# Investigate the Relationship between Personality Types and Resilience with Death Anxiety

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**ABSTRACT:** This study aimed to investigate the relationship between personality types and Resilience with death anxiety in nurses of special and general wards of Mazandaran (Sari) Heart Hospital. For this purpose, a sample of 260 nurses (122 women and 30 men) was selected using simple random sampling from the study population. To collect data from the five factor personality questionnaire (NEO), Resilience scale (CD-RIS) and death anxiety questionnaire was used and this questionnaire was validated and its validity and reliability has been confirmed in Iran and various countries. To analyze the data, the correlation coefficient, multiple regression analysis and T-test were used. Data analysis showed that attitudes toward death and Resilience in nurses of critical care and general wards of Sari heart hospital is different and among types of personality and Resilience attitude to death there is no significant relationship between special ward nurses while the relationship between neurosis, flexibility and Resilience attitudes to death, in public ward is significant. Moreover, in the subscales of personality types, scale of extraversion, flexibility and agreeableness scale are different among nurses of special and public ward.

**Keywords**: Personality Types, Resilience, Death Anxiety.

## INTRODUCTION

History of Human life showed that the events happen for human, which is not in his possession and is his certain fate. One of these events is death that faces with the different analysis. Some consider it as a stage of human life, and some consider it as the end of life. Although it seems that those who believe to the first glance should be worry about this issue less but the reality is that often followers of both perspectives feel anxiety from thinking about death (Vafaei et al., 2011).

In the late 1950s, attitudes toward death became an interested subject for psychologists. Interest in research related to mortality associated with three main waves. The first wave began with work of Fiefel who was the pioneers of the study. The second wave of studies were focused on the distinction between conscious and unconscious beliefs about death and the third wave began with making the first meter of death anxiety and the rise of professional organizations such as the Association of Death Education (Neimeyer et al., 2004). During the last thirty years, death anxiety is widely used in research and death seriously entered the field of developmental psychology (Ahadi and Jamhori, 2007). In this field can be noted to the researches of Thorson & Powell (1994), Gesser et al. (1988), Fortner and Tad Meyer (1999), Costen Baum (2000), Depaola and et al. (2003), Witt and Drivers (2010), Arch et al. (2010) and Zyga et al. (2011). Result of the research of Witt et al. (2010) suggest that there is a positive correlation between Resilience and satisfaction from life and spiritual. Sexton, Byrd and Klage (2010) in their study concluded that Resilience is associated with a healthy body and a healthy mental. research results of Hoang et al. (2009) suggests that the Resilience is positively associated with coping strategies with stress, social support, quality of life and self-care behaviors in people with diabetes. Nevertheless, there is not achieved still an accurate definition of this concept. One of the earliest definitions notes that fear of death is an emotional reactions, including feelings and unpleasant subjective concerns caused by thinking about death. Fear of death has been defined as discomfort feelings and the fear that is associated with death toward self or others, and also with regard to death as the end of life and visualize his funeral and body. This fear is a kind of discomfort and emotional insecurity by bereaved people. As can be observed, although these definitions are different, but they all have two things in common: fear and discomfort (Ghorbanalipour, 2010).

Today scientists consider two other aspects for death, the first is death of sociological meaning others avoidance from the patient that may occurs a few weeks before the end of life. For example, leaving the elderly in nursing homes or abandon them. Second, death is psychological and occurs when a person accept the death and restart into his. This sense for a long time occurs before physiological death and can actually cause death because the person loses the will to live (Philip Rice, 2009). Existential psychologists believe that the main fear of man and the fear that often the psychological pathology is created from it, is fear of dying (Rosenhan and Seligman, 2009). All people from childhood think to death and what will happen after death and because death is still unknown phenomenon, it creates a natural anxiety. As long as death anxiety is not too severe, it can motivate

people to internalize cultural values, but severe death anxiety can undermine effective coping (Laura Berk, 2006).

