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**PREDICTION OF GENERAL HEALTH BASED ON LIFESTYLE
AND SPIRITUAL INTELLIGENCE AMONG CANCER
PATIENTS**

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Abstract:

The current research aims to investigate the predictive role of lifestyle and spiritual intelligence in relation to the general health of cancer patients in Shiraz in the summer of 2016. This research is a descriptive and correlational study with respect to the subject and purpose of the research a sample of 100 patients with cancer who referred to Shahid Faghihi Hospital of Shiraz were selected by available sampling method. Participants of the study were Goldberg and Hiller General Health Questionnaire (1989), Laliy et al., Life Style Questionnaire (2012) Spiritual Intelligence Questionnaire Badi et al. (2010) The demographic information questionnaire was completed. In this study, reliability and reliability of these tools were used to determine the reliability of these tools. Cronbach's alpha and tensile method were used. The tools showed a reliable and reliable validity. In this study, Pierre-san correlation and multivariate regression were used. The results showed that correlation between lifestyle variable and general health score had a significant and negative linear relationship($r=-0.42$, $P<0.01$) and the correlation between spiritual intelligence and general health($r=-0.078$, $P<0.01$) There was also a negative and meaningful effect on the predictive power of general health in cancer patients. Lifestyle and spiritual intelligence can predict general health in cancer patients. However, the relationship between the two variables with the general health score is negative, which means that the increase in these factors reduces the overall health score, which means Increases the general health of cancer patients.

Key words: *lifestyle, spiritual intelligence, general health, cancer patients*

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INTRODUCTION:

Cancer is a growth process in the reproduction of cells that is not controllable and along with the dangerous and invasive behaviors of cell mass to the surrounding tissues. In addition to contaminating healthy tissues, they cause pressure on them and cause severe and intolerable pain for the patient. Cancer may occur for genetic or environmental reasons. In general, many of the chemical drugs used to chemotherapy patients also affect the division of healthy cells and cause them to become cancerous, especially in those cancers where the rate of cell division is high. More than 10 million new cases of cancer are detected every year, and more than 20 million people live in cancer diagnosis (Petersen, 2009). The annual rate of cancer in Iran is about 70,000 and death is about 30,000 deaths. Considering a rise in life expectancy and an increase in the percentage of old age in the country, it is expected that in the coming decades its incidence will increase significantly (Heydari et al., 2008). In addition to life threats, cancer also causes anxiety and depression in more than a third of patients, and has a devastating effect on the family's economic and family status. In addition to life threats, cancer also causes anxiety and depression in more than a third of patients, and has a devastating effect on the family's economic and family status. Studies have shown that there is a direct relationship between the way people live and the incidence of cancer, so that in the case of common cancers such as breast cancer, prostate and colon, the role of lifestyle is more than other causes (Wienberg, 2008). Cancer prevention includes early prevention (prevention of disease) and secondary prevention (early detection of the disease). For primary prevention of cancer, it is necessary to recognize the causes and factors involved in the development of cancer. The lifestyle is characterized by the difference in its incidence before and after migration, so prevention of cancer can be greatly improved by lifestyle. (Martin Moreno, 2008) If appropriate measures to prevent cancer begin now until 2020 Of the 2 million deaths from cancer can be prevented (Chin et al., 2005). For cancer prevention, lifestyle needs to be corrected and need to be understood by the lifestyle of individuals (Black & Hawks, 2009). Undoubtedly, the health of the people is important. Human beings cannot survive without preserving their health and respecting their health. Disability and disability disrupt human relationships, thus depriving them of a sense of security and solidarity. Therefore, it is natural that medicine is aimed at maintaining the health of the community with the help of new information. Maintaining the health of people in a community means preventing the spread or eradication of diseases that cause the

loss or destruction of humans. As health as a task of science in medicine and in the field of medical science is of great importance and maintaining the physical health of individuals, the mental health of the individual in the community is also of particular interest to experts and practitioners.

RESEARCH METHOD

The design of the research according to the subject and purpose of the present study is descriptive and correlation. Which examines the predictive role of lifestyle and spiritual intelligence in relation to general health in cancer patients

The main criterion in this research is general health and variables predicting lifestyle and spiritual intelligence.

