relieve daily fatigue and stress (Ana, 2019). Organize time between work, home, and play to avoid stress, use specific methods to manage stress (Hechtman, 2012). Accept those things that cannot be changed in life and focus on cheerful thoughts especially before bed and reducing fatigue to prevent stress (Borgsø, 2015).

Aromatherapy is a treatment aromatic smell such as lavender oil and rosemary blooms with hot water using massage is very effective in reducing stress improves mood and reduce stress. This method causes a significant decrease in cortisol & adrenaline in the blood which are stress hormones. Inhalation reduces blood pressure, heart rate, and temperature and decreased excitability of the autonomic nervous system. This is because stress increases the excitation of the autonomic nervous system (Toda and Matsuse, 2020; Dasgupta, 2018).

Workplace health patterns need a safe and healthy environment. WHO recommended employees to adopt the principles of individual change by controlling your habits and trying to change workplaces to healthy and happy places and creating a series of positive energy that stimulates healthy behavior, adaptive training and stress elimination. At work, the introduction of stress consulting and counseling services in the workplace, create a health promotion system with positive behavior workplace and a home that is considered as a contributing factor to work stress (WHO, 2017 a).

2.3 Previous of studies

The following are the most important historical studies sorted in chronological.

A study conducted by Hulsman in Tennessee, USA, aimed at assessing the identification of the relationship between self-direction and health promotion on a sample of 108 older adults. Study employed a descriptive design cross-sectional, study used an HPLP II questionnaire. The findings indicated an increase in the indicators of self-direction with indicators of healthy behavior. On this basis, it conclude that self-direction affects healthy behavior. When comparing this study with the current study, I find that it was using self-directed learning readiness scale (Hulsman, 2011).

A previous study shows by Tsai and Liu in Taiwan, China, aimed at assessing health behavior on a sample of 775 hospital staff, data were collected by interviewer, job content and HPLPII questionnaire. The study have relied on a descriptive design of a cross-sectional study. The findings of this study can be understood by high percentage of symptoms reported with an increase in job tasks and a poor quality of healthy behavior. We conclude from this study that failure to apply healthy behavior increases the chances of symptoms of stress. The difference between this study and the current study was not mention the diseases caused by stress (Tsai and Liu, 2012).

Wei et al. conducted a study in Hong Kong, China that aims to promote HL sample 314 academic students. The study was a descriptive design cross-sectional. It also used questionnaire of HPLP II. The results indicated that women are better than males to apply HL. It concluded that increasing health knowledge and improving their HL in the university environment makes them active and stimulates innovation. When comparing this study with the current study, it did not mention the negative effects of unhealthy behavior in the results and limit the use of demographic information (Wei et al., 2012).

Harada et al. conducted a study in Japan that aimed at assessing the health behavior of a sample of 1176 residents of the rural community. The study employed a descriptive design cross-sectional, through a questionnaire on the HPLPII, and expected findings indicated showed a high lifestyle index according to place. It was concluded that there is a relationship between HL and difference in this study from the current study is not to mention all

demographic information and the percentage of problems caused by unhealthy behavior (Harada et al., 2013).

A documented study in 2013 by Zhang et al., conducted in Fuchun, China aimed at assessing the quality of life on a sample of 343 retired employees using a descriptive design, a cross-sectional study by using a questionnaire HPLPII to promote health, and quality of life. The results showed a significant difference in health behavior by age and concluded from this study social support for low-income people contribute to raising healthy behavior. The difference between this study and the current study is by using the quality of life file and not including all important demographic information (Zhang et al., 2013).

Kirag and Ocaktan conducted a study in Ankara, Turkey that aimed at promoting HL on a sample of 270 nurses. The study used the descriptive method cross-sectional study by using a questionnaire to promote healthy behavior and the findings of this study can be understood by low general health behavior and marital status variable affects health behavior. The study concluded the income factor affects in healthy behavior and its difference from this study from the current study is that it did not mention the outcomes of unhealthy behavior of the sample (Kirag and Ocaktan, 2013).

In 2014, a study conducted by Kamrani Rad and Attarian in Mashhad, Iran aims to assess a HL on a sample of 107 students' college of Health. The study have relied on descriptive method, cross-sectional study and used the HPLP II questionnaire, present findings confirm HL score index was mediated. On this basis, it concluded that there is an important relationship between gender, PA and SM affecting behavior. The difference between this study and the current study is that the BMI and CDs are not included with demographic data (Kamrani Rad and Attarian, 2014).

Huang et al. performed a descriptive design used a cross-sectional study by HPLP II. The study was conducted in Taiwan, China, and aimed at evaluating health behavior on a sample of 3350 employees. It expected findings indicated the effect of the N and sports dimensions on healthy behavior. When comparing this study with the current study, I find that it used a scale N and exercise only (Huang et al., 2014).

A previous study by Musaiger and Kalam conducted in Damascus, Syria aimed at studying differences in food habits and lifestyle on a sample of 365 teenagers. It employed a descriptive design cross-sectional. It used a questionnaire consisting of type of food habits and HL. The results showed that there were statistical differences between males and females in healthy habits. It concluded that there were differences in their eating habits and lifestyle.

That study differs from the current study where there was the non-comprehensiveness of the questionnaire for healthy behavior (Musaiger and Kalam , 2014).

A documented study by Al-Khawaldeh in Karak, Mu'tah, a town in Jordan, aimed at promoting healthy behavior, on a sample of 340 students from Mu'tah University. The study employed a descriptive design cross-sectional, and an HPLP II questionnaire,. The findings of this study can be understood by overall indicators of healthy behavior decreased .It was concluded from this study sample needs a comprehensive program to promote healthy behavior. This study differs from the current study by not mentioning the causal effects of the unhealthy behavior of the sample (Al-Khawaldeh, 2014).

In 2016, a study by Yilmaz et al. in Trabzon, Turkey aimed at determining healthy behavior on a sample of 121 employees using the survey method by using a questionnaire to promote a healthy lifestyle. The finding showed the effect of PA and SM on the sample .It was concluded from this study that the inclusion of daily activities helps in promoting HL. The difference this study from the current study is the age and working hours relationship is mentioned only and no other important demographic information was mentioned (Yilmaz et al., 2016).

Coulombe et al. conducted a study in Quebec, Canada that aimed at exploring the links between health awareness at home and working on a sample of 669. The study have relied on descriptive method survey. It used the health-promoting neighborhood questionnaire that includes self-efficacy. The finding indicated an increase in indicators of health-promotion behavior. It concluded that self-efficacy and the material and social aspects increase to healthy behavior. When comparing this study with the current study, I find that it did not include a comprehensive measure of healthy behavior (Coulombe et al. , 2017).

Aung et al. conducted a study in Chan Mya Thar Si Township, Mandalay, Myanmar. Its aim is to assess health-enhancing behavior on a sample of 69 elderly people, study used the descriptive method, cross-sectional study, study used HPLP II questionnaire, and findings of this study can be understood by increase in indicators of healthy behavior. On this basis, it concluded that health support systems for families affect behavior. The difference of this research from the current study is to define a specific age group for the study and not mention effects of unhealthy behavior on the sample (Aung et al.,2017).

A previous study by Al-Qahtaniet in Dammam, Saudi Arabia aimed at The aim of this study is to explore HL differences with demographic data. It was on a sample of 324 academic students using cross-sectional study by using questionnaire including demographic

data and Health-Promoting Lifestyle Profile II. The finding indicated that there are significant differences in behavior with the influence of demographic characteristics. Younger students have higher indicators than older students. The study recommended that higher departments in education introduce physical and health education into the general curricula of students. Difference this study from the current study is (Al-Qahtani, 2017a).

A Documented study by Açıkgöz Çepni and Kitiş in Turkey, Anatolia. Aiming to Assess the relationship between the HL, the health locus of control, and self-efficacy on a sample of 572 university student center city. Study data were collected by a general characteristic model and HPLP- II, multidimensional health (control scale), and the perceived health competency scale by investigating the structural equation model. The study used the descriptive design as a cross-sectional study. Finding was indicated a Self-efficacy was an important indicator of HL and multidimensional health control harmed HL through self-efficacy. Difference between this study and the current study is that not mention including all demographic information and the effects of unhealthy behavior (Açıkgöz Çepni and Kitiş , 2017).

In 2017, a study conducted by Alfadhli et al. in the State of Kuwait aimed at examining the compatibility between healthy behavior and beliefs on a sample of 100 adults. It used the descriptive design, the cross-sectional study. It also used the interview method with the questionnaire, healthy behavior and beliefs, results provide evidence for indicated a decrease in indicators of healthy behavior and beliefs index. This conclusion follows from the fact that Relation to belief in behavior. This research differs from the current research using questions related to the healthy beliefs model (Alfadhli et al., 2017).

Chow et al. conducted study Hong Kong, China aims to promote healthy behavior sample 314 students in university nursing. It employed a descriptive design cross-sectional, study was used self-reported questionnaire HPLP II. The results indicated that the self-rated health score was mediated with significant differences in the overall outcome of the behavior. The study concluded that increasing health knowledge and affecting healthy behavior. When comparing this study with the current study, I find that it did not mention the negative effects of unhealthy behavior in the results (Chow et al., 2018).

A previous study by Sanlier et al. conducted in Turkey aims to describe the relationship between N of status, HL, and social anxiety on a sample of 500 adults. It have relied on descriptive design, cross-sectional study. The study used the HPLP II questionnaire. The results indicated a decrease in the index of healthy behavior dimensions with the body

mass index. This conclusion follows from the fact that there is a positive relationship between BMI and N and a negative relationship with social anxiety. The difference between this study and the current study is in the use of a measure of social anxiety (Sanlier et al. , 2018).

A documented study by Vayisoğlu and Öncü in Turkey aims to effect of individual work style on perceiving self-efficacy and healthy behavior on a sample of 158 nursing students. The study employed a descriptive design cross-sectional. It used the questionnaire HL Behaviors Scale II standard and properties social and demographic. The finding provided an evidence for indicated a decrease in physical activity and N. On this basis, it concluded that using interactive training methods is used full for acquiring healthy behavior. This study differs from the current study by using it for individual work style with the questionnaire (Vayisoğlu and Öncü, 2018).

A Previous study by Açıkgöz Çepni in Turkey, Ankara, aiming to assess the effect of the program of workplace health promotion through the Health Promotion Model. Sample were nurses divided interview (31), (32) nurses in the experimental group, and (40) control group. The study was conducted two-stages, first phase was a qualitative study to Identify barriers healthy lifestyle and the second phase was a quasi-experimental study and use pretest-posttest control group design. Data were collected by demographic data include; Previous Behavior Information Form, Food Follow-up Record, Cardiovascular Risk Recognition Model, Healthy Lifestyle Scale - 2, Knowledge level, and self-efficacy measure. Finding that shows Barriers perceived by nurses for their healthy lifestyle behaviors have three main points; work, individual and socialConclusion this study was the importance of health promotion programs in changing behavior. The study Recommended of the implement more programs health on the sample. This study differs from our current study by: Using multiple measures of behavior, not all demographic data was included or the effects of unhealthy behavior(Açıkgöz Çepni, 2018).

Özenoğlu et al. conducted study in Samsun, Turkey and aims to demonstrate the effect of health education on behavior on a sample of 421 students in colleges (medicine, N, diet, nursing and midwifery). The study used descriptive design, cross-sectional study. The finding was indicated an overall decrease in the average scale with a decrease in the physical activity index. It concluded that health education affects healthy behavior. The difference between this study and the current study is that the study did not mention the effects of unhealthy behavior on its results (Özenoğlu et al., 2018).

In a previous study, by Mak et al. conducting a study in China that aims to evaluate HL on a sample of 538 students in nursing. The study employed a descriptive design cross-sectional. The used the HPLP II, quality of life questionnaire. The results indicated an increase in the index of personal relationships and a decrease in the index of physical activity. This conclusion follows from the fact that social and economic situation affects healthy behavior in life. When comparing this study with the current study, I find that was used of the quality of life file (Mak et al., 2018).

The study introduced by Aynaci and Akdemir that conducted in Edirne, Turkey and aims to evaluate healthy behavior and its relationship to blood pressure on a sample of 200 university students. The study used the Lifestyle features and Personal Information Form. The results showed an increase in indicators of healthy behavior with a higher sense of psychological relief. The study concluded importance of the psychological aspect of the individual. This study differs from the current study by not using the comprehensive health definition file questionnaire for healthy behavior (Aynaci and Akdemir, 2018).

In 2018, a study conducted by Mouodi et al. in Amir Kala, Iran, aims to evaluate healthy behavior on a sample of 301 people, between 40 and 60 years old. The study employed a descriptive design cross-sectional. It used a questionnaire that promoted healthy patterns. The finding indicated that men were more physically active than women and deduced from the research that HL behavior patterns needed to be appropriately assessed. It is different from the current study by showing that the one who mentioned statistics about the CDs of the sample (Mouodi et al., 2018).

A descriptive study by Xiao et al. conducted in Chongqing, china, aimed at exploring factors that stimulate and influence HL. The study sample consisted of 120 patients affected coronary artery disease before hospital discharge. The data collection by a socio-demographic and disease characteristics questionnaire and use the HPLP II. The results showed a high level of moderate HL. They concluded that the need to enhance PA and SM for patients. The study is different from the current study was not mention variables; place of residence, hours of work, all of CDs (Xiao et al. , 2018).

In 2018, a study conducted by Alzahrani et al. in Jeddah, Saudi Arabia aimed at evaluating and promoting healthy lifestyle on a sample of 243 students using cross-sectional study by using questionnaire including Sciodemographic data and Health-Promoting Lifestyle Profile II. The finding showed levels of health comfort varied according to gender with regard to physical activity and relationships. It concluded that students was a suitable environment

for applying health promotion patterns. The difference between this study and the current study is the limited use of Socio-demographic data (Alzahrani et al., 2019).

A comprehensive study conducted by Choi and Choi-Kwon in Seoul, South Korea aimed at promoting healthy behavior on a sample of 110 nurses. A descriptive method adopted the cross-sectional study. The study used a questionnaire HPLPII with environment work scale and stress scale. The results indicated that education and satisfaction influence behavior and reduce stress. This conclusion follows from the fact that the need to improve the work environment and the difference in this study from the current study is to mention the measure of the employee's work environment with the scale of stress without mentioning the effects of stress on the sample (Choi and Choi-Kwon, 2019).

In 2019, a study conducted by Joseph-Shehu et al. in South Africa aims to determine the relationship between healthy behavior and CDs on a sample of 3476 workers with include articles published from 2007 to 2018. The study has relied on descriptive method cross-sectional study, using a health promotion questionnaire. The finding showed that moderate degrees of healthy behavior. The study concluded that there is a significant relationship between lifestyle and health-promoting status. When comparing this study with the current study, I find that it did not mention the importance of demographic data (Joseph-Shehu et al., 2019 a).

A study conducted by Muhammad in the cities of Kelantan and Terengganu in Malaysia, aims to predicting a health-enhancing behavior index on a sample of 385 employees. The study used a descriptive design, a cross-sectional study. It used a HPLPII questionnaire II and Scale of Perceived Social Support. The results indicated that the levels of healthy behavior decreased. The study concluded that they have health problems are often less productive in life and importance of the social support factor. The difference of this study from the current study is that the study did not mention the effects of unhealthy behavior on life (Muhammad, 2019).

A previous study revealed the importance of HL, and was conducted by Joseph-Shehu et al. in Nigeria. It aimed at promoting healthy behavior on a sample of 280 university employees. The study used a HL questionnaire. It used the descriptive method, cross-sectional study. The results indicated that the sub-subject and socio-economic factors had an effect on the sample. It was concluded that strategies must be devised to stimulate healthy behavior. This study is different from the current study and did not mention BMI, unhealthy behavior effects on the sample (Joseph-Shehu et al., 2019 b).

Estebarsari et al. conducted a study in Gilan, an Iranian, aimed at assessing healthy behavior on a sample of 244 health personnel. It used a descriptive method, cross-sectional study using a health-enhancing lifestyle questionnaire. The result indicated an association between work experience and stress management. This conclusion follows from the fact that HR is a necessary condition for changing habits healthy behavior. The difference in this study from the current study is that the research did not mention gender, working hours and CDs (Estebarsari et al., 2019).

This study aims at the effect of the educational package on the health belief model which conducted by Said and Aly in Banha, Egypt, which aims to study the effect of the educational package on the health belief model. The study employed a descriptive design cross-sectional on a sample of 70 women with DM was divided into two groups; intervention and control. The finding was indicated that the intervention group was better than controlling a healthy life level. He concluded a relationship between knowledge and HL. The difference between this study and the current study and did not mention CDs (Said and Aly, 2019).

A documented study by Al-Qahtani in UAE aiming at promoting HL on a sample of 411 female students not participating in health programs with data for 249 female students who previously participated in health programs. The Study used the descriptive method as a cross-sectional study using a questionnaire on promoting healthy behavior. The finding was indicating a general decrease in the scale with variance two groups. The study was concluded the effect of health programs on behavior. The difference between this study and the current study is that it did not mention the effects of unhealthy behavior (Al-Qahtani, 2019b).