Compatibility with major life changes, severe challenges or a painful loss is an integral part of life. During her lifetime, humans are faced with some degree of such hardships. Regardless of how big or small the problem that is an important issue in dealing with problems. Some people act vulnerable in dealing with the problems and quickly overwhelm and some others are grappling with the problems quietly, logically, patient and sure. Where do these differences come from and what is the cause? Psychologists' answer to the question is Resilience. Resilience is a broadly concept that researchers have introduce different definitions of it and each of them has address to one of its aspects. Rutter (1991) described Resilience as a dynamic process that provides the balance between risk factors and internal and external protective factors and lift the effects and unpleasant events of life, but it is important to note that among these definitions, Resilience is not merely passive resistance against damage or threatening situations but an resilience is an active participant productive environment (Mozaffari et al., 2011). Initial theories about the Resilience concentrate on associated characteristics and positive outcomes in the face of adversity of life and noted that outer protective factors, such as schools and relationships with supportive adults as promoting factors of Resilience are effective, while contemporary theories suggest that the Resilience is a multi-dimensional issue composed of natural variables, such as temperament and personality with specific skills, such as problem solving that allows people to cope well with stressful life events (Shafi Zadeh, 2012).

The third variable of the research is types of character, in the context there are many views such traits theory, theory of Eysenck, Cattell's approach to the character, the five-factor theory of personality, theory of neurosis or emotional instability; in the study, five factors theory of personality is used that included five components of neurosis, extroversion, flexibility, agreeableness, accountability.

In general we can say that death anxiety is considered as undisputed fact for everyone, however, due to continuous contact of nurses with patients, and view it on a daily basis is not immunity of the anxiety and sometimes may the anxiety among them is far more than ordinary people. Nizobeg (2009) tells among the people who work in health centers, nurses stand up to the maximum working pressure because they constantly have to deal with the suffering and death of individuals and are forced to do things that is inferior and horrendous in terms of others (Tehrani et al., 2012). Considering importance of death anxiety,

particularly the amount of its incidence in nursing particularly in the special wards nurses and nurses should be pass long shifts and working with the stress that this affects the care process provided by nurses and threatens the natural rhythm of life, parent-child relationship, a romantic relationship with her husband and their sleep rhythms. On the other hand, understanding of outstanding personality traits and the interpretation that they have from the stress of work especially death and level of individuals' resilience, can affect their type of anxiety to death, stimulates the researcher to assess the relationship between type of personality and resilience and the death anxiety in nurses of the critical care and general wards of heart hospital of Mazandaran (Sari).

**MATERIAL AND METHODS**

**Population, sample and sampling method**
Considering that the aim of this study was to examine the relationship between the individual types and resilience and the anxiety death, so, it is descriptive that was performed by correlation method. The population of this study included all nurse of the heart hospital of Sari who were working in special (CCU, ICU and Emergency) and public (surgery parts, cardiology ward and operating room, angiography and nuclear scans) wards Hospital of Fatemeh Zahra (SA) in 2013. Sample of the study consisted of 260 nurses (122 women and 30 men) who were set using Morgan's table (1984) and simple random sampling method. Criteria selected in the public ward, included the nurses were employed in the form of employment and in particular ward, the criteria for working in the ward was in the recent quarter.

**Research tools and methods of data collection**
In this study, to measure the interested variables, Personality 5 Factors Model Robert Mc Care & Paul Costa questionnaire (1985), Conner-Davidson's Resilience Scale (2003), and Templer Death Anxiety Scale (1970) were used.
A) Personality 5 Factors questionnaire (NEO): NEO is one of the latest questionnaires to assess build of personality that its usefulness has proven both in clinical processes and during the investigations. The personality questionnaire was developed in 1985 by McRae and Costa, which includes 240 questions and have set on a five degree range from strongly agree to strongly disagree, in this study, to measure personality factors with respect to cost and time factors, short form 60-item NEO test was used and measures five personality dimensions of neuroticism, extraversion, flexibility, agreeableness, responsibility, accountability and conscientiousness. Long form of Iran question-

naire was validated by Garousi et al. (2001) and results of validating was like results obtained from original language. Results of studies done by Mac Chorus and Costa (1992) showed that the correlation among 5 subscales of short form with long form the 0.77 to 0.92. As well, internal consistency of the subscales has been met in the range of 0.86 to 0.68.

B) Resilience scale (CD-RIS): This scale is a 25-point that measures resiliency in 5 degree Likert size from zero (always false) to four (always true) which is set by Kanr- David Sohn (2003). Mohammadi (2005) standardize the scale for use in Iran and performed on 248 persons that its Cronbach's alpha reported 0.89 (Shakeri Nia and Mohammad Pour, 2010).