The statistical population of this study is all patients with cancer who referred to Shahid Faghihi Hospital in Shiraz in the summer of 2016.

The sample consisted of 100 cancer patients who were selected by available sampling method at Shahid Faghihi Shiraz Hospital, which reached 98 people after the fall. Entry conditions were that the patient was not in an acute condition. A person could answer the questionnaire.

RESEARCH TOOLS:

In the present study, general health, lifestyle and spiritual intelligence questionnaires have been used as follows.

1- General Health Questionnaire

General Health Questionnaire (GHQ) a questionnaire for 28 questionnaires was developed by Goldberg and Hiller in 1989.

2-Life Style Questionnaire 70 questions (LSQ)

Lifestyle is a relatively constant way that a person uses his or her goals. That is, the way to achieve the goals of life is derived from the child's childhood; in other words, the lifestyle is the objective and quantitative dimension of the personality of the individual. For this reason, Adler's lifestyle theory is also his personality theory.

For the first time, Alfred Adler (1954) introduced the lifestyle and expanded this concept later on to his followers.

3-Badi et al Spiritual Intelligence Questionnaire

The Spiritual Intelligence Questionnaire was prepared by Badi et al. In 2010, which consists of 42 items and 4 components?

Procedure

To conduct this research, Shahid Faghihi Hospital of Shiraz, one of the main centers for the treatment and treatment of cancer in Shiraz, was referred. Before the start of sampling, administrative processes were conducted for obtaining a license for research in Shahid Faghihi Hospital of Shiraz. After obtaining

permission and coordination with the head of the hospital, the researcher referred to the nursing management of the Shahid Faghihi Hospital in order to begin the sampling process and after coordination with him, the researcher was introduced to the emergency departments, department of gynecology and surgery. In this way, the researcher was established in these departments and each day, with the cooperation of the personnel, a section of the preliminary interview and a brief explanation of the study, if the patient was satisfied with the study, completed the patient's self-assessment questionnaire.

The process of research and completion of the questionnaires lasted for 40 days.

Information analysis method:

Data and extracted data were analyzed using descriptive statistics and inferential statistics. In the descriptive statistics section, based on central indicators such as standard deviation, variance and range of changes, information descriptions are presented. In the inferential statistics section, Pearson correlation and multivariate regression were used to analyze the data and obtained data for the hypotheses.

Table 1: Total, mean and standard deviation of research variables

standard deviation	Average	Total	Variables	
35.14	99.38	3821	General health overall	life style
99.2	64.16	1631	physical health	
25.6	56.11	1133	Sports and wellness	
11.4	55.13	1328	Weight control and nutrition	
39.2	57.17	1722	Prevention of diseases	
15.5	85.14	1455	Psychological health	
55.4	52.14	1423	mental health	
98.3	15.17	1681	Social health	
12.4	48.14	1419	Avoid Drugs and Opiate	
25.4	33.19	1894	Preventing Accidents	
24.3	48.17	1713	Environmental health	Spiritual Intelligence
16.29	13.157	15399	Lifestyle (total)	
91.4	79.50	4977	General thinking and later beliefs	
43.8	02.46	4510	Ability to deal with and deal with problems	
45.3	57.32	3192	Addressing ethical issues	
26.4	19.27	2665	Self-awareness and love	
95.12	57.156	15344	Spiritual intelligence (total)	

Table 2: Results of the Kolmogorov-Smirnov test to investigate the normality of the research variables

significance level	Average	Number	Variables	
107.0	99.38	98	General health (total)	life style
073.0	64.16	98	physical health	
064.0	56.11	98	Sports and wellness	
057.0	55.13	98	Weight control and punching	
073.0	57.17	98	Prevention of diseases	
058.0	85.14	98	Psychological health	
062.0	52.14	98	mental health	
077.0	15.17	98	Social health	
061.0	48.14	98	Avoid drugs and drugs	
053.0	33.19	98	Preventing Accidents	Spiritual Intelligence
079.0	48.17	98	Environmental health	
0204.0	13.157	98	Lifestyle (total)	
0/083	79.50	98	General thinking and later beliefs	
0411.0	02.46	98	Ability to deal with problems	
0225.0	57.32	98	Addressing ethical issues	
089.0	19.27	98	Your knowledge and love	