Fukunaga et al. conducted a study in Colombo Sri Lanka aimed at evaluating a HL index for patients with pressure on a sample of 456 adults. The study employed a descriptive design cross-sectional and by using the five factors of a HL. The finding was indicated a decrease in the health behavior index. It concluded the effect of commitment Healthy behavior to patients HTN. It is different from the current study using HL index a five-factor lifestyle index scale (Fukunaga et al. , 2020).

A comprehensive study conducted in Lester, London aimed at exploring differences in individual behavior and determining their association with HL. It used the descriptive method cross-sectional study on a sample of 979 people. The results indicated that there are differences in the health behavior index. It was concluded from the study that the effect of

healthy behavior on lifestyle. When comparing this study with the current study, I find that it did not use a comprehensive measure of healthy behavior (Chattopadhyay et al., 2020).

A study introduced by Chung et al., conducted in Toronto, Canada, aimed at examining healthy behaviors. The sample consisted of 586 bladder cancer survivors. The Study used a descriptive design, a cross-sectional study, by measuring health behavior by means of consistent guidance questions. The study found that healthy behaviors are positive because of the guidance and concluded that healthy behavior helps to heal. It is different from the current study is the research's reliance on guidelines for correcting behavior (Chung et al., 2020).

A survey study conducted by Amiria and Behnezhad on three continents: Europe, Asia and America aims to indicating the health behavior of employees and its relationship to the occurrence of stress for a sample of 285 conducted the survey by searching the articles published until May 2019. The results indicated that there are indications of stress. It concluded demographic characteristics and healthy behavior have negative effects and the difference in this study from the current study was not comprehensive for HL (Amiria and Behnezhad, 2020).

In 2020, a study conducted by Shaykhi and Najafi in the city of Uremia in Azerbaijan and aimed at evaluating health behavior on a sample of the population of 384 housed holds, used cross-sectional study by questioning HPLPII. The results showed that for self-efficacy, social support and marriage and education have a link with health behavior contrary to profession and age. It concluded that healthy behavior was moderate. the difference in this study from the current study was the use of self-efficacy and social support (Tabrizi et al., 2020).

A study focused on HL, conducted by Bahabadi et al. in Yazd, Iran, and aimed at promoting healthy behavior. It employed a descriptive design cross-sectional analysis on a sample of 300 pregnant women by means of HPLPII and the Bandar construction model. The results indicated that there were no significant differences in health behavior and concluded that there was a relationship with the perceived barriers and social support, When comparing this study with the current study, I find that it used the Bandar construction model (Bahabadi et al., 2020).

A descriptive study design, the cross-sectional analysis by Baral and Tamrakar conducted in Bokhara, Nepal, aimed at promoting HL. Its sample consisted of 111 nurses by questioning HPLP II and they were the highest result in SG and the lowest in PA. It concluded that focus should be on PA and SM. It is different from the current study, it did not mention variables; gender, place of residence, hours of work, body mass index, CDs (Baral and Tamrakar, 2020).

Prabhakar and Sharma discuss problem of unhealthy behavior in a study conducted in Punjab colleges in India aimed at promoting healthy behavior. It used the descriptive method of cross-sectional analysis on a sample of 52 students through a questionnaire on health promotion and self-efficacy, results indicated healthy behavior is affected by high self-efficacy. It concluded that one should focus on the individual's self-efficacy. When comparing this study with the current study, I find that it was using the self-efficacy file (Prabhakar and Sharma, 2020).

A study was conducted by Baba and Wani from Harvard University in America aimed at predicting the occurrence of CDs by healthy behavior followed for 38 years on a sample of 562 people. Based on the five factors obtained, the study indicated that those who have measures on healthy patterns are less susceptible to CDs and therefore deduce the relationship of CDs with healthy behavior. It differs from the current study in the survey study over the years and not using the questionnaire definition of health promotion (Baba and Wani, 2020).

In a previous study Algahtani a study in Hail, Saudi Arabia aims to determine HL behaviors on a sample of 335 students. study employed a descriptive design cross-sectional. Study was used a questionnaire included information about lifestyle patterns in terms of age, sex, BMI and year of study. The findings of this study can be understood by indicated increased indicators of healthy patter. It concluded that health awareness contributes to application of healthy habits. When comparing this study with the current study, I did not find that it guarantee the negative effects of bad habits on its results (Algahtani, 2020).

3. MATERIALS AND METHODS

This chapter deals with a design, administration arrangements, sample and setting, instrument, pilot, data collection, and data analysis.

3.1 Design

A descriptive design, Cross-sectional was a carried out from Feb. 16th 2020 to Aug. 16th 2020 in order to evaluate HL among persons with White-Collar Workers in Iraq – Al Diwaniyah City. Quantitative research was used in the design of the study.

3.2 Sample and Setting

Anon –Probability sampling technique. Sample of 384 persons was taken accidentally from different areas , the sample size determined by equation (Charan and Biswas , 2013) the distribution of sample was depicted in table.

$$N = \frac{Z^2 \times pq}{d^2}$$

Table 3.1: Setting of the Study(n=384).

NO	Name of government department	f	%
1	Al-Qadisiyah University	77	20.0
2	Department of Health	75	19.5
3	Provincial Council	2	0.52
4	Municipality	25	6.5
5	Urban Planning	7	1.8
6	Communications and Post	5	1.3
7	Real Estate Registration	1	0.26
8	Courts of appeal	40	10.4
9	Directorate of Education	28	7.3
10	Youth and sports	1	0.26
11	Work and social affairs	7	1.8
12	Diwaniyah Traffic	5	1.3
13	Diwaniyah Martyrs	2	0.52
14	Shiite endowment	2	0.52
15	Ministry of Finance -Public bodies	9	2.3
16	Ministry of Finance - Insurance companies	10	2.6
17	Ministry of Finance -Bank Branches	8	2.0
18	Water Directorate	4	1.08
19	Sewer Directorate	5	1.3
20	Electricity Directorate	10	2.6
21	Industrial development	10	2.6
22	Housing Department	5	1.3
23	Agriculture Directorate	4	1.08
24	Roads and bridges	5	1.3
25	Food supply center	5	1.3
26	Chamber of Commerce	4	1.08
27	Tourism and archeology	5	1.3
28	Diwaniyah police	5	1.3
29	Civil Defense	5	1.3
30	Political prisoners	2	0.52
31	Sunni endowment	2	0.52
32	Passports	2	0.52
33	Central Markets	5	1.3
34	Nationality	2	0.52
TOTAL	34	384	100.0

f frequency , % Percentage

This table shows that were (384) persons with White-Collar Workers were selected from Government departments and institutions: (77) jobs were selected from Al-Qadisiyah university, (75) jobs were selected from department of health , (2) jobs were selected from provincial council , (25) jobs were selected from urban planning , (7) jobs were selected from municipality ,(5) jobs were selected from communications and post , (1) jobs were selected from real estate registration, (40) jobs were selected from courts of appeal , (28) jobs were selected from directorate of education , (1) jobs were selected from youth and sports, (7) jobs were selected from work and social affairs , (5) jobs were selected from Diwaniyah traffic , (2) jobs were selected from Diwaniyah martyrs, (2) jobs were selected from shiite endowment, (9) jobs were selected from Ministry of finance -public bodies, (10) jobs were selected from Ministry of finance - insurance companies, (8) jobs were selected from Ministry of finance - bank branches, (4) jobs were selected from water directorate, (5) jobs were selected from sewer directorate , (10) jobs were selected from electricity directorate, (10) jobs were selected from industrial development, (5) jobs were selected from housing department, (4) jobs were selected from agriculture directorate, (5) jobs were selected from roads and bridges, (5) jobs were selected from food supply center, (5) jobs were selected from chamber of commerce, (5) jobs were selected from tourism and archeology, (5) jobs were selected from Diwaniyah police, (5) jobs were selected from civil defense, (2) job were selected from political prisoners, (2) jobs were selected from sunni endowment, (2) jobs were selected from passports, (5) jobs were selected from central markets and (2) jobs were selected from nationality. These forty three groups different of jobs mad up the total size of the sample.

3.3 Instrument

Instrument develop were two parts, the data was be collected using a questionnaire determine the socio-demographic characteristics of individuals and Health Promoting Lifestyle Profile II is used to measure the extent to which adults are involved in a health-promoting lifestyle.

3.3.1. Socio-demographic form; The first part was included questions about the age, gender, educational level, marital status, residence area, professions, hours working, prevalence of CDs and BMI of the participants.

3.3.2 Health Promoting Lifestyle Profile II; The second part was used measure HPLP II in a limited extent innorthern Iraq only (Kamali et al. ,2016).Scales were consists of 52 items and had six dimensions included SG was containing of (9) items ,HR was containing of (9) items, PA was containing of (8) items, N was containing of (9) items,

IR was containing of (9) items, SM was containing of (8) items, These items were scored and related on 4-point Likert scales as (4) for Routinely, (3) for Often, (2) for Sometimes, (1) for Never . This study categorize HPLP II through three levels: Weak, Moderate, and Excellent Healthy Lifestyle among persons with White-Collar Workers . The scale was valid and reliable for used as an Arabic version in Iraq, in a previous study in Iraq, the Cronbach's alpha of the HPLP was ranged from 0.80 to 0.90 which corresponds to the degree of validity of the current study. The study was based on the original version (Walker et al., 1987).

3.3.3 Reliability of Questionnaire

Reliability was performed for the determination of the questionnaire; persons correlation coefficient was computed for every determination dimensions HL. The results indicated that the correlation coefficient was $r=(0.869)$ for dimension SG, indicated that the correlation coefficient was $r=(0.807)$ for dimension HR, indicated that the correlation coefficient was $r=(0.932)$ for dimension PA , indicated that the correlation coefficient was $r=(0.866)$ for dimension N , indicated that the correlation coefficient was $r=(0.977)$ for dimension IR, indicated that the correlation coefficient was $r=(0.843)$ for dimension SM. The reliability was determined through the use of the following formula (Grove and Ciper,2020) .

3.3.4 Validity of Questionnaire

The validity of the instrument was built up through a panel of (16) experts. One person was from college of nursing –University of Nebraska in USA , (1) from college of nursing – University of Baghdad in Iraq , (1) from College of Physical Education and Sports Science – University of Mosul in Iraq, (1) from Northern Technical University Mosul - Technical Institute, (3) from college of nursing –university of Kufa in Iraq , (4) from college of nursing –University of Babylon in Iraq, (2) from college of nursing – Al-Qadisiyah University in Iraq . (3) From college of Pharmacy and Medical Sciences –University of Petra in Amman Jordon. They had more than 10 years of experience in there; these experts were asked to review the questionnaire for content clarity, relevancy, and adequacy. Their responses indicated that minor change should be performed on few items such change made according to their suggestions and valuable comments (Appendix 3).

In view of the results of the pilot study, conclusion can be derived with regard to sufficiency of the questionnaire as being valid and reliable measure of the phenomenon underlying the present study. The time spent for each meeting was roughly (10) minute. HL

among persons with White-Collar Workers involved in pilot study was excluded of the original study sample .

3.4 Data collection method

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

3.5 Research variables

Dependent variable was HL and independent variables were age, gender, educational level , marital status, regional area , profession, hours of work , Prevalence of CDs , BMI

3.6 Pilot study

A pilot study was completed for the assurance of reliability and validity of questionnaire for a sample of thirty. The study was conducted for the period of Feb 17th 2020 to Apr. 4th 2020, it was aimed to distinguish the hindrances that might be accounted during data collection, Measure the time required to gather information, enhance the reliability and validity of the questionnaire, Gotten the clarity and the content adequacy of the questionnaire, identify the barriers that may be encountered during the data collection process.

3.7 Data Analysis

The analysis of the data was acquired in the study in SPSS and to determine whether the study goals have been met, utilizes two statistical approaches to analyze the study data. Descriptive analysis (Frequencies, Percentages, Mean), one way anova and t test were used to evaluate the data. The outcomes were considered to be of great importance. The level of importance to be determined in the data assessment was $P \leq 0.05$.

3.8 The ethical dimension

Ethical approval was obtained from the Ethics Committee of the Scientific Research Committee of the Ministry of Health of Diwaniyah to carry out the research NO: 55 date 16-2-2020 (Appendix 1).

4. RESULTS

This chapter presented the finding of the data analysis in systematically driven approach. Such presentation was reported according to the objectives of the study as follows.

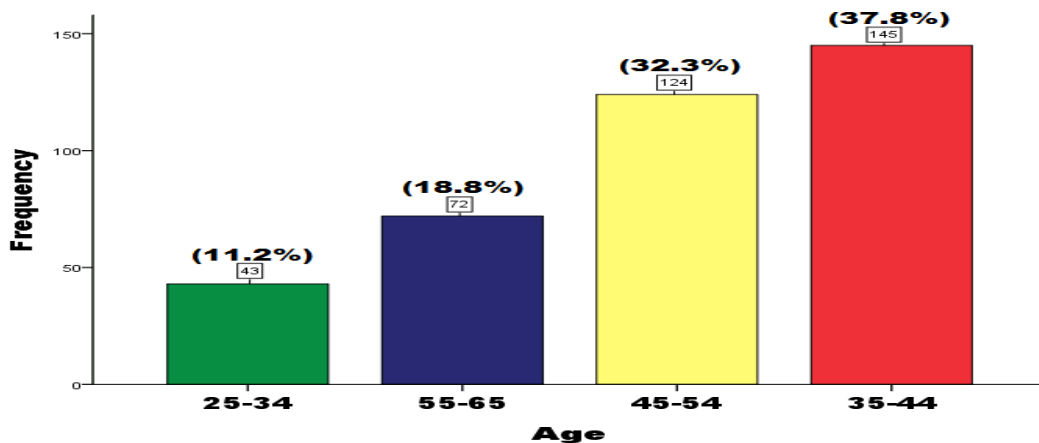


Figure 4.1: White-Collar Workers distribution by age.

This figure revealed that shows most of the White-Collar Workers were (35-44) year old and accounted for 37.8 % of them.

Gender Pie Chart

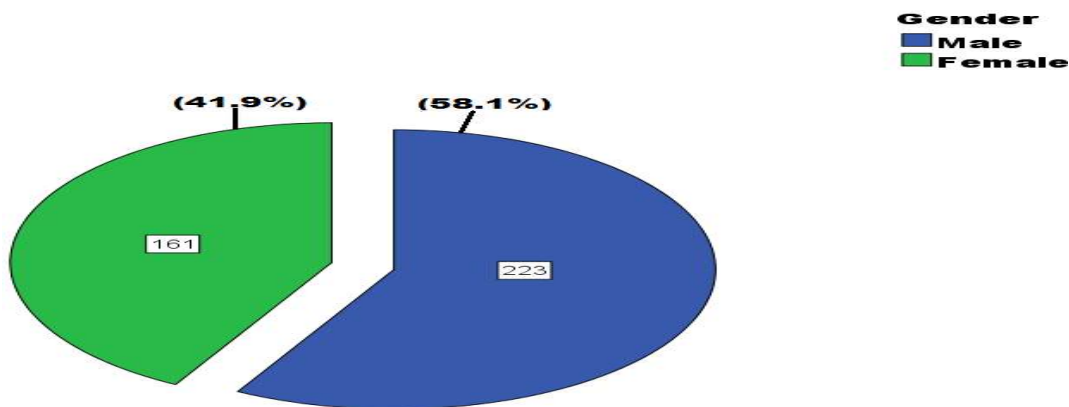


Figure 4.2: White-Collar Workers distribution according to their gender .

This figure that shows more than of the sample were male and accounted for (58.1%) of the total sample.

Educational of level Pie Chart

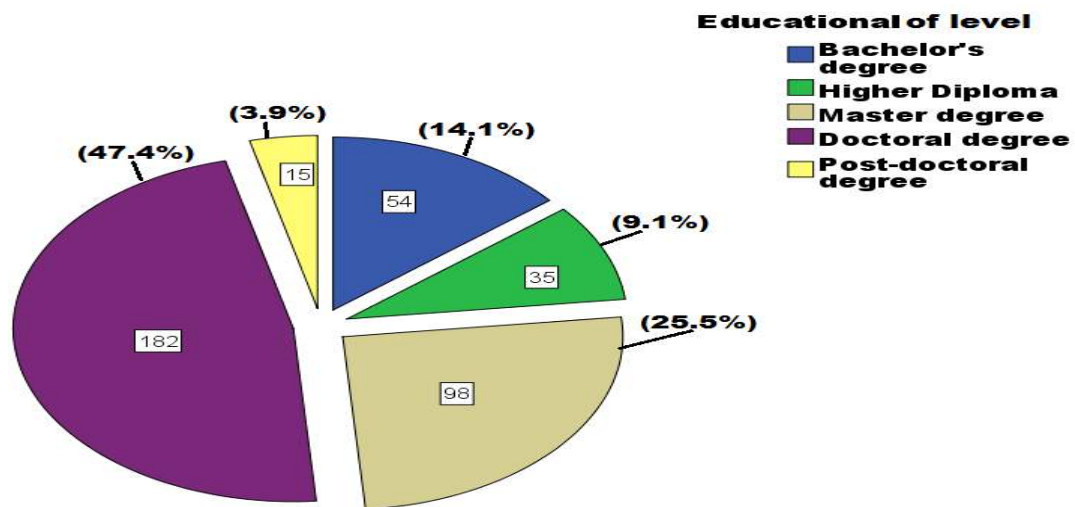


Figure 4.3: White-Collar Workers distribution according to their educational level.