C) Templer Death Anxiety Questionnaire: This questionnaire by Templer built in 1970 and consists of 15 articles which measures subjects' anxiety to death. Subjects specifies their responses to each question with a yes or no option-s and scores of the scale can be vary from zero to 15 that high score represents high anxiety about dying people. Its retest reliability coefficient for the 0.83 and concurrent validity based on correlations with anxiety scale has been reported 0.27 and with depression scale 0.40 (Ghorbanalipour, 2010). Methods of data collection so that the questionnaire NEO, resiliency questionnaire and death anxiety questionnaire were linked together respectively and by monitoring the researcher were distributed and collected among people.

## RESULTS

**First hypothesis: there is a relationship between the types of personality and resiliency and death anxiety in nurses of Sari heart hospital.**

Multiple regression analysis was used to test the research hypothesis the relationship between the personality types and resiliency and death anxiety in nurses of Sari heart hospital and the results are reported in Table 1. According to the information given in Table 1 it can be seen that value of multiple correlation coefficient for each of the personality types and resiliency and death anxiety according to the tables are 0.12, 0.06, 0.11, 0.14 and 0.15, respectively. Hence, due to the probability value obtained to investigate the relationship between death anxiety with each of the aspects of personality types and resiliency is more than 0.05, so, the hypothesis based on the relationship between the three variables mentioned at the confidence level 95% is rejected and can be concluded that there is no significant correlation between the personality types and resiliency and death anxiety.

**Table 1.** Summary of the multiple regression analysis to assess the relationship between variables

| The independent variables | Source of the Changes | Total Squares | Degree of freedom | The average of the Total Squares | Fisher Statistics (F) | Probability Amount | Correlation Coefficient (R) |
|---|---|---|---|---|---|---|---|
| Neurosis and Resilience | Regression | 23.73 | 2 | 11.86 | 1.01 | 0.364 | 0.12 |
| | Error | 1468.32 | 126 | 11.65 | | | |
| | Total | 1492.06 | 128 | - | | | |
| Extraversion and Resilience | Regression | 4.69 | 2 | 34.2 | 0.22 | 0.801 | 0.06 |
| | Error | 1237.0 | 117 | 10.57 | | | |
| | Total | 1241.70 | 119 | - | | | |
| Flexibility and Resilience | Regression | 18.39 | 2 | 9.19 | 0.82 | 0.441 | 0.11 |
| | Error | 1393.82 | 125 | 11.15 | | | |
| | Total | 1412.21 | 127 | - | | | |
| Agreeableness and Resilience | Regression | 31.95 | 2 | 15.97 | 1.39 | 0.253 | 0.14 |
| | Error | 1447.08 | 126 | 11.48 | | | |
| | Total | 1479.03 | 128 | - | | | |
| Responsibility and Resilience | Regression | 29.39 | 2 | 14.69 | 1.39 | 0.252 | 0.15 |
| | Error | 1223.39 | 116 | 10.54 | | | |
| | Total | 1252.79 | 118 | - | | | |

$P < 0.05$

**Second hypothesis: there is a relationship between the types of personality and resiliency and death anxiety in nurses of general and special wards of Sari heart hospital.**

According to the information given in Table 2 it can be seen that the obtained probability value for all variables is more than 0.05, so, the hypothesis based on the linear relationship between the three variables at the confidence level 95% is rejected and we accept that there is no significant correlation between the personality types and resiliency and death anxiety in the special ward.

In the following review of hypotheses, the coefficients of linear models were estimated that the results have been reported in Table 4. The results of the analysis of the data in the presented linear model for neurosis and Resiliency and death anxiety only Resiliency factor remain in the model (p<0.05). So, the linear model can be formulated in the form ((death anxiety) = 0.047 (resiliency)). While for the flexibility and resiliency with the anxiety of death factors remain only a constant and resiliency factor in the model (P< 0.05). So, the linear model is ((Anxiety death) = (resiliency) 0.155+ 5.591).