Table 3: Results of correlation coefficient between research variables

6	5	4	3	2	1		Row
					1	General health (total)	1
				1	078.-0	Spiritual intelligence (total)	2
			1	635**.0	074.-0	General thinking and later beliefs	3
		1	202**.0	532**.0	263**.0	Ability to deal with problems	4
	1	010.0	763**.0	764**.0	230*.0	Addressing ethical issues	5
1	651**.0	120.-0	557**.0	636**.0	487**.-0	Self-awareness and love	6

*: P < 0.05 ** : P < 0.01

Examining Hypotheses

Hypothesis 1: Lifestyle predicts general health in cancer patients.

Table 4: Multiple linear regression analysis using lifestyle and its components for prediction of general health

dF	F	R ²	P(Sig)	t	B	Predictive variables	Criterion variable
6	13.12	444.0	0001.0	01.7	82.58	Constant factor	general health
			0001.0	75.3	43.0	Lifestyle (total)	
			011.0	58.-2	37.-1	Social health	
			004.0	97.-2	17.-1	mental health	
			071.0	82.-1	748.-0	Psychological health	
			001.0	38.-3	-1	Sports and wellness	
			006.0	8.-2	45.-1	Physical health	

Second hypothesis: Spiritual intelligence predicts general health in cancer patients.

Table 5: Multi-linear regression analysis using lifestyle and its components for prediction of general health

dF	F	R ²	P(Sig)	t	B	Predictive variables	Criterion variable
3	71.12	289.0	0001.0	07.4	25.56	Constant factor	general health
			0001.0	70.4	83.-1	Self-awareness and love	
			026.0	26.2	338.0	Ability to deal with and deal with problems	
			275.0	09.1	525.0	Addressing ethical issues	

DISCUSSION AND CONCLUSION:

Hypothesis 1: Lifestyle predicts general health in cancer patients.

The findings of this hypothesis test showed that the correlation between lifestyle and general health score of cancer patients is linear and in a negative direction, which means that increasing lifestyle leads to a decrease in the general health score and according to this Lower scores in the general health questionnaire indicate unclear health outcomes, suggesting that cancer patients who have a higher standard of living have more general health.

The results of this study are consistent with the results of this study by Stjeina (2009), Halpden (2010), Namicky et al. (2009), Perkins (2009), Denhaver (2009), Orthooszez and colleagues (2009). Thus, it can be argued that patients with a lower lifestyle disturb the unhealthy components of their health that include: anxiety, physical impairment, social impairment, and depression that may be associated with stressful events of retarded strategies. For example, these people may be inclined to passive and / or generally cognitive and behavioral deprivation.

Second hypothesis: Spiritual intelligence predicts general health in cancer patients.

The results of this hypothesis test showed that there is a significant linear relationship between spiritual health and general health, anxiety disorder, and depression, and the fact that lower score in the general health questionnaire indicates an increase in general health. This means raising the overall health of cancer patients. The results also show that between spiritual intelligence variable and subscale of self-awareness and love and interest, and coping ability and interaction with problems with a significant level of less than 0.05 can predict part of general health. Also, this finding suggests that the variables of general thinking, beliefs and ethics are not able to predict the general health of cancer patients. According to the results of the research, Kriachi Miesta Kido (2007), Ingles ci et al. (2006), Janathan Kauffman et al. (2005), McClain et al. (2003), Graham et al. (2001), George and colleagues (2000) Karbalaei Harafteh and Jana Abadi (2007), Safaeirad et al. (2010) are consistent with the results of this research. There is ample evidence that people with a healthy lifestyle, as well as those with an unhealthy lifestyle, have many strategies to deal with the stress of everyday life and life-threatening events, including (problem-based cognitive-based coping). The people of ours are in fact active, designers and losers. The purpose of this study was to determine the relationship between mental health and lifestyle and spiritual intelligence in cancer patients. The results of this study were Safaeirad et al. (2010). On 400

students of Islamic Azad University of Hamedan, there is a significant correlation between spiritual well-being and mental health.

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