This figure show that shows doctoral degree obtained the highest percentage (47.4%) in the total of sample.

Marital status Pie Chart

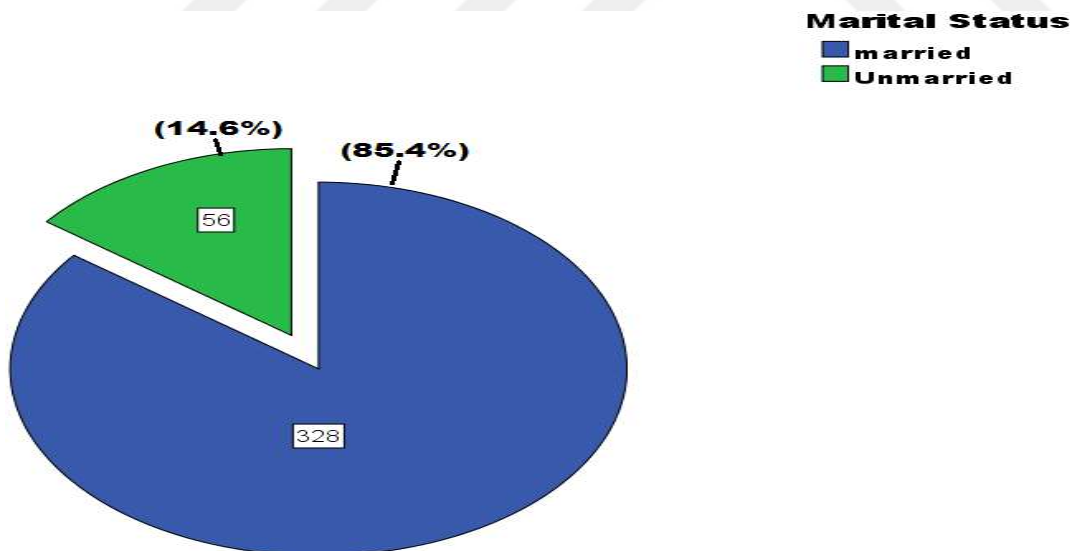


Figure 4.4: White-Collar Workers distribution by marital status .

Out of the figure, the majority of White-Collar Workers were marital and they accounted for (85.4%) of the total sample.

Residence area Pie Chart

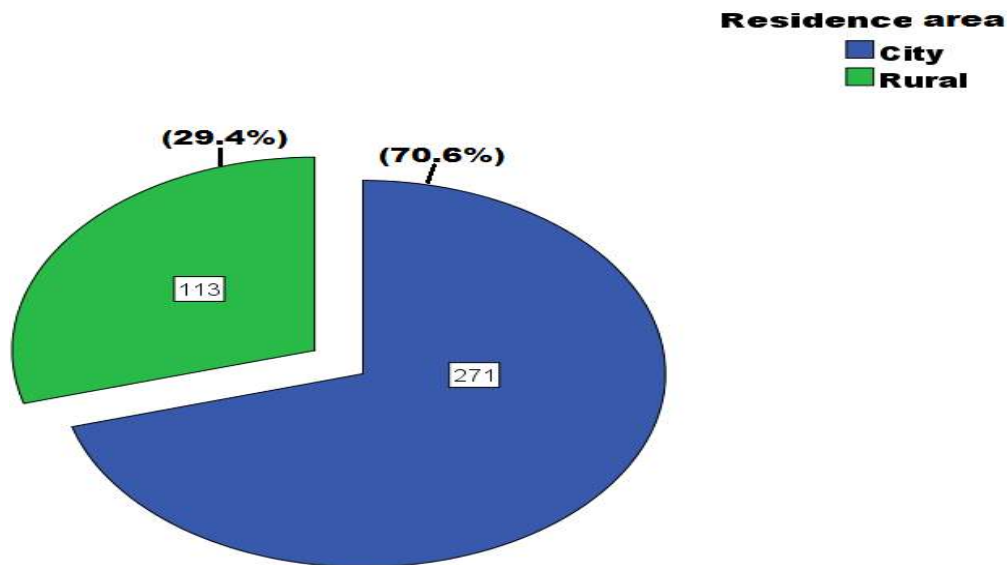


Figure 4.5: White-Collar Workers distribution by region of area .

This figure explain that shows 70.6% of White-Collar Workers were residence of city area.

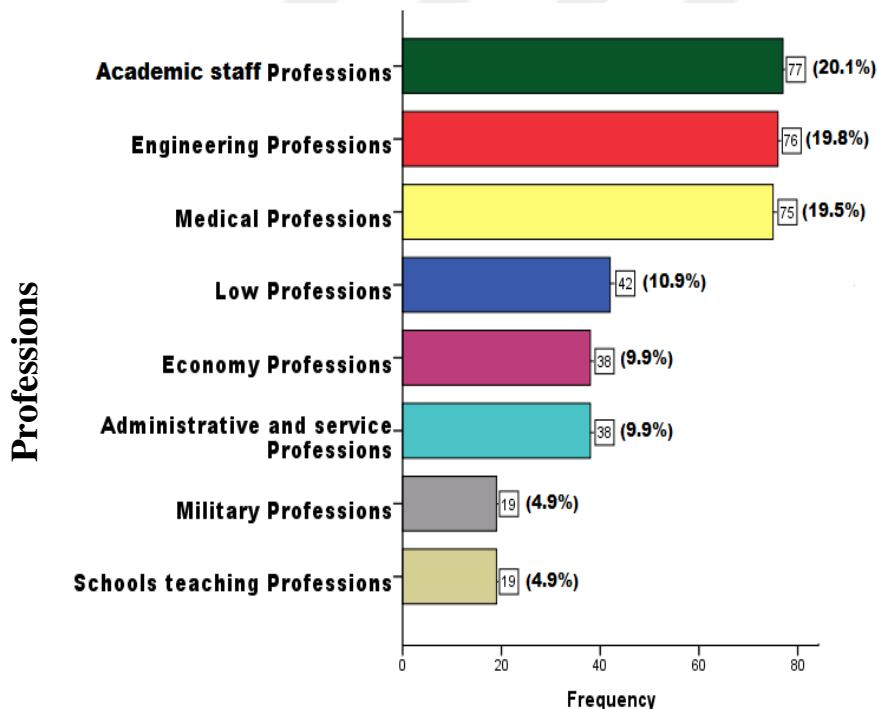


Figure 4.6: White-Collar Workers distribution according to their professions .

This figure revealed that shows most of the White-Collar Workers were academic staff professions and accounted for (20.1 %) of total sample .

Hours of Work Pie Chart

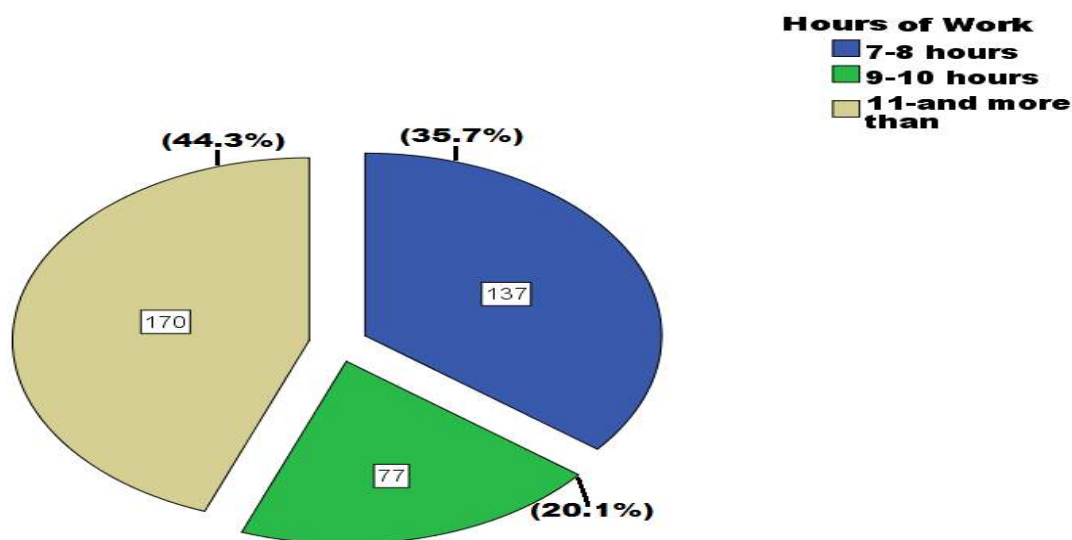
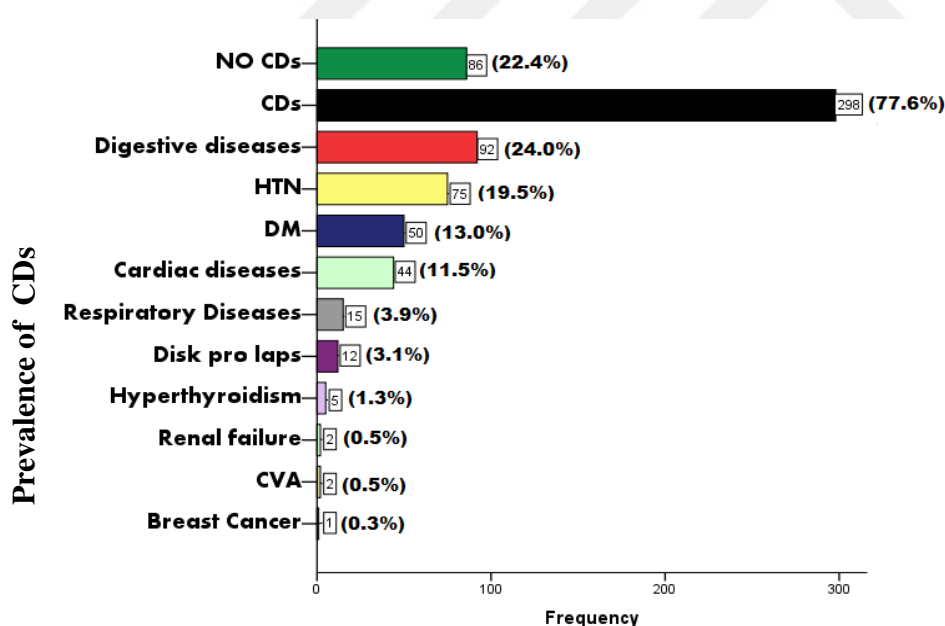


Figure 4.7: White-Collar Workers distribution according to their hours of work .

This figure revealed that shows most of the White-Collar Workers are working 11hours and more than obtained (44.3%) from the total sample .

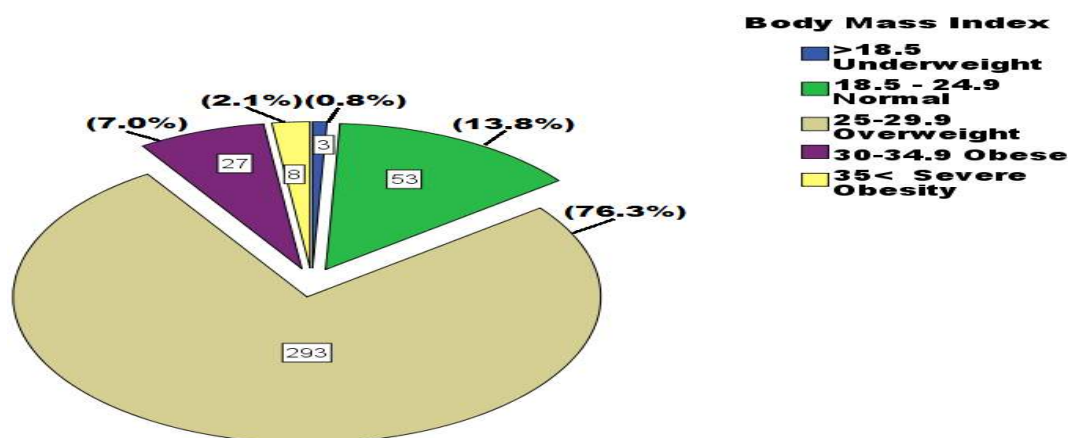


Digestive diseases include Irritable bowel syndrome (83) ,Colitis (9) , Cardiac diseases include Coronary artery disease (19), Cardiac dysrhythmias(25), Respiratory disease include chronic allergic sinusitis (12),asthma (3)

Figure 4.8: White-Collar Workers distribution by prevalence of CDs .

Out of the figure that shows prevalence of CDs among persons with White-Collar Workers that digestive diseases obtained the highest percentage (24.0%) of the total sample .

Body Mass Index Pi Chart



Underweight(50kg 167- 52kg 170cm) Normal (55kg154cm-73kg 171cm) Overweight (60kg 154cm -73kg 170cm)Obese (73kg 156kg-89kg 172cm) Severe Obesity (90kg 155cm-105kg170 cm).

Figure 4.9: White-Collar Workers distribution according to their BMI.

This figure revealed that shows most of the White-Collar Workers were overweight and accounted for (76.3 %) of them . Where the range of the measurement results for weight and length from (60 kg 154 cm to 73 kg 170 cm).

Table 4.1: White-Collar Workers of Measure HPLP II scores and categorize of Levels HL (n=384).

DV	HPLP II scores						Categorize of Levels HL		
	Measure of Scale				Total		Highest &lowest obtainable score	Levels	%
	Never M	Sometime M	Often M	Routinely M	M	SD			
SG	2.61	2.85	2.61	2.87	2.735	0.1446	9-36	Moderate	%66.67
HR	2.37	2.63	2.44	2.62	2.515	0.1303	9-36	Moderate	
PA	2.26	2.07	2.43	2.41	2.293	0.1666	8-32	Weak	
N	2.32	2.27	2.34	2.44	2.343	0.0714	9-36	Weak	
IR	2.46	2.46	2.41	2.32	2.413	0.066	9-36	Weak	
SM	2.42	2.24	2.14	2.23	2.258	0.1173	8-32	Weak	
Total	14.44	14.52	14.37	14.89	2.426	0.1771	52-208	Weak	

This table shows an increase indicators categorize of weak (%66.67) among persons with White-Collar Workers .

Table 4.2:One-way ANOVA for the comparison age and HL among persons with White – Collar Workers .

DV	INDV : Age													F	P
	25-34			35-44			45-54			55-65					
	N	M	SD	N	M	SD	N	M	SD	N	M	SD			
SG	43	2.87	1.1	145	2.61	0.99	124	2.85	1.04	72	2.61	1.1	1.6	0.1	
HR	43	2.62	1.17	145	2.44	1.03	124	2.63	0.9	72	2.37	0.9	1.4	0.2	
PA	43	2.41	1.006	145	2.43	1.08	124	2.07	1.1	72	2.26	1.05	2.64	0.04	
N	43	2.44	1.08	145	2.34	1.13	124	2.27	1.08	72	2.32	0.99	0.27	0.8	
IR	43	2.32	1.03	145	2.41	1.14	124	2.46	1.04	72	2.46	0.8	0.2	0.89	
SM	43	2.23	1.034	145	2.14	0.93	124	2.24	1.17	72	2.42	1.09	1.06	0.3	

This comparison revealed had indicated that shows age of sample has significant relationship with HL in dimension of PA than other.

Table 4.3: One-way ANOVA for the comparison gender and HL among persons with White - Collar Workers.

DV	INDV : Gender							
	Male			Female			F	P
	N	M	SD	N	M	SD		
SG	223	2.85	1.02	161	2.52	1.07	9.26	0.002
HR	223	2.49	1.01	161	2.53	0.9	0.19	0.6
PA	223	2.25	1.1	161	2.32	1.04	0.38	0.5
N	223	2.36	1.03	161	2.29	1.1	0.42	0.5
IR	223	2.46	1.03	161	2.38	1.08	0.61	0.4
SM	223	2.29	1.07	161	2.16	1.03	1.41	0.2

The results of this table indicated that shows gender White-Collar Workers has significant relationship with HL in dimension of SG than other.

Table 4.4: One-way ANOVA for the comparison educational level and HL among persons with White-Collar Workers .

DV	INDV : Educational level																
	Bachelor's degree			Higher Diploma			Master degree			Doctoral degree			Post-doctoral degree			F	P
	N	M	SD	N	M	SD	N	M	SD	N	M	SD	N	M	SD		
SG	54	2.57	0.97	35	2.47	1.09	98	2.92	1.10	182	2.74	1.02	15	2.11	1.0	3.01	0.01
HR	54	2.75	1.14	35	2.19	0.7	98	2.48	0.9	182	2.55	1.01	15	2.04	0.9	2.51	0.04
PA	54	2.24	1.08	35	2.34	1.02	98	2.36	1.2	182	2.23	1.06	15	2.35	1.2	0.27	0.8
N	54	2.49	1.2	35	2.31	1.15	98	2.29	1.02	182	2.31	1.07	15	2.36	0.8	0.34	0.8
IR	54	2.41	1.04	35	2.32	0.92	98	2.44	1.11	182	2.45	1.07	15	2.49	0.9	0.11	0.9
SM	54	2.34	1.0	35	2.10	0.99	98	2.11	0.99	182	2.29	1.1	15	2.29	0.9	0.73	0.5

The results for this table that shows educational level of White-Collar Workers had significant relationship with HL in dimensions of the SG and HR than other.

Table 4.5: One-way ANOVA for the comparison Marital Status and HL among persons with White-Collar Workers .

DV	INDV : Marital Status							
	Marriage			Unmarried			F	P
	N	M	SD	N	M	SD		
SG	328	2.71	1.07	56	2.80	0.9	0.4	0.5
HR	328	2.51	0.98	56	2.48	1.17	0.06	0.8
PA	328	2.29	1.10	56	2.22	1.0	0.18	0.6
N	328	2.32	1.07	56	2.35	1.14	0.03	0.8
IR	328	2.47	1.03	56	2.18	1.11	3.60	0.05
SM	328	2.23	1.08	56	2.24	0.91	0.00	0.9

The results of this table indicated marital status White-Collar Workers of significantnship with HL in dimension of IR than other.

Table 4.6: One-way ANOVA for the comparison Residence area and HL among persons with white-collar workers.

DV	INDV : Residence area							
	City			Rural			F	P
	N	M	SD	N	M	SD		
SG	271	2.74	1.07	113	2.68	1.02	0.2	0.6
HR	271	2.52	1.01	113	2.48	0.99	0.15	0.6
PA	271	2.32	1.09	113	2.18	1.07	1.34	0.2
N	271	2.33	1.0	113	2.35	1.2	0.03	0.8
IR	271	2.45	1.11	113	2.37	0.90	0.4	0.5
SM	271	2.21	1.04	113	2.31	1.10	0.8	0.3

This results of this table indicated was no significant relationship between the residence area of White-Collar Workers and theirs level HL .

Table 4.7 : One-way ANOVA for the comparison Professions and HL among persons with White-Collar Workers .

DV	INDV : Professions																									
	Medical			Academic staff			Administrative & services			Schools teaching			Military			Low			Economy			Engineering			F	P
	Sort	3		Sort	1		Sort	6		Sort	7		Sort	8		Sort	4		Sort	5		Sort	2			
	N	M	SD	N	M	SD	N	M	SD	N	M	SD	N	M	SD	N	M	SD	N	M	SD	N	M	SD		
SG	75	2.62	1.06	77	2.87	1.04	38	2.34	1.06	19	2.80	1.009	19	2.50	1.2	42	2.97	1.05	38	2.79	1.01	76	2.69	1.02	1.51	0.1
HR	75	2.32	1.04	77	2.59	1.05	38	2.21	1.1	19	2.93	1.1	19	2.74	1.06	42	2.56	0.90	38	2.45	0.7	76	2.60	0.94	1.70	0.10
PA	75	2.24	1.07	77	2.24	1.04	38	2.28	1.2	19	2.71	1.29	19	1.69	1.07	42	2.14	1.16	38	2.12	0.9	76	2.54	0.95	2.13	0.03
N	75	2.35	1.01	77	2.38	1.09	38	2.30	1.2	19	2.45	0.96	19	1.87	1.26	42	2.40	1.05	38	2.38	1.06	76	2.28	1.05	0.59	0.7
IR	75	2.66	0.89	77	2.37	1.19	38	2.17	1.05	19	2.30	0.90	19	2.38	0.96	42	2.41	0.92	38	2.51	1.1	76	2.39	1.07	0.98	0.4
SM	75	2.28	1.04	77	2.20	1.06	38	2.27	0.99	19	2.54	1.2	19	2.007	0.93	42	2.10	1.01	38	2.29	1.14	76	2.23	1.08	0.51	0.08

Depict this table that professions high class jobs persons of significant relationship with HL in dimension of PA than other.

Table 4.8: One-way ANOVA for the comparison Hours of Work and HL among persons with White-Collar Workers .

DV	INDV : Hours of Work										
	7-8			9-10			11-and more than			F	P
	N	M	SD	N	M	SD	N	M	SD		
SG	137	2.7272	1.05	77	2.87	1.04	170	2.64	1.06	1.2	0.2
HR	137	2.4863	0.9	77	2.59	1.05	170	2.49	1.01	0.3	0.7
PA	137	2.2589	1.2	77	2.24	1.04	170	2.31	1.05	0.1	0.8
N	137	2.3783	1.10	77	2.38	1.09	170	2.27	1.06	0.4	0.6
IR	137	2.3592	1.03	77	2.37	1.1	170	2.51	0.9	0.9	0.3
SM	137	2.2685	1.07	77	2.20	1.06	170	2.23	1.04	0.09	0.9

The results of this table indicated that shows no significant relationship of hours work and HL among persons with White-Collar Workers .

Table 4.9: One-way ANOVA for the comparison prevalence of CDs and HL among persons with White-Collar Workers .

DV	INDV: Prevalence of CDs							
	No CDs			CDs			F	p
	N	M	SD	N	M	SD		
SG	86	2.60	0.95	298	2.75	1.0	1.27	0.2
HR	86	2.40	0.9	298	2.54	1.01	1.18	0.27
PA	86	2.44	1.09	298	2.23	1.08	2.54	0.1
N	86	2.30	1.01	298	2.34	1.10	0.07	0.7
IR	86	2.31	1.0	298	2.46	1.04	1.44	0.23
SM	86	2.17	0.97	298	2.26	1.083	0.48	0.4

No Significant relationship prevalence of CDs and HL of White-Collar Workers .

Table 4.10: One-way ANOVA for the comparison BMI and HL among persons with White-Collar Workers .

DV	INDV : BMI																
	>18.5 Underweight			18.5-24.9 Normal			25-29.9 overweight			30-34.9 Obese			35> Severe Obesity			F	P
	N	M	SD	N	M	SD	N	M	SD	N	M	SD	N	M	SD		
SG	3	2.99	0.9	53	2.68	1.18	293	2.74	1.06	27	2.69	0.80	27	2.69	0.80	0.50	0.7
HR	3	3.74	1.7	53	2.32	1.04	293	2.53	1.008	27	2.47	0.82	27	2.47	0.82	0.62	0.1
PA	3	2.45	1.5	53	2.39	1.12	293	2.24	1.06	27	2.25	1.19	27	2.25	1.19	0.86	0.4
N	3	4.18	0.62	53	2.30	1.07	293	2.34	1.08	27	2.10	1.07	27	2.10	1.07	2.67	0.03
IR	3	2.15	0.69	53	2.29	0.96	293	2.42	1.05	27	2.72	1.2	27	2.72	1.2	1.08	0.3
SM	3	2.14	0.63	53	2.26	0.99	293	2.25	1.069	27	2.72	1.27	27	2.72	1.27	0.52	0.7

Depict of this result that BMI of White-Collar Workers has significant relationship HL in dimension of N than other.

Table 4.11: Independent T- test results for prevalence of CD depending on BMI.

Prevalence of CDs		N	M	SD	T-value	P
BMI	NO CDs	86	3.0814	0.61768	2.149	0.03
	CDs	298	2.9228	0.54811		

The finding out of this table had releaved found significant relationship between prevalence of CDs with BMI among persons White-Collar Workers .

5.DISCUSSION

This chapter deals with a detailed interpretation of the study finding which systematically drives discussion of such findings with supporting evidences available in the literature, which was related to the topic of the study.

5.1 Discussion socio-demographic characteristics among persons White-Collar Workers.

Demographic information among persons with White-Collar Workers impact on healthy lifestyle, healthy pattern requires maintaining spiritual growth, responsibility, healthy nutrition, interpersonal relation, and stress management.

Results indicated that age were predominant among persons with White-Collar Workers (37.8%) were nearly around the age (35-45) years old and high class professions age appropriation was Appropriate (figure1). These results provided evidence that shows White-Collar Workers care was the youngest. Further, their age was reasonably treated as continuum variable when they were picked White-Collar Workers. The results discovered that age of White-Collar Workers was seen as a noteworthy factor since it would add to their care and orientation toward enduring such a position and performing acceptable healthy lifestyle among persons with White-Collar Workers .

The findings presented gender that shows percentage (58.1%) of White-Collar Workers males more than female (14.9%) (Figure 2). The result indicates the structure and nature of these occupations in which men are present. According to the traditions of our society, these professions are given more to men than to women.

The finding of the study presented that highest percentage obtained is a doctoral degree in the percentage of (47.4%), the lowest is a post-doctoral degree in the percentage of (3.9%) (figure 3), which is considered a good indicator of an educational level for those with high positions with high effectiveness for acquiring and applying health information.

Relative to marital status of this sample, most of them (85.4%) were married, while singles obtain a percentage (14.6%) (Figure 4). it is considered a good sign for this sample.

Comparative with residence area of White-Collar Workers , the greater part of them (70.6%) were city, while rural obtain a percentage (29.4%) (Figure 5).

The finding indicates that the highest percentage obtained (20.1%) were for academic staff professions, engineers with a percentage (19.8%) and medical professions with a percentage of (19.5%) and the lowest percentage for military professions and school teaching professions (figure 6). The reason for the decrease percentage of these percentages in these professions compared to the professions that have higher percentages due to the decrease of number professions persons in these structure occupations , which depends on the nature of occupations , certificate or years of experience.

The results indicate that the hours of work indicate that shows the lowest percentage was (20.1%) obtain 9-10 work hours and obtain 7-8 hours of work was (35.7%) and highest percentage in this sample was 11-and more than obtain percentage (44.3%) were more stressful on White-Collar Workers (figure7).

According to their responses, the respondents obtained the highest percentage prevalence of chronic diseases at a very high percentage (77.6%) compared to those who did not have chronic diseases and they were at a percentage of (22.4%). The highest percentage of the chronic disease category that the sample was experiencing was diseases of the digestive system at a percentage (24.0%). These results include irritable bowel syndrome obtain was frequency (83) and Colitis obtain was frequency (9). Followed by high blood Pressure, diabetes and heart disease, the lowest percentage breast cancer was (0.3%) percentage (Figure 8).

The highest percentage of body mass index was for overweight by a percentage (76.3%) which is an abnormal proportion. Abnormal body mass indicators (underweight, overweight, obesity and obesity) got the majority at a percentage (86.2%), compared to the normal body mass index percentage (13.8%) White-Collar Workers. The length and weights of the sample were distributed according to the body mass index; Underweight (50kg 167-52kg 170cm) Normal (55kg154cm-73kg 171cm) Overweight (60kg 154cm -73kg 170cm) Obese (73kg 156kg-89kg 172cm) Severe Obesity (90kg 155cm-105kg170 cm) (figure 9).

5.2 Discussion of evaluation healthy lifestyle among persons with White-Collar Workers .

Results of table (1), that shows total of assessment healthy lifestyle among persons with White-Collar Workers , obtained low level and assessment healthy lifestyle in the dimensions of spiritual growth and health responsibility obtained average indicators; whereas assessment of healthy lifestyle in the dimensions of physical activity, nutrition, interpersonal relation and stress management obtained low level indicators. This finding is supported by Al-Qahtani (2019b), a significant relationship was observed between overall scores and ranges the scope for the six dimensions with demographic variables, and the degree with the highest percentage was spiritual growth ($2.708 \pm .517$; $2.889 \pm .552$, respectively) and otherwise the lowest was physical health ($2.306 \pm .465$; $2.345 \pm .521$). Health responsibility differed in another study, where it obtained a low index and spiritual growth got a high index (Mak et al.,2018).

Analysis of data for healthy life style among persons with White-Collar Workers with regard to their age distribution. There is a statistically significant relationship between a healthy lifestyle for persons who perform physical activity with their age, while there was no statistically significant relationship between each of (spiritual growth, health responsibility, nutrition, interpersonal relation and stress management) with their age. Relatively high data on White-Collar Workers ; the age was (35-45) years old (Table 2) found that they perform their health patterns related to their age at different levels and they are not sufficient for all aspects of these health dimensions. This result agreed with results which was found, was no positive relationship with the age of the people (Tabrizi et al. ,2020) and physical activity has the highest indicator of healthy behavior (Estebarsari et al. ,2019). In another study, she confirmed that there is no relationship that relates lifestyle significantly to physical activities according to age (Dorado and Racca, 2019). While it has been proven that there is a positive relationship with the persons age, the younger the person, the higher the health behavior index (Harada et al., 2013).

The result highlights that healthy lifestyle among persons with White-Collar Workers regard to their gender. It indicated statistically significant relationship between healthy lifestyle in dimension of spiritual growth with their gender. As for other indicators, there was not statistically significant relationship found between healthy lifestyle in dimensions of (health responsibility, physical activity, nutrition, interpersonal relation, stress management) with their gender (Table 3).Data was Relatively top on White-Collar Workers gender from

(male), Refer to their healthy lifestyle as an indicator not suitable for their gender. When comparing this result, we find that in another study, there was a relationship with two types of stress management and gender (Tol et al., 2013) and Women showed more physical activity (Zhang et al.,2013). In another study, men are more active than women (Mouodi et al.,2018). That is the difference of the healthy lifestyle in terms of gender (Park and Kim, 2016).

Implications of these findings are discussed healthy life style among persons with White-Collar Workers regard to their educational level and can be summarized as follows; There was statistically significant relationship between each of the (spiritual growth, health responsibility) with their educational level, there was no statistically significant relationship between each of the (physical activity, nutrition, interpersonal relation, stress management) with their educational level. Generally, high data of White-Collar Workers educational level was (doctoral degree) were increasingly effective and to a great extent arranged to their adapting Well-beingstatus (Table 4). This result agreed with the study that confirmed the relationship of the educational level to a healthy lifestyle (Said and Aly, 2019; Tabrizi et al.,2020; Fisher and Kridli,2014). This agreement refers to education level that enhances health responsibility for people. In other study, sub-dimensions of healthy patterns do not show a significant difference according to educational level (Yilmaz et al.,2016).

It is worth discussing these interesting facts revealed by the results of healthy life style among persons with White-Collar Workers regarding their marital status. Such a status that indicates statistically significant relationship between healthy lifestyle in area of interpersonal relation with their marital status and indicates that there was no statistically significant relationship between of spiritual growth, health responsibility, physical activity, nutrition and stress management with their marital status. In general, high data on White-Collar Workers the marital status were (married) (Table 5), appropriately, indicated a percentage that they play their healthy lifestyle related to their marital status at different levels and isn't satisfactory for all parts of these prosperity estimations. This result agrred with the result of the current study, which confirmed the existence of a positive indication of the relationships of people to the social situation (Gezginci et al., 2019; Ojha,2019). In other studies, it was pointed out that married people are more committed to healthy behavior than unmarried people (Baral and Tamrakar, 2020; Tabrizi et al. ,2020 ; Kirag and Ocaktan ,2013).

The analysis found an evidence related to healthy lifestyle among persons with White-Collar Workers related as residence area, was not statistically significant relationships between healthy lifestyle in dimensions of spiritual growth, health responsibility, physical

activity, nutrition, interpersonal relationship and stress management with their residence area . City residence area data obtained the highest percentage in this study. (Table 6). It found that they perform their healthy life style related to their of residence area levels of difference and they are not sufficient for all aspects of these health dimensions. These results support a previous study showing environment of individuals city or rural effects of healthy behavior (Omelan et al.,2020).

An evidence, provided by the result, to healthy life style among persons with White-Collar Workers regard to their professions. There was not statistically significant relationships between healthy lifestyle in area of physical activity with their professions and no statistically significant relationships between healthy lifestyle in area of spiritual growth, health responsibility, nutrition, interpersonal relation and stress management with their professions. Academic staff professions data obtain the highest percentage of data, school of teachers and military professions were less concerned with their health (Table 7). It found that they perform their health patterns related to their professions at different levels and they are not sufficient for all aspects of these health dimensions. This is consistent with what has been found in study previous were not found relationships between healthy dimensions except physical activity and professions (Estebarsari et al. ,2019; Tabrizi et al.,2020). The difference was found in another study that showed a significant relationship between all dimensions of healthy lifestyle and occupations (Mouodi et al.,2018). In another study, there is a significant negative impact resulting from poor stress management related work where it was 64% (Tsai and Liu,2012).

Key findings emerge in table (8) that HPL among persons with White-Collar Workers with respect to their hours of work, show no statistically significant relationship between healthy lifestyle in dimensions of spiritual growth, health responsibility, physical activity, nutrition, interpersonal relation and stress management with their hours of work. Moderately, a percentage of high data of White-Collar Workers the hours of work was (11-and more than) (Table 8). In this manner, it has been found that they perform their Well being designs related to their hours of work at different levels and they are not satisfactory for all levels health lifestyle. The results are directly consistent with the previous results that clarified the effect hours of work on healthy behavior (Doerrmann et al.,2020; Sahana et al. ,2019; Mak et al.,2018).

The results are clear to show that healthy lifestyle among persons with White-Collar Workers with respect to their prevalence chronic diseases. There was no statistically

significant relationships found between each of (spiritual growth, health responsibility, physical activity, nutrition, interpersonal relation and stress management) with their prevalence chronic diseases. The highest percentage obtained by the sample was chronic diseases (Table 9). In this manner, it has been found that they perform their healthy lifestyle related to their prevalence chronic diseases different levels and they are not adequate for of health life style. As a matter of fact, song et al. (2013) healthy habits reduce the prevalence of chronic diseases.

The finding of table (10) shows healthy lifestyle among persons with White-Collar Workers with regard to their body mass index . There was statistically significant relationship between healthy life style in area of nutrition with their body mass index. There is no statistically significant relationship between healthy lifestyle in area of spiritual growth, health responsibility, physical activity, interpersonal relation and stress management with their body mass index. Generally, excessive data of White-Collar Workers body mass index was (25-29.9 Overweight). Consequently, it has been located that they play out their well-being designs identified with their body mass index were a variety of degrees and they are not sufficient for all parts of these healthy lifestyle. A similar finding confirmed found a significant relationship between nutrition and body mass index (Estebansari et al. ,2019 ; Sanlier et al.,2017; Huang et al.,2014).

Data analysis of such prevalence of chronic diseases depending on their body mass index, results that showed statistically significant relationship between the prevalence of chronic diseases with their body mass index. Results indicate that the mean (chronic diseases) obtain highest percentage in the data (Table11). So the effect in the prevalence of chronic diseases by risk factors which including abnormal body mass index. In other studies, its results showed the influence of the body mass index on the prevalence of chronic diseases (Kim et al.,2015).

6. CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

According to the results of the study, the study conclusion the following: -

1. The persons with White-Collar Workers are disoriented toward HL also they have limited scales in dealing with stress that impose by jobs situations .
2. Scio - demographics characteristic of age, professions, gender, educational level, marital status, BMI , CDs have an effect domains of PA ,SG , HR, IR , N of respectively.
3. Hours of work , BMI and age progress play and important role in contributing CDs, this results already confirm scientifically.

6.2 Recommendations

Based on the early of the list conclusions, the study recommended that: -

1. Encouraging the role model as an incentive to change behavior.
2. Promote policies, human and financial resources, and institutional capabilities to achieve a comprehensive promotion of HL in all institutions.
3. Establish appropriate mechanisms to examine, diagnose and treat this segment.
4. Giving incentives for ideal weight for White-Collar Workers .
5. Preparing special programs to develop the skills of workers in the art of communicating with others and dealing with psychological stress at work of White-Collar Workers .
6. The establishment of health insurance in White-Collar Workers .
7. Conducting educational training sessions aimed at promoting HL in the sample.
8. The study suggests that more specialized research in the field of HL be carried out.
9. The study suggest creating a special program that seeks for the obligatory periodic examination of employees at work for all government institutions to detect and treat CDs.
10. Create a specialized unit within the center of each ministry that aims to apply its employees to HL .

11. Establishing health units and centers in the workplace of these employees.
12. Training White-Collar Workers on healthy living by community health nurses under the supervision of a medical staff specialized in the workplace.
13. Planning a ministerial training program for nurses working in the field of community health nursing with the aim of educating the community about healthy lifestyle .
14. Encouraging nurses to obtain postgraduate degrees in the field of community health nursing.



REFERENCES

- Abraham , C. , and Sheeran , P. (2015).** The Health Belief Model,Chapter two (3 ed.). McGraw-Hill.
- Ackermann, C. L., and Mathieu,G.P. (2015).** Implicit attitudes and their measurement: Theoretical foundations and use in consumer behavior research. *Recherche et Applications en Marketing*, 30(2) , 55–77.
- Açıkgöz Çepni,S. , and Kitiş,Y. (2017).** Relationship between healthy lifestyle behaviors and health locus of control and health-specific self-efficacy in university students. *Japan Journal of Nursing Science*,14(3), 231-239,doi: 10.1111/jjns.12154.
- Açıkgöz Çepni, S. (2018).** İşyeri Sağlığı Geliştirme Programının Hemşirelerin Sağlık Davranışları Üzerine Etkisi. Doktora Tezi ,DOKUZ EYLÜL ÜNİVERSİTESİ, SAĞLIK BİLİMLERİ ENSTİTÜSÜ.
- Aftab , H. (2011).** Work Stress and Counter Work Productive Behaviour:A case study of banking sector in Pakistan. Master's Thesis.
- Aftab , H. (2012).** A Study of Job Satisfaction and IT's Impact on the Performance in the Banking Industry of Pakistan. *International Journal of Business and Social Science*, 3(19).
- Alavi , N. M. (2014).** Self-Efficacy in Nursing Students. *Nurs Midwifery Stud*, 3(4) , 4.
- Alfadhli, S. , Al-Mazeedi, S. , Bodner, M.E. , and Dean, E. (2017). Discordance between Lifestyle-Related Health Practices and Beliefs of People Living in Kuwait: A Community-Based Study. *Medical Principles and Practice*, 26(1) , 10-16.
- Algahtani , F. D. (2020).** Healthy Lifestyle among Ha'il University Students, Saudi Arabia Fahad. *International Journal of Pharmaceutical Research&Allied Sciences*, 15(1) , 53-53.
- Al-Khawaldeh , O. (2014).** Health promoting lifestyles of Jordanian university students. *International Journal of Advanced Nursing Studies*, 3(1) , 27-31.
- Alligood , M. (2013).** Nursing Theorists and Their Work (8 ed.). Mosby.
- Al-Qahtani, M. F. (2017 a).** Assessing healthy lifestyles in female university students: Eastern province. Saudi Arabia. *Saudi Journal for Health Sciences*, 6(3), 169.
- Al-Qahtani, M. F. (2019 b).** Comparison of health-promoting lifestyle behaviors between female students majoring in healthcare and non-healthcare fields in KSA. *Journal of Taibah University Medical Sciences*, 14(6) , 508-514.
- Alzahrani, S. H., Malik, A. A., Bashawri, J., Shaheen, S. A., Shaheen, M. M., Alsaib, A. A., and Abdulwassi, H. K. (2019).** Health-promoting lifestyle profile and associated factors among medical students in a Saudi university. *SAGE open medicine*, 7(1), 205.
- Amiria , S. , and Behnezhadb, S. (2020).** Job strain and mortality ratio: a systematic review and meta-analysis of cohort studies. *Public Health*, 181, 24-33.
- Ana , S. (2019).** Chronic Stress and Its Effect on Brain Structure and Connectivity. IGI Global .
- Ananthanarayanan , G. , Ghodsi , A. , Warfield, A. , Borthakur , D. ,Kandula , S. , Shenker, S. , and Stoica , I. (2012).** Pacman Coordinated Memory

Caching For Parallel Jobs. In Presented as part of the 9th {USENIX} Symposium on Networked Systems Design and Implementation ({NSDI}, 12, 267-280.

- Arnold, E.C. , and Boggs, K.U.** (2020). Interpersonal Relationships: Professional Communication Skills for Nurses (8 ed.). Elsevier.
- Arslandoğlu and Bozlar.** (2016). Healthy Life Style Behaviors of University Students of School of Physical Education and Sports in Terms of Body Mass Index and Other Variables. Universal Journal of Educational Research, 4, 1189-1195.
- Astley, S. , and Finglas, P.** (2016). Nutrition and Health.
- Auyeung, V. , Hughes, L. D. , and Weinman , J.** (2020). The Contribution of Beliefs to Treatment Engagement: Theory, Research, and Clinical Practice. 188-202.
- Aynaci, G. , and Akdemir, O.** (2018). The Relationship Between Lifestyle, Health Promotion Lifestyle Profile II And High Blood Pressure In University Students. Open access Macedonian journal of medical sciences, 6(9) , 1756.
- Azmi , M. Y.** (2009). Body Mass Index (BMI) of Adults: Findings of the Malaysian Adult Nutrition Survey (MANS). Malaysian Journal of Nutrition, 15(2).
- Baba , P.U.F. , and Wani, A.H.** (2020). Healthy lifestyle and life expectancy free of chronic diseases. JMS SKIMS, 23(1).
- Babu, S. , and Gayathri , T.** (2018). Psychology for Nurses (Second ed.). RELX India PVT.LTd.
- Bag , B.** (2012). Almanya örneğinde sağlık sisteminde palyatif bakım uygulamalar. Turkish Journal of Oncology, Türk Onkoloji Dergisi, 27(3).
- Bahabadi , F.J. , Estebsari, E. , Rohani , C. , Kandi , Z.R.K. , Sefidkar, R. , and Mostafaei, D.** (2020). Predictors of health-promoting lifestyle in pregnant women based on pender's health promotion model. International Journal of Women's Health, 12(1) , 71-77.
- Baker, M. S.** (2014). Casualties of the Global War on Terror and their future impact on health care and society: a looming public health crisis. Military medicine, 179(4) , 348-355.
- Baral , P. , and Tamrakar , N.** (2020). Health Promoting Lifestyle among Nurses of a Tertiary Level Hospital-A Descriptive Cross sectional study. Journal of Karnali Academy of Health Sciences, 3(1) , 1-10.
- Barrick , M. R.** (2013). The Theory of Purposeful Work Behavior: The Role of Personality, Higher-Order Goals, and Job Characteristics. Academy of Management Review, 38(1) , 132-153.
- Baum , A. N.** (1991). Gender, stress, and health. Health Psychology, 10(2) , 80-85.
- Bendich , A. , Bales, C. W. , and Rippe, J. M.** (2017). Nutrition in Lifestyle Medicine. Humana Press, Springer International Publishing.
- Benjamin , L.T. , and Jr.** (2019). A Brief History of Modern Psychology (Third ed.). WILEY & SONS.
- Bernstein , H. , Cosford, P. , and Williams , A.** (2010). Enabling Effective Delivery of Health and Well being. Stationery Office.
- Bessemers , K.M.H.H. , Linssen , E. , Lomme , M. , and Assema , P.V.** (2020). The effectiveness of the good affordable food intervention for adults with low socioeconomic status and small incomes. International Journal of Environmental Research and Public Health, 17(7).

- Borgsø, Ø.** (2015). Listening to God - tools to reduce stress and increase awareness. Borgsø.
- Bostan and Beşer.** (2016). Factors Affecting the Healthy Lifestyle Behaviors of Nurses. The Journal OF Education and Research in Nursing.
- Boulding , J. R.** (2016). Elise Boulding: Autobiographical Writings and Selections from Unpublished (Vol. 9). Springer.
- Bozlar, V.** (2016). Healthy Life Style Behaviors of University Students of School of Physical Education and Sports in Terms of Body Mass Index and Other Variables. Universal Journal of Educational Research, 4(5) , 1189-1195.
- Brannon , L. , Updegraff, J. A. , and Feist , J.** (2018). Health Psychology:An Introduction to Behavior and Health (NINTH ed.). Cengage Learning.
- Butts , J.B. , and Rich , K.L.** (2018). Philosophies and Theories for Advanced Nursing Practice (Third ed.). Jones and Bartlett.
- Çakır.** (2017). Healthy Life: Can We Decrease Health Risks in Daily Life ? Journal medical Ankara.
- Can , G. O.** (2008). Comparison of the health-promoting lifestyles of nursing and non-nursing students in Istanbul, Turkey. Nursing & Health Sciences, 10(4) , 273-280.
- Cayriacou , C.** (1980). Stress, Health and Schools Teaching : a comparison with other professions. Gambrige of Journal education, 10(3) , 154-159.
- Charan , J. , and Biswas , T.** (2013). How to calculate sample size for different study designs in medical research? Journal of Indian Psychological Medicine, 35(2) , 121-126.
- Chattopadhyay , K. , Biswas , M. , and Moore, R.** (2020). NHS Health Check and healthy lifestyle in Leicester, England: analysis of a survey dataset. Perspectives in Public Health, 140(1) , 27-37.
- Choi, J. , and Choi-Kwon, S.** (2019). Health Promoting Behavior and Factors in Operating Room nurses. J Korean Biol Nurs Sci, 21(4) , 308.
- Chow , S.K.Y. , Lam , K. , Lam , S. , Mak ,K.,Mong , K. , So, C. , and Yuen , W.** (2018). Do demographic factors and a health-promoting lifestyle influence the self-rated health of college nursing students. BMC Nursing, 17(1) , 1-9.
- Cihangiroğlu, Z. , and Deveci ,S.E.** (2011). Fırat Üniversitesi Elazığ Sağlık Yüksekokulu öğrencilerinin sağlıklı yaşam biçimi davranışları ve etkileyen faktörle. Fırat Tıp Dergisi, 16(2) , 78-83.
- Cockburn, P.** (2007). The Occupation. War And Resistance in Iraq (Second ed.). London, England: Verso.
- Colombini, D. , and Occhipinti, E.** (2020). Pre-mapping of Risk Factors for Occupational Health and Well being: General Structure of ERGOCHECK. In ERGOCHECK for a Preliminary Mapping of Risk at Work. CRC Press.
- Cook, K. S. , Cheshire, C. , Rice, E. R., and Nakagawa, S .** (2013). Social exchange theory: In Handbook of social psychology. Springer, Dordrecht.
- Cooper, C. L. , and Marshall, J.** (2018). Occupational sources of stress : A review of the literature relating to coronary heart disease and mental ill health. In Manageria. Occupational and Organizational Stress Research, 3-20.
- Coulombe, S. ,Meunier, S. , Cloutier,L. , Auger, N. , Roy, B. , Tremblay, G. , and Dion, H.** (2017). Health-promoting home and workplace neighborhoods:

- Associations with multiple facets of men's health. *American journal of men's health*, 11(6) , 1680-1691.
- Cürçani ,M. , Tan, M . , and Özdelikara , A.** (2010). Hemşirelerin Sağlıklı Yaşam Biçimi Davranışları ve Etkileyen Faktörlerin Belirlenmesi. *TAF Prev Med Bull*, 9(1) , 487-492.
- Czaja , S.J. , Sharit,J. , James,J.B. , and Nature,S.** (2020). *Current and Emerging Trends in Aging and Work*. SPRINGER.
- Darviri , C. , Alexopoulos ,E.C. , Artemiadis , A.K. , Tigani, X. , Kraniotou , C. ,Darvyri, P. , and Chrousos , G.P .** (2014). The Healthy Lifestyle and Personal Control Questionnaire (HLPCQ): a novel tool for assessing self-empowerment through a constellation of daily activities. *BMC Public Health*, 14(1) , 995.
- Dasgupta , A.** (2018). *The Science of Stress Management: A Guide to Best Practices for Better Well -Being*. Amitava Dasgupta.
- David , B. T.** (2016). *Emotional Intelligence and Instigation of Workplace Incivility in a Business Organization*. Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy Management.
- Deng , X. , Liu , X. , and Fang , R.** (2020). Evaluation of the correlation between job stress and sleep quality in community nurses. *Medicine*, 99(4).
- Derfler-Rozin, R . , and Pitesa , M.** (2020). Motivation Purity Bias: Expression of Extrinsic Motivation Undermines Perceived Intrinsic Motivation and Engenders Bias in Selection Decisions. *Academy of Management Journal*.
- Devine , A. , and Lawlis , T.** (2019). Nutrition and vulnerable groups. *Nutrients*, 11(5).
- Doerrmann , C. , Oancea, S. C. , and Selya , A.** (2020). The Association Between Hours Spent at Work and Obesity Status: Results From NHANES 2015 to 2016. *American Journal of Health Promotion*, 34(4) , 359-365.
- Dorado , M. A. G. M. , and Racca, A. P.** (2019). Relationship of Knowledge on Healthy Lifestyle to Dietary Practices and Physical Activity as Moderated by Age. In *Abstract Proceedings International Scholars Conference*, 7(1) , 230-243.
- Dworznik-Hoak , G.** (2020). Weathering the Storm: Occupational Stress in Journalists Who Covered Hurricane Harvey. *Journalism Studies*, 21(1) , 88-106.
- Edelman ,C. L. , Mandle, C. L. , and Kudzma, E. C.** (2017). *Health promotion throughout the life span-e-book*. Elsevier Health Sciences.
- Egger, G. ,Binns,A. ,Rössner,S. , and Sagner,M.** (2017). *Lifestyle Medicine:Lifestyle, the Environment and Preventive Medicine in Health and Disease (Third ed.)*. Michael Sagner, Published by Elsevier , Inc.
- Estebarsari, F. , Bakhshi,F. , Nemati, S. ,Kazemnejad Leili, E. , Ramezani, H. , and Sadeghi, R.** (2019). Determinants of Health Promoting Lifestyle Behaviors in Hospital Staff of Guilan University of Medical Sciences. *Health Education and Health Promotion*, 7(2) , 71-76.
- Evans, K. , Nizette,D. ,O'Brien,A. , Johnson,C. ,and Rgn,R.** (2020). *Psychiatric and Mental Health Nursing in the Uk*, E-Book. ELSEVIER.
- Farahnak, L. R.** (2020). The influence of transformational leadership and leader attitudes on subordinate attitudes and implementation success. *Journal of Leadership & Organizational Studies*, 27(1) , 98-111.
- Farhud and Dariush,D.** (2015). Impact of Lifestyle on Health. *Iran J Public Health*, 11(1) , 1442–1444.

- Feras.** (2016). The impact of work related stress on the performance of the employees of healthcare ,sector: Field study in the hospitals of Ministry of Higher Education in Damascus. 13.
- Fernández-Aráoz ,C.** (2014). It's Not the How or the What but the Who: Succeed by Surrounding Yourself with the best. USA: HARVARD BUSINESS.
- Fisher, K. , and Kridli ,S. A. O.** (2014). The role of motivation and self-efficacy on the practice of health promotion behaviours in the overweight and obese middle-aged American women. *International Journal of Nursing Practice*, 20(3) , 327-335.
- Fitzpatrick, J. L. , and Kazer, M.W.** (2012). *Encyclopedia of Nursing Research* (Third ed.). Springer Publishing company, LLC.
- Estebarsari , F. , Foroushan, R. , A. , Mostafaei, D. , Ardebili, H.E. , Shojaeizadeh, D. , Dastoorpour, M. , Jamshidi, E. , and Taghdisi, M.H.** (2014). The effect of health promoting intervention on healthy lifestyle and social support in elders: a clinical trial study. *Iran Red Crescent Med J*, 16(8).
- Friberg ,E. E.** (2020). *Conceptual Foundations: The Bridge to Professional Nursing Practice* (Seventh ed.). Friberg: Alsevier, Inc.
- Fukunaga,A.,Inoue,Y.,Chandraratne,N.,Yamaguchi,M.,Kuwahara,K.,Indrawansa,S.,Gunawardena,N. ,Mizoue,T. , and Samarasinghe,D.** (2020). Healthy lifestyle index and its association with hypertension among community adults in Sri Lanka: A cross-sectional study. *PLoS ONE*, 15(1) , 1-9.
- Fuller, M. B.** (2019). *Leadership of Higher Education Assessment: A Guide to Theory for Practitioners*. New York and London: Routledge Taylor and Francis.
- Fullerton, A. S. , McCollum, D. B. , Dixon, J. C. , and Anderson, K. F.** (2020). The Insecurity Gradient in Health: How Inequality in the Distribution of Job Insecurity Matters for the Relationship between Job Insecurity and Self-Rated Health in Europe. *The Sociological Quarterly*, 61(1) , 107-127.
- Gallois , C. , McCamish,M. ,and Terry,M. D.** (2015). *The Theory of Reasoned Action: Its application to AIDS-Preventive Behaviour*. Perhamon Press.
- Gamble, T.K, and Gamble,M.W.** (2013). *Interpersonal Communication: Building Connections Together*. SAGE PublicATIONS ,Inc.
- Garg , N., and Saxena, A.** (2020). Promoting Constructive Deviance as an Antidote to Organizational Stress. In *Analyzing Workplace Deviance in Modern Organizations*. IGI Global.
- Gawlik ,K. , Melnyk , Alice , M. , and Teall.** (2021). *Evidence-Based Physical Examination: Best Practices for Health & Well-Being Assessment*. SPRINGER.
- Georgiou , R. , Amato, D. , and Drakou, M.** (2013). *HEALTHYLIFESTYLE FOR ALL*. EC and National Agency YiA Cy.
- Gezginci, E. , Kosucu, S.N. , Goktas , S. , and Sahin , E.** (2019). Relationship Between Depression and Healthy Lifestyle Behaviors of Patients With History of Transplant. *Transplantation Proceedings*, pp. 51(7) , 2367-2372.
- Gibney,M.J. , Barr, S.I. , Bellisle, F. , Drewnowski, A. , Fagt, S. , Livingstone, B. , Masset, G. , Moreiras, G.V. , Moreno, L.A. , Smith, J. , Vieux , F. , Thielecke, F. , and Hopkins, S.** (2018). Breakfast in human nutrition: The international breakfast research initiativeBreakfast Research Initiative. *Nutrients*, 10(2) , 1-12.

- Göçer, Ş. , Mazicioğlu, M. M. , Ulutabanca, R. Ö. , Ünalın, D. , Karaduman, M. , and Tarhan, K. Ş. (2020).** Assessment of healthy lifestyle behaviors in traveling seasonal agricultural workers. *Public Health*, 180, 149-153.
- Grandner, M. (2019).** *Sleep and Health*. ElsevierInc , Academic Press.
- Gregory , A. (2015).** *Book of Alan: A Universal Order*. Alan Xlibris.
- Griffn , R. W. , and Moorhead, G. J. (2014).** *Organization Theory and Design* (11 ed.). South -Western.
- Grove, S.K. , and CIPHER, D. J. (2020).** *Statistics for Nursing Research: A Workbook for Evidence-Based Practice* (Vol. Third). Elsevier, Inc.
- Haber, J. , and LoBiondo-Wood , G. (2018).** *Nursing Research - E-Book: Methods and Critical Appraisal for Evidence-Based* (9 Ed.) Elsevier.
- Hacıalioglu, N. , Özer, N. , Erdem, N. , and Erci, B. (2010).** The quality of life of family caregivers of cancer patients in the east of Turkey. *European Journal of Oncology Nursing*, 14(3) , 211-217.
- Harada ,K. , Zhang, S. , Wei,C. , Ueda, K. ,Fukumoto, K. ,Matsuo,H. , Minamoto,K. , Nishikawa, T. ,Araki, E. ,Ueda,A. , and Fang,J. (2013).** Relationship between lifestyle and lifestyle-related factors in a rural–urban population of Japan. *Environmental Health and Preventive Medicine*, 267–274.
- Hardan-Khalil,K. ,and Jadalla, A. (2017).** Psychological Stress and Acculturation Impact on Health Promotion Lifestyle Behaviors' Adoption Among Arab American Women.
- Hassan, N. M. , Abu-Elenin, M. M. , Elsallamy, R. M. ,and Kabbash, I. A. (2020).** Job stress among resident physicians in Tanta University hospitals. *Environmental Science and Pollution Research*, 1-8.
- Hayden, J. (2019).** *INTRODUCTION TO HEALTH BEHAVIOR THEORY* (Third ed.). JONES & BARTLETT Learning .
- Hechtman, L. (2012).** *Clinical Naturopathic Medicine*. Elsevier Australia .
- Helming, M. ,Barrere,C.C. , Avino ,K. , and Shields,D. (2014).** *Core Curriculum for Holistic Nursing*. (Second, Ed.) Amrican Holistic Nurses Association , Jones Partlett Learning, LLC.
- Hodges, B. , and Videto,D. M. (2011).** *Assessment and Planning in Health Programs* (Second ed.). Jones and Bartlett Learning , LLC.
- Hoeger,W. ,and Hoeger, S. (2017).** *Lifetime Physical Fitness and Wellness : A Personalized Program* (14 ed.). Cengage Learning.
- Hoeger, W.W.K. ,Hoeger,S.A. ,Hoeger,C.I. , and Fawson,A.L. (2019).** *Lifetime Physical Fitness and Wellness:Apersonalized Program*. (Fifteenth, Ed.) CEGAGE Learning , Inc.
- Huang , J. ,Huang ,S. ,Li ,R.,Wang , L. ,Chen ,Y. , and Tang , F. (2014).** Effects of Nutrition and Exercise Health Behaviors on Predicted Risk of Cardiovascular Disease among Workers with Different Body Mass Index Levels. *Int. J. Environ. Res. Public Health*, 11, 4664-4675.
- Huff, E.M. , Kline,M. V. ,and Peterson,D.V. (2015).** *Health Promotion in Multicultural Populations: A Handbook for Practitioners and Students* (Third ed.). SAGE Pupplication , Inc.
- Hughes , E. L. (2007).** Work hours and well-being: The roles of work-time control and work–family interference. *Work & Stress*, 21(3) 264-278.

- Hulsman ,B.L.** (2011). The Relationship between Self-Directedness and Health Promotion Behaviors in the Elderly. Assessment, Doctoral Dissertations, University of Tennessee, 1-102.
- İlhan , N. , Batmaz, M. , and Akhan, L. U.** (2010). Üniversite öğrencilerinin sağlıklı yaşam biçimi davranışları. Maltepe Üniversitesi Hemşirelik Bilim ve Sanatı Dergisi, 3(3) , 34-44.
- ILO.** (2019). Safty and Health at The Heart of The Future of Work: Building on 100 years of experience. ILO Press.
- Inceoglu , I. S.** (2012). Age-related differences in work motivation. Journal of Occupational and Organizational Psychology, 85(2).
- Innstrand , S.T.** (2012). Health Promotion – Theory and Practice.
- Işıkhan , S. Y. , and Güleç , D.** (2018). Tez çalışmalarında sağlıklı yaşam biçimi davranış puanlarının demografik bilgilerle sistematik derlenmesi ve meta-analizi. Mersin Üniversitesi Sağlık Bilimleri Dergisi, 11(2) , 123-133.
- Jeon , S. H. , Leem ,J. H. , Park , S. G. ,Heo ,Y. S. , Lee , B. J. , Moon , S. H. , and Kim , H. C.** (2014). Association among Working Hours, Occupational Stress, and Presenteeism among Wage Workers: Results from the Second Korean Working Conditions Survey. Annals Occupational and environmental medicine, 26(1).
- Joseph-Shehu , E. M. , Ncama , B. P. , Mooi , N. , and Mashamba-Thompson , T. P.** (2019 a). The use of information and communication technologies to promote healthy lifestyle behaviour: a systematic scoping review. BMJ, 9(10).
- Joseph-Shehu ,E. M. , Ncama , B. P. , Irinoye , O. ,and Sibanda ,W.** (2019 b). Assessment of Health-promoting lifestyle behaviour (HPLB) of University workers in Nigeria. Research Journal of Health Sciences, 7(4) , 322-333.
- Kamali, A. S. M. A., Sadeghi, R., Tol, A., and Yaseri, M.** (2016). Reliability and validity of Kurdish language version of health promoting lifestyle profile II among Kurdish healthcare providers Kurdish version of HPLP-II. Archives of Iranian Medicine,, 19(12), 824 – 831.
- Kamrani Rad , Z. , and Attarian , F.** (2014). Health-promoting lifestyle among Mashhad school of health students, Mashhad, Iran. Journal of Midwifery and Reproductive Health, 195-204.
- Kan, M.P.H., and Fabrigar L.R.** (2017). In: Zeigler-Hill V., Shackelford T. Encyclopedia of Personality and Individual Differences. Springer, Cham.
- Karyani, A. K., Matin, B. K., Gebru, A. A., Dizaj, J. Y., and Rezaei, S.** (2019). Life and health satisfaction and their association toward health-related quality of life, body mass index and chronic diseases in Iran. Journal of education and health promotion, 8.
- Kearney - Nunnery , R.** (2020). Advancing Your Career: Concepts of Professional Nursing. F.A. DAVIS Company.
- Kearns , k. ,Dee ,A. , Anthony , Fitzgerald ,P. ,Doherty , E. , and Perry , I. J.** (2014). Chronic disease burden associated with overweight and obesity in Ireland: the effects of a small BMI reduction at population level. BMC Public Health.
- Keep , J. A. ,Head , A. J. , and Jahn , I. H.** (2017). Design of an efficient space constrained diffuser for supercritical CO2 turbines. In Journal of Physics: Conference Series, 821(1) , 012026.

- Kendall , D.** (2011). *Framing Class: Media Representations of Wealth and Poverty in America* (Vol. Second). Rowman&Litle Field Publishers , Inc.
- Kenny.** (2015). *Work-related Stress: Survey of academic staff in the Institutes of Technology Sector*. Dublin Institute of Technology, 13(1).
- Kim , N. H. , Lee , J. , Kim , T. J. , Kim , N. H. , Choi ,K. M. , Baik , S. H. , and Kim , S. G.** (2015). Body Mass Index and Mortality in the General Population and in Subjects with Chronic Disease in Korea: A Nationwide Cohort Study (2002-2010). *PLoS One*, 10(10).
- Kirag , N. , and Ocaktan ,E. M.** (2013). Analysis of health promoting lifestyle behaviors and associated factors among nurses at a university hospital in Turkey. *Saudi Med J*, 34(10) , 1062-7.
- Klanz , K. ,Ramer ,B. ,K. , and Viswanath.** (2015). *Health Behavior:Theory,Research and Practice* (Fifth ed.). Jossey-Bass Away Brand.
- Klonoski , R.** (2011). Work motivation, culture, and economic development: Is work motivation shaped by its socio-economic context? . *International Journal of Management & Information Systems*, 15(4) , 91-97.
- Koçhan and Ayşe.** (2019). Examining the relationship between Stress Levels of Disabled Children and Parents, Ways of Coping with Stress, Disease Burden Perceptionsand Information Difference Levels.
- Kotecki , G. E.** (2018). *Physical Activity & Health :an Interactive Approach* (Fifth ed.). Jones and B artlett Learning , Inc.
- Kraak , V.I. , and Story , M.** (2010). A public health perspective on healthy lifestyles and public-privatepartnerships for global childhood obesity prevention. *J Am Dietetic Association*, 110(2) , 92-200.
- Kuan , G. ,Kueh ,Y. C. ,Abdullah , N. , and Tai , E. L. M.** (2019). Psychometric properties of the health-promoting lifestyle profile II: cross-cultural validation of the Malay language version. *BMC Public Health*, 19(751) .
- Lally , P. , van Jaarsveld , C. H. M. , Potts ,H. W. W. , and Wardle ,J.** (2010). How are habits formed: Modelling habit formation in the real world. *European Journal of Social Psychology*, 40(6) , 998–1009.
- Lange , M. B.** (2020). *Advances in Pharma Business Management and Research .chaper one : Leadership Models and Work Behavior: An Empirical Analysis of Consequences of Authentic and Transformational Leadership*. Springer.
- Leen , H.** (2021). *The Respiratory Therapist as Disease Manager*. Jones & Bartlett Learning,LLC.
- Linaker , C. H. , D’Angelo , S. , Syddall , H. E. , Harris , E. C. , Cooper , C. , and Walker-Bone , K.** (2020). Body Mass Index (BMI) and Work Ability in Older Workers: Results from the Health and Employment after Fifty (HEAF) Prospective Cohort Study. *International Journal of Environmental Research and Public Health*, 17(5).
- Luthans , F. , Luthans ,B.C. , and Luthans ,W.** (2015). *Organizational Behavior: An EvidenceBased Approach*. (Thirteenth, Ed.) LAP.
- Madanat , H. E.** (2016). *Introduction to Health Promotion & Behavioral Science in Public Health*. GENGAGE Learning.
- Mak , Y.M. ,Kao ,A.G.F. ,Tam ,L.W.Y. ,Tse ,V.W.C. ,Tse ,D.T.H. , and Leung , D.W.P.** (2018). Health-promoting lifestyle and quality of life among Chinese nursing students. *Primary Health Care Research & Development*, 19, 629–636.

- Maleki, A., Haghjoo, M., and Ghaderi, M.** (2016). The impact of gender differences on healthy lifestyle and its subscales among patients with coronary artery disease. *Research in Cardiovascular Medicine*, 5(4), 6.
- Masters, K.** (2015). *Nursing Theories: A Framework for Professional Practice* (Second ed.). Jones and Bartlett.
- McEwen, M., and Wills, E. M.** (2014). *Theoretical Basis for Nursing* (Fourth ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.
- Mees, R.** (2019). Sustainable Action and Motivation: Pathways for Individuals, Institutions, and Humanity.10.4324/9780429199677.
- Michael Olpin, M., and Hesson, M.** (2016). *Stress Management for Life: A Research-Based Experiential Approach* (Fourth ed.). CENGAGE Learning.
- Milenkovic, M.** (2019). Smallbizgenius. Retrieved from 42 Worrying Workplace Stress Statistics: <https://www.smallbizgenius.net/by-the-numbers/workplace-stress-statistics/#gref>
- Mohamed, A. M., Alam, R., Hamza, S. A., and El-Gilany, A. H.** (2018). Health Promotion Behaviors and Quality of Life in Community-Dwelling Rural Elderly. *IOSR J Nurs Heal Sci*, 7(4), 53-8.
- Montgomery, J.** (1997). *Health care law*. New York: Oxford University Press.
- Mosack, V.** (2011). *Psychiatric Nursing Certification Review Guide for the Generalist and Advanced Practice : Psychiatric and Mental Health Nurse* (Third ed.). Jones and Bartlett Publishers, LLC.
- Mouodi, S., Hosseini, S. R., Ghadimi, R., Bijani, A., Cumming, R. G., Amiri, H. A., and Sum, S.** (2018). The First Step of Health Policy-Making for Lifestyle Modifications at Middle Age: Problem Identification in 40- to 60-Year-Old Population, Northern Iran. *Journal of obesity*.
- Muhammad, N.** (2019). Predictors of health-promoting behaviour index among employees of different ages across adulthood. *World Journal of Advanced Research and Reviews*, 2581-9615.
- Mungi, A.** (2020). McClelland's Theory of Motivation.
- Murdaugh, C. L., Parsons, M. A., and Pender, N. J.** (2018). *Health promotion in nursing practice*. Pearson Education Canada.
- Musaiger, A., and Kalam, F.** (2014). Dietary habits and lifestyle among adolescents in Damascus, Syria. *AAEM*, 21(2), 416-419.
- Mustafa, M. I.** (2015). Causes and prevention of occupational stress. *IOSR-JDMS*, 14(11), 98-104.
- N. Jacintha.** (2020). HUMAN PERCEPTION INTRODUCTION.
- Nash, C. S., Sproule, J., and Horton, P.** (2011). Excellence in coaching: The art and skill of elite practitioners. *Research quarterly for exercise and sport*, 82(2), 229-238.
- Nelson, D., and Quick, G.** (2013). *ORGB 3: Student Edition*. South Western part of GENGAGE Learning.
- Ngatimun, Musriati, T., Suharsono, J., and Candra, S. D.** (2020). Occupational Stress as Mediator of Relationship between Workload, Emotional Intelligence and Teacher's Performance in Probolinggo Regency. *Riset & Jurnal Akuntansi*, 4(1), 7.

- Niciejewska, M. , and Klimecka-Tatar, D.** (2018). Health problems among employees in small enterprises as a result of improper OHS management. *MW of Conferences*,183(1).
- Nies, M.A. , and Mcewen, M.** (2018). *Community Public Health Nursing :Promoting the Health of the Populations* (7 ed.). Saunders.
- Njambi and Tanui.** (2012). Lifestyle modification in prevention of hypertension: Patient empowerment. 7-10.
- Nunnery, R.** (2020). *Advancing Your Career: Concepts of Professional Nursing* (Seventh ed.). F.A. Davis Company.
- OECD.** (2020). *TALIS 2018 Results (Volume II) Teachers and School Leaders as Valued Professionals* (Vol. 2).
- Ojha , A. K.** (2019). Relationship of socioeconomic status and lifestyle in college going students. *International Journal of Physical Education, Sports and Health*, 6(2) , 93-95.
- Omelan , A. , Zielińska , Zielińska , I. , Wziątek , B. , Bieliniś , E. , and Podstawski , P.** (2020). Health Related Behaviors of SeniorsIN Rural Versus Urban Areas: A Cross-Sectional Study. *Health Prob Civil*, 14(1) , 1-8.
- Onyeonoro , U. U.** (2016). Urban–Rural Differences in Health-Care-Seeking Pattern of Residents of Abia State, Nigeria, and the Implication in the Control of NCDs. *Health services insights*, 9, HSI-S31865.
- OSHC.** (2016). *Guidance Notes on Medical Examinations for Workers engaged in Hazardous Occupations in Industrial Undertakings*. 1-18.
- Özenoğlu , A. , Yalınız , T. , , and Uzdil , Z.** (2018). Sağlık eğitiminin beslenme alışkanlıkları ve sağlıklı yaşam biçimi davranışları üzerine etkisi. *ACU Sağlık Bilimleri Dergisi*, 9(3) , 234-242.
- Park , Y. S. , and Kim , H.** (2016). Gender differences in healthy lifestyle clusters and their relationship with depressive symptoms among middle-aged and older adults in Korea. *Korean Journal of Health Education and Promotion*, 33(1) , 1-12.
- Patricia , O.** (2015). Improving Interpersonal Relationship in Workplaces. *IOSR-JRME*,5(6) , 115-125.
- Pender, N. J.** (2011). *Health Promotion Model Manual*. Michigan ,University of Michigan.
- Perloff, R. M.** (2016). *The Dynamics of Persuasion: Communication and Attitudes in the Twenty-First Century* (Sixth ed.). Routledge.
- Petersen , J. M. , Prichard, I. , Kemps, E. , and Tiggemann, M.** (2019). The effect of snack consumption on physical activity: A test of the Compensatory Health Beliefs Model. *Appetite*,104,342.
- Pikhart, H. , and Pikhartova , J.** (2015). The relationship between psychosocial risk factors and health outcomes of chronic diseases: a review of the evidence for cancer and cardiovascular diseases. *WHO Regional Office for Europe*.
- Plasek, B. , Lakner, Z. , Kasza , G. , and Temesi , Á.** (2020). Consumer Evaluation of the Role of Functional Food Products in Disease Prevention and the Characteristics of Target Groups. *Nutrients*,12(1) , 69.
- Polan, E. U. , and Taylor, D. R.** (2019). *Journey across the life span: Human development and health promotion*. FA Davis.

- Polit , D. F. , and Beck , C. T. (2018).** Essentials of Nursing Research (Ninth ed.). Wolters Kluwer.
- Potter , P. A. , Perry , A.G. , Stockert , P. , and Hall , A. (2021).** Fundamentals of Nursing (Tenth ed.). Elsevier, Inc.
- Prabhakar , M. , and Sharma , M. (2020).** Self-Efficacy: A Key to Health Promotion. UGC Care Journal, 40(60).
- Pruschowski , M. (2014).** How to Avoid Occupational Stress at Work. Grin Verlag.
- Qin, C., Zhou, L., Hu, Z., Zhang, S., Yang, S., Tao, Y., and Tian, D. S) .(2020).** Dysregulation of immune response in patients with COVID-19 in Wuhan, China. Clinical Infectious Diseases.
- Quick , J.C. , and Henderson , D. F. (2016).** Occupational Stress: Preventing Suffering, Enhancing Well being †. Int J Environ Res Public Health, 13(5) , 459.
- Ramírez-Vélez , R. , and Izquierdo , M. (2019).** Precision Physical Activity and Exercise Prescriptions for Disease for the diseases prevention : The Effect of the inter individuals Variability Under Different Training Approaches. Frontiers in Physiology.
- Razzaghi , H. , Martin , D.N. , Quesnel-Crooks , S. , Hong , Y. , Gregg , E. , Andall-Brereton , G. , Gawryszewski, V. , and Saraiya , M. (2019).** 10-year trends in noncommunicable disease mortality in the Caribbean region. Rev Panam Salud Publica.
- Readett , B. , and Gallager , F. (2016).** Psychological Wellness : Wellness Lifestyle. Retrieved from Psychological Wellness Institute: <http://www.psychologicalwellness.org/a-wellness-lifestyle>
- Rippe, J. M. (2019).** Lifestyle medicine. CRC Press.
- Rojas, M. (2020).** Well-Being in Latin America: Drivers and Policies. Springer.
- Rongen , A. , Robroek , S. J. , van Lenthe , F. J. , and Burdorf, A. (2013).** Workplace Health Promotion: A Meta-Analysis of Effectiveness. American Journal of Preventive Medicine, 44(4) , 406-415.
- Russo-Netzer, P. (2017).** Spiritual Development. SAGE.
- Sahana , K. S. , Bhat, N. C. , Harshitha , K. L. , and Bhat , P. R. (2019).** The Impact of Long Working Hours and Lifestyle Related Health Problems - A statistical Review . International Journal of Scientific Research, 8(10) , 39.
- Said , A.R. , and Aly , F.K. (2019).** Effect of the Educational Package Based on Health Belief Model Regarding Lifestyle among Women with Gestational Diabetes Mellitus. International Journal of Nursing Science , 9(2) , 41-52.
- Samuel Harvey. (2018).** Stressed out middle-aged workers have higher risk of mental health issues. The Lancet Psychiatry.
- Sanlier, N. , Pehlivan, M. , Sabuncular, G. , Bakan, S. , and Isguzar, L. (2018).** Determining the relationship between body mass index, healthy lifestyle behaviors and social appearance anxiety. Ecology of food and nutrition, 57(2) , 124-139.
- Sarafino, E. P. (2011).** HEALTH PSYCHOLOGY: Biopsychosocial Interactions (7 ed.). JOHN WILEY & SONS, INC.
- Scaffa , M.E. , and Reitz , S.M. (2020).** Occupational Therapy in Community and Population Health Practice (Third ed.). F.A. Davis Company.

- Scates.** (2019). *Healthy Habits for a Healthy Life: Learn How to Apply Quick and Easy principles for major life changes.*
- Schultz , D. , Schultz , S. E. , Bulger , C. A. , and Schultz , D.P.** (2020). *Psychology and Work Today.* Tylor and Francis.
- Seaward , B. L.** (2021). *Essentials of Managing Stress (Fifth ed.).* Jones and Bartlett Learning,LLC,an Ascend Learning Company.
- Seo , E. J. , Ahn , J. A. , Hayman , L. L. , and Kim , C. J.** (2018). The association between perceived stress and quality of life in university students: the parallel mediating role of depressive symptoms and health-promoting behaviors. *Asian nursing research*, 12(3) , 190-196.
- Sharma.** (2017). *Theoretical Foundations of Health Education and Health Promotion (Third ed.).* Jones & Bartlett Learning LLC.
- Short , S. E. ,and Mollborn ,S.** (2015). Social determinants and health behaviors: conceptual frames and empirical advances. *Current opinion in psychology*, 5,78-84.
- Siddiqui ,Ruba ,T. ,Ghazal ,Saima ,Bibi ,Safia ,Ahmed ,Waquaruddin ,Sajjad ,and Fareeha ,W.** (2016). Use of the Health Belief Model for the Assessment of Public Knowledge and Household Preventive Practices in Karachi , Pakistan,a Dengue-Endemic City. *PLoS Negl Trop Dis* , 10(10).
- Sigelman , C.K. , and Rider , E.A.** (2018). *Life-Span: Human Development 9e.* CENGAGE Learning.
- Simon ,K. , Soni ,A. , and Cawley , J.** (2017). The impact of health insurance on preventive care and health behaviors: evidence from the first two years of the ACA Medicaid expansions. *Journal of Policy Analysis and Management*, 36(2) , 390-417.
- Singh ,S. ,Mittal ,M. ,Kumar ,R. , and Verma ,H.** (2020). Evaluation of Stress Management and Their Causes. *Sustainable Humanosphere*, Koyoto University, 12(1) , 1586.
- Soelton, M. , Amaelia , P. ,and Prasetyo ,H.** (2020). Dealing with Job Insecurity, Work Stress, and Family Conflict of Employees. In 4th International Conference on Management. *Economics and Business*,167-174.
- Soelton, M., Amaelia, P., and Prasetyo, H.** (2020). Dealing with Job Insecurity, Work Stress, and Family Conflict of Employees. In 4th International Conference on Management. *Economics and Business*,167-174.
- Song , Y. , Ma , W. , Yi , X. , Wang , S. , Sun , X. ,Tian , J. ,and Marley, G.** (2013). Chronic Diseases Knowledge and Related Factors among the Elderly in Jinan, China. *Pone*,8(3).
- Stanhope, M. , and Lancaster , J.** (2012). *Public Health Nursing - E-Book: Population-Centered Health Care in the Community (8 ed.).* Mosby.
- Steinberg , P.** (2019). *Spiritual Growth: A Contemporary Jewish Approach.* Marianne Williamson,Terra Nova.
- Stone, D. L.** (2019). *The Only Constant in HRM Today is Change.* USA: Information Age Publishing INC.
- Tabrizi , F.M. , Shaykhi, N. , and Najafi , S.** (2020). Investigating the Status of Health Promoting Behaviors and Its relation to Self-Efficacy and Social Support in Female Heads of Suburban Households of Urmia City. *Avicenna Journal of Nursing and Midwifery Care*, 27(6) , 394-404.

- Tang , J. H. , Chen , M. C. , Yang , C. Y. , Chung , T. Y. , and Lee , Y. A. (2016).** Personality traits, interpersonal relationships, online social support, and Facebook addiction. *Telematics and Informatics*, 33(1) , 102-108.
- Tanjani, P. T. (2016).** Validity and reliability of health promoting lifestyle profile II in the Iranian elderly. *International journal of preventive medicine*, 7.
- Tennant , D.G. (2013).** We Are All On Flight 93: Bringing Spirit to R Evolution.
- Toda , M. , and Matsuse , R. (2020).** Endocrinological effect of lavender aromatherapy on stressful visual stimuli. *Contemporary Clinical Trials Communications*, 100547.
- Tol , A. , Tavassoli , E. , Shariferad , G. , R. , and Shojaezadeh , D. (2013).** Health-promoting lifestyle and quality of life among undergraduate students at school of health, Isfahan University of Medical Sciences. *Journal of Education and Health Promotion* , 2(11).
- Traina , G. , Martinussen , P.E. , and Feiring , E. (2019).** Being Healthy, Being Sick, Being Responsible: Attitudes towards Responsibility for Health in a Public Healthcare System. 12(2) , 145–157.
- Tsai , Y. C. , and Liu , C. H. (2012).** Factors and symptoms associated with work stress and health-promoting lifestyles among hospital staff: a pilot study in Taiwan. *BMC health services research*, 12(1) , 199.
- Turnip , W.J. (2020).** Effect of Motivation and Work Environment on Employee Performance of PT. Rottela Persada Mandiri Perbaungan. *Journal of Management Science*, 13-18.
- Twyman , C. (2010).** Celebrate Life!:13C s to Spiriuual Wellness. Twyman.C by XULON Pres.
- Tylor, S. E. (2015).** Heallth Psychology (9 ed.). McGraw.
- Unicef. (2019).** Every body Wants to Belong :A practical Guide to Tackling and Leveraging Social Norms in Behavior Change Programming . UNC Fund.
- Upadhyay, T. , and Awasthi , M. (2020).** Employee Performance and Job Satisfaction in Order to Gain High Productivity in The Banks. *UGC Care Journal*, 40(50) , 1-2.
- Vallabhaneni , S. R. (2020).** Wiley CIA Exam Review 2020, Part 3: Business Knowledge for Internal Auditing. S. Rao Vallabhaneni.
- Van Zyl , L.E. , and Rothmann , S. (2019).** Positive Psychological Intervention Design and Protocols for Multi-Cultural contexts. Springer.
- Vayısoğlu , S. K. , and Öncü , E. (2018).** Effect of individual working method on healthy lifestyle behaviors health self efficacy in nursing students Hemşirelik öğrencilerinde bireysel çalışma yönteminin sağlıklı yaşam biçimi davranışlarına ve sağlık öz yeterlilik algısı üzerine etkisi. *Journal of Human Sciences*, 15(4) , 2198-2214.
- Venkatraman , S. M. (2019).** Nutrition for Nurses. Elsevier Health Sciences.
- Vertigans,S., Idowu,S.O., Schmidpeter,R. (2016).** Corporate Social Responsibility in Sub-Saharan Africa. 196,158.
- Vidrine, J. I. , Shete , S. , Cao , Y. , Greisinger , A. , Harmonson , P. , Sharp , B. , and Wetter , D. W. (2013).** Ask-Advise-Connect: a new approach to smoking treatment delivery in health care settings. *JAMA internal medicine*, 173(6) , 458-464.

- Waddell , J. I. , and Walton , N. A. (2020).** Leading and Managing in Canadian Nursing (Second ed.). Elsevier.
- Walker , S.N. , Sechrist , K.R. , and Pender , N. J. (1987).** The Health-Promoting Lifestyle Profile: development and psychometric characteristics. *Nurs Res*, 36(2) , 76-81.
- Wei, C. N., Harada, K., Ueda, K., Fukumoto, K., Minamoto, K., and Ueda, A. (2012).** Assessment of health-promoting lifestyle profile in Japanese university students. *Environmental health and preventive medicine*, 17(3), 222-227.
- Whitehead , P. M. (2019).** Existential Health Psychology. In : Existential Health Psychology. Palgrave Pivot , Cham.
- WHO. (2011).** Global strategy on diet, health and physical activity.
- WHO. (2012).** World Health Statistics 2012.
- WHO. (2017 a).** Promoting a healthy lifestyle at the workplace.
- WHO. (2017 b).** Global Recommendations on Physical Activity for Health. Switzerland 2010.
- WHO. (2018 a).** Hearts:Technical package for cardiovascular disease,Healthy-lifestyle. World Health Organization.
- WHO. (2018 b).** Latest global cancer data.
- WHO. (2019).** World Health Statistics :Monitoring of Health the SDGs.
- WHO. (2020 a).** Frequently asked questions. Retrieved from Regions WHO-About WHO :Who we are: <https://www.who.int/about/who-we-are/frequently-asked-questions>
- WHO. (2020 b).** Basic Documents :Forty - ninth edition Including amendments adopted 2020.
- Xiao, L., Wang, P., Fang, Q., and Zhao, Q . (2018).** Health-promoting lifestyle in patients after percutaneous coronary intervention. *Korean Circulation Journal*, 48(6), 507-515.
- Yilmaz , A. Y. N. U. R. , Demir, G. T. , and Esenturk , O. G. U. Z. (2016).** Health Promoting Lifestyle Behaviors of Employees in Public Sector. *Ovidius University Annals , Series Physical Education & Sport Science , Movement & Health*, 16(2), 285.
- Yousaf, S. , Rasheed , M. I. , Hameed, Z. , and Luqman , A. (2019).** Occupational stress and its outcomes: the role of work-social support in the hospitality industry. *Personnel Review*, 4.
- Zakhari , R. (2021).** The Psychiatric-Mental Health Nurse Practitioner Certification Review Manual. Springer.
- Zamagni , A. (2012).** Life cycle sustainability assessment.
- Zhang , S. C. , Tao, F. B. , Ueda , A. , Wei, C. N. , and Fang, J. (2013).** The influence of health-promoting lifestyles on the quality of life of retired workers in a medium-sized city of Northeastern China. *Environmental health and preventive medicine*, 18(6), 458.

APPENDICES

Appendix 1.1: Approval of Thesis Sample(in language of arabic)



Appendix 1.2 : Approval of Thesis Sample (in language of Turkish)



Appendix 2: Approval of Using the questionnaire (by Email)

Appendix 3 : List Names of Experts Adjudication Questionnaire

No.	Full Name	scientific title	Specialization	Workplace
1	Susan Nobel Walker	Professor Emeritus	EdD.Public Health Nursing	University of Nebraska - College of Nursing- USA
2	Amean Ajeel Yasir	Professor	PhD.Community Health Nursing	University of Babylon - College of Nursing-Iraq
3	Sabah Abass Ahmed	Professor	PhD. Adult Nursing	University of Baghdad - College of Nursing- Iraq
4	Shaima Ali Khamis	Professor	PhD. Physical Education	University of Babylon - College of Physical Education and Science Sports- Iraq
5	Muhammad Habib Alsharoot	Professor	PhD. Statistics	Al-Qadisiyah University- College of Administration and Economics-Iraq
6	Taher Raisan Dakhil	Professor	PhD. Statistics	Al-Qadisiyah University- College of Administration and Economics-Iraq
7	Mazen Abdul AL-Hadi	Professor	PhD. Sports psychology	University of Babylon College of Physical Education and Science Sports-Iraq
8	Walid Waed Alah AL-Ati	Professor	PhD. Sport teaching methods	University of Mosul - College of Physical Education and Sports Science-Iraq
9	Hussien J. Alibrahemi	Assistant Professor	PhD.Community Health Nursing	University of Babylon College of Nursing-Iraq
10	Murtadha Ghanem Al-Jubouri	Assistant Professor	PhD.Community Health Nursing	University of Kufa College of Nursing-Iraq
11	Dhia Karim AlBayati	Assistant Professor	PhD.Community Health Nursing	University of Kufa College of Nursing-Iraq
12	Ali Abdul Zahra	Assistant Professor	PhD. Physiology	University of Kufa College of Nursing-Iraq
13	Rifai Yassin Hamid Al-Hussein	Assistant Professor	PhD.Community Health Nursing	Northern Technical University Mosul - Technical Institute-Iraq
14	Hiba F. Al-Sayyed	Assistant Professor	PhD. Nutrition	University of Petra-College of Pharmacy and Medical sciences- Amman-Jordan
15	Seham M. Abu Jadayil	Assistant Professor	PhD. Human of Nutrition	University of Petra-College of Pharmacy and Medical sciences- Amman-Jordan
16	Nour Elsahoryi	Assistant Professor	PhD. Clinical Nutrition	University of Petra-College of Pharmacy and Medical sciences- Amman-Jordan

Appendix 4: Questionnaire of the study (in the language of English and Arabic) with Instruction Scores

We invite you to answer the thesis of the student (Ahmed Dawood Salman) tagged "Evaluation of the Healthy Lifestyle Behaviors among White- Collar Workers" We invite you to research titled. Before deciding whether or not to participate in this research, you need to know why and how to do For this reason, it is very important to read and understand this template accurately. If there are things you do not understand that are not clear to you, or if you would like more information, ask us. Participation in this study is completely voluntary. You have the right not to participate in the study or to withdraw at any time after joining. Your response to the study will be interpreted as giving your consent to participate in the study. Do not be under the pressure or suggestion of anyone while answering the questions on the forms given to you. Personal information obtained from these questionnaire will be kept completely confidential and used only for research purposes.

Section one : Socio-demographic characteristics

Age	
Gender	1. Woman 2. Male
Education status	1. High school 2. University 3. Postgraduate (Master) 4. Doctorate 5. Post Doc
Marital status	1. Married 2. Single
Region of residence	
Name of Professions	
Working hours	
Do you have chronic diseases?	1. There is (.....) 2. No
Height weight Body mass index	

Section two: Healthy Lifestyle Profile II

When you think about your lifestyle and habits, at what level score do you do the following behaviors?	Never	Sometime	Often	Routinely
1. Discuss my problems and concerns with people close to me.				
2. Choose a diet low in fat, saturate fat, and cholesterol.				
3. Report any unusual signs or symptoms to a physician or other health professional.				
4. Follow a planned exercise program.				
5. Get enough sleep.				
6. Feel I am growing and changing in positive ways.				
7. Praise other people easily for their achievements.				
8. Limit use of sugars and food containing sugar (sweets).				
9. Read or watch TV programs about improving health.				
10. Exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, using a stair climber).				
11. Take some time for relaxation each day.				
12. Believe that my life has purpose.				
13. Maintain meaningful and fulfilling relationships with others.				
14. Eat 6-11 servings of bread, cereal, rice and pasta each day.				
15. Question health professionals in order to understand their instructions.				
16. Take part in light to moderate physical activity (such as sustained walking 30-40 minutes 5 or more times a week).				
17. Accept those things in my life which I cannot change.				
18. Look forward to the future.				
19. Spend time with close friends.				

20. Eat 2-4 servings of fruit each day.				
21. Get a second opinion when I question my health care provider's advice.				
22. Take part in leisure-time (recreational) physical activities (such as swimming, dancing, bicycling).				
23. Concentrate on pleasant thoughts at bedtime.				
24. Feel content and at peace with myself.				
25. Find it easy to show concern, love and warmth to others.				
26. Eat 3-5 servings of vegetables each day.				
27. Discuss my health concerns with health professionals.				
28. Do stretching exercises at least 3 times per week.				
29. Use specific methods to control my stress.				
30. Work toward long-term goals in my life.				
31. Touch and am touched by people I care about.				
32. Eat 2-3 servings of milk, yogurt or cheese each day.				
33. Inspect my body at least monthly for physical changes/danger signs.				
34. Get exercise during usual daily activities (such as walking during lunch, using stairs instead of elevators, parting car away from destination and walking).				
35. Balance time between work and play.				
36. Find each day interesting and challenging.				
37. Find ways to meet my needs for intimacy.				
38. Eat only 2-3 servings from the meat, poultry, fish, dried beans, eggs, and nuts group each day.				
39. Ask for information from health professionals about how to take good care of myself.				
40. Check my pulse rate when exercising.				
41. Practice relaxation or meditation for 15-20 minutes daily.				

42. Am aware of what is important to me in life.				
43. Get support from a network of caring people.				
44. Read labels to identify nutrients, fats, sodium content in packaged food.				
45. Attend educational programs on personal health care.				
46. Reach my target heart rate when exercising.				
47. Pace myself to prevent tiredness.				
48. Feel connected with some force greater than myself.				
49. Settle conflicts with other through discussion and compromise.				
50. Eat breakfast.				
51. Seek guidance or counseling when necessary.				
52. Expose myself to new experiences and challenges.				

Scoring Instructions

Items are scored as Never (N) = 1

Sometimes (S) = 2

Often (O) = 3

Routinely (R) = 4

A score for overall health-promoting lifestyle is obtained by calculating a mean of the individual's responses to all 52 items; six subscale scores are obtained similarly by calculating a mean of the responses to subscale items. The use of means rather than sums of scale items is recommended to retain the 1 to 4 metric of item responses and to allow meaningful comparisons of scores across subscales. The items included on each scale are as follows:

Health-Promoting Lifestyle 1 to 52

Spiritual Growth 6, 12, 18, 24, 30, 36, 42, 48, 52

Health Responsibility 3, 9, 15, 21, 27, 33, 39, 45, 51

Physical Activity 4, 10, 16, 22, 28, 34, 40, 46

Nutrition 2, 8, 14, 20, 26, 32, 38, 44, 50

Interpersonal Relations 1, 7, 13, 19, 25, 31, 37, 43, 49

Stress Management 5, 11, 17, 23, 29, 35, 41, 47

عنوان الاستبانة : تقويم نمط الحياة الصحية للأشخاص ذوي الوظائف العالية

الهدف من الاستبانة :

- لتحديد العلاقة بين المستوى الصحي لأسلوب الحياة للأشخاص ذوي الوظائف العالية و صفاتهم الديموغرافية والاجتماعية

- لتقويم مستوى نمط الحياة الصحية للأشخاص ذوي الوظائف العالية

التوجيهات الخاصة بتعبئة الاستبانة :

هذه الاستبانة التي بين يديك هي جزء من متطلبات الحصول على درجة الماجستير في تخصص تمريض الصحة العامة لجامعة جانكيري في تركيا ولك الاختيار ما إذا كنت ستشارك في هذا البحث أم لا ولا داعي ان تذكر اسمك وسوف تستخدم البيانات لأغراض البحث العلمي والخاصة بهذا البحث فقط.

يحتوي هذا الاستبيان على بيانات حول طريقة حياتك الحالية أو عاداتك الشخصية. يرجى الرد على كل عنصر بأكبر قدر ممكن من الدقة ، ومحاولة عدم تخطي أي عنصر. أشر إلى التردد الذي تتخبط فيه في كل سلوك بوضع علامة (/) و إذا كانت هناك أشياء لا يمكنك فهمها وغير واضحة لك ، أو إذا كنت ترغب في مزيد من المعلومات ، فاطلب مني ذلك .

الباحث: أحمد داود سلمان اللامي

الجزء الاول : المعلومات الديموغرافية للأشخاص ذوي الوظائف العالية

العمر	☐ ٢٥-٣٤ ☐ ٣٥-٤٤ ☐ ٤٥-٥٤ ☐ ٥٥-٦٥
الجنس	☐ ذكر ☐ انثى
التحصيل العلمي	☐ شهادة درجة البكالوريوس ☐ شهادة درجة الماجستير ☐ شهادة درجة الدكتوراه ☐ شهادة بعد الدكتوراه
الحالة الزوجية	☐ متزوج ☐ اعزب
مكان الإقامة	☐ المدينة ☐ الريف
العنوان الوظيفي	
عدد ساعات العمل في اليوم	
هل تعاني من امراض مزمنة ؟	☐ كلا ☐ نعم اذكرها ان وجدت :-
الطول الوزن مؤشر كتلة الجسم	

الجزء الثاني : مقياس نمط الحياة الصحي للأشخاص ذوي الوظائف العالية

رقم الفقرة	عندما تفكر في أسلوب حياتك وعاداتك ، في اي مستوى مقياس تفعل السلوكيات التالية ؟	نعم	أحياناً	غالباً	بشكل روتيني
1	أناقش مشكلتي واهتماماتي مع الأشخاص القريبين مني .				
2	أختار نظام غذائي قليل الدهون (الدهون المشبعة والكوليسترول).				
3	أبلغ الطبيب أو اختصاصي الصحة عن أي علامات أو أعراض غير عادية.				
4	اتبع برنامج تمرين مخطط له .				
5	أحصل على ما يكفي من النوم .				
6	أشعر أنني أتطور وأتغير بطرق إيجابية.				
7	أمدح الآخرين على إنجازاتهم .				
8	أحد من استخدام السكريات والمواد الغذائية التي تحتوي على السكر (الحلويات) .				
9	أتابع البرامج التلفزيونية حول تحسين الصحة أو شاهدها .				
10	أمارس التمارين الرياضية ذات شدة عالية و لمدة 20 دقيقة أو أكثر على الأقل ثلاث مرات في الأسبوع (مثل المشي السريع ,الرقص ,ركوب الدراجة الهوائية , استخدام السلم)				
11	أخذ بعض الوقت للاسترخاء كل يوم .				
12	أعتقد أن حياتي لها هدف.				
13	أحافظ على علاقات هادئة والوفاء مع الآخرين .				
14	أتناول 6-11 من حصص من الخبز والحبوب والأرز والمعكرونة كل يوم.				
15	أسأل العاملين في مجال الصحة عن حالتي الصحية .				
16	أشارك في النشاط البدني الخفيف إلى المعتدل (مثل المشي المستمر لمدة 30-40 دقيقة 5 مرات أو أكثر في الأسبوع) .				
17	أقبل تلك الأشياء في حياتي التي لا يمكنني تغييرها .				
18	أتوقع ما سيأتي في المستقبل .				
19	أقضي بعض الوقت مع الأصدقاء المقربين .				
20	أتناول 2-4 من حصص من الفاكهة كل يوم .				
21	أحصل على رأي شخص آخر عندما أشك في نصيحة مقدم الرعاية الصحية .				
22	أشارك في الأنشطة البدنية (مثل السباحة والرقص وركوب الدراجة) .				
23	أركز على الأفكار المبهجة قبل النوم .				
24	أشعر بالرضا وبالسلام مع نفسي .				
25	أجد أنه من السهل إظهار القلق والحب والدفع للآخرين .				
26	أتناول 3-5 من حصص من الخضروات كل يوم.				
27	أناقش اهتماماتي الصحية مع مسؤولي الرعاية الصحية .				
28	أقوم بتمارين شد الجسم ثلاث مرات على الأقل في الأسبوع .				
29	أستخدم طرقاً محددة للتحكم في الإجهاد .				
30	أعمل على تحقيق أهداف طويلة الامد في حياتي .				
31	أتصل بالأفراد الذين يهتمونني وأهمهم .				
32	أتناول 2-3 من حصص من اللبن أو اللبن أو الجبن كل يوم.				
33	أقوم بفحص دوري كل شهر .				
34	يمكنني ممارسة التمارين الرياضية أثناء الأنشطة اليومية المعتادة (مثل المشي أثناء				

				الغذاء، استخدام السلالم بدلاً من المصاعد، والذهاب بالسيارة بعيداً عن المكان المقصود) .	
35				موازنة الوقت بين العمل واللعب والراحة	
36				أجد ان كل يوم مثيراً للاهتمام وتحدياً لي .	
37				أكتشف أساليب معالجة المشاكل التي تواجهني في التواصل من أجل التقارب .	
38				أتناول 2-3 من حصص فقط من مجموعة اللحوم والدواجن والأسماك والفاصوليا المجففة والبيض والمكسرات يومياً.	
39				أطلب معلومات من المهنيين الصحيين حول كيفية الاعتناء بنفسي .	
40				أتحقق من معدل النبض عند ممارسة التمارين الرياضية .	
41				أنظم الوقت بين العمل واللعب	
42				أتعلم ما هو مهم بالنسبة لي في الحياة.	
43				أحصل على الدعم من شبكة الانترنت من الأشخاص المهتمين بي .	
44				أقرأ الملصقات على العلب الغذائية لمعرفة العناصر الغذائية والسعرات الحرارية الموجودة في العلب.	
45				أحضر البرامج التعليمية التي تهتم بموضوع الرعاية الصحية الشخصية .	
46				أصل إلى معدل نبض القلب الطبيعي عند ممارسة التمارين الرياضية.	
47				يمكنني ممارسة الاسترخاء أو التأمل لمدة تراوح بين 15 -20 دقيقة يومياً .	
48				أشعر بالاتصال مع بعض القوة في نفسي .	
49				أقوم تسوية النزاعات مع الآخرين من خلال المناقشة والحلول الوسط .	
50				أتناول الفطور كل يوم .	
51				أطلب التوجيه أو المشورة من المختصين في مجال الصحة عند الضرورة .	
52				أعرض نفسي لتجارب وتحديات جديدة .	

CURRICULUM VITAE

Surname : Ahmed Allami

Education status : University
License : 2003, University of Baghdad , College of Nursing ,
General Nursing.

Professional Experience : Clinical Nursing – Medical Surgical Nursing
Administration of Nursing - Pediatric of Nursing
Operation Nursing – Lecturer College and Institute
of Nursing .

Scientific Institutions of which it is a member: Training and Human Development Center
- Research Unit Office

Scientific Study Areas: Public Health Nursing

Scientific Activities: I have a Master of Health Administration with
participation in seminars, scientific training
programs and medical conferences in Iraq for the
Ministry of Health

Other informations : Trainer of the following areas (health care ,
statistical analysis - scientific research steps),
Department's Research Unit Officer and member
of its Committee for Research Approvals.