**Table 2.** Summary of the multiple regression analysis for special ward

| The independent variables | Source of the Changes | Total Squares | Degree of freedom | The average of the Total Squares | Fisher Statistics (F) | Probability Amount | Correlation Coefficient (R) |
|---|---|---|---|---|---|---|---|
| Neurosis and Resilience | Regression | 1.30 | 2 | 0.65 | 0.05 | 0.94 | 0.04 |
| | Error | 788.37 | 64 | 12.31 | | | |
| | Total | 789.67 | 66 | - | | | |
| Extraversion and Resilience | Regression | 1129 | 2 | 5.64 | 0.53 | 0.58 | 0.13 |
| | Error | 588.84 | 56 | 10.51 | | | |
| | Total | 600.13 | 58 | - | | | |
| Flexibility and Resilience | Regression | 6.49 | 2 | 3.25 | 0.28 | 0.75 | 0.09 |
| | Error | 703.71 | 62 | 11.35 | | | |
| | Total | 710.21 | 64 | - | | | |
| Agreeableness and Resilience | Regression | 9 | 2 | 4.54 | 0.37 | 0.69 | 0.10 |
| | Error | 758.93 | 63 | 4.12 | | | |
| | Total | 767.93 | 65 | - | | | |
| Responsibility and Resilience | Regression | 9.12 | 2 | 6.45 | 0.63 | 0.53 | 0.14 |
| | Error | 565.03 | 56 | 9.10 | | | |
| | Total | 577.93 | 58 | - | | | |

P < 0.05

**Table 3.** Summary of the multiple regression analysis for general ward

| The independent variables | Source of the Changes | Total Squares | Degree of freedom | The average of the Total Squares | Fisher Statistics (F) | Probability Amount | Correlation Coefficient (R) |
|---|---|---|---|---|---|---|---|
| Neurosis and Resilience | Regression | 70.1 | 2 | 35.05 | 3.37 | 0.041 | 0.32 |
| | Error | 612.27 | 59 | 10.37 | | | |
| | Total | 682.38 | 61 | - | | | |
| Extraversion and Resilience | Regression | 20.26 | 2 | 10.13 | 0.95 | 0.389 | 0.17 |
| | Error | 612.81 | 58 | 10.56 | | | |
| | Total | 633.08 | 60 | - | | | |
| Flexibility and Resilience | Regression | 72.93 | 2 | 36.46 | 3.57 | 0.034 | 0.32 |
| | Error | 612.78 | 60 | 10.21 | | | |
| | Total | 685.71 | 62 | - | | | |
| Agreeableness and Resilience | Regression | 39.34 | 2 | 19.67 | 1.82 | 0.170 | 0.24 |
| | Error | 646.37 | 60 | 10.773 | | | |
| | Total | 685.71 | 62 | - | | | |
| Responsibility and Resilience | Regression | 33.83 | 2 | 16.91 | 1.50 | 0.230 | 0.22 |
| | Error | 638.9 | 57 | 11.20 | | | |
| | Total | 672.73 | 59 | - | | | |

P < 0.05

**Third hypothesis: the resiliency and death anxiety in nurses of general and special wards of Sari heart hospital is different.**

The results of the t test indicate that the calculated t (t =2) with 150 degrees of freedom is greater than t table (1.64) at level 0.050 (two-domains), so it can be concluded that there is a significant differences between general and special wards nurses on death anxiety and resiliency. Also mean death anxiety in the special and general wards have been

reported 6.93 and 5.85, respectively, and the average resiliency 70.01and 13.97, respectively.

**Fourth hypothesis: there is a difference between the personality types of nurses in general and special wards.**

The average of the neurotic in special and general wards were 22 and 19.823, respectively, and t-test results indicate that there is no significant difference between the two groups given in terms of the responsibility. So we can assume that the rate of neurosis and accountability between the two special and general is roughly at the same level (P>0. 05). Further, the average of extroversion in the special and

general wards are equal to 27.952 and 30.754, respectively, and based on the results of t-test can be said there is a significant differences between the nurses of the general and special wards in terms of extraversion and agreeableness (p<0.05). The Mann-Whitney test was used to compare the flexible component, and the results have been reported in Table 7.

Results of Mann-Whitney test with Z approximation shows there is a significant differences between the nurses of general and special wards on flexibility component and the average of nurses' flexibility of general ward is more than special ward.

**Table 4.** Estimation of coefficients of the linear model for trilogy variables in the public ward

| Probability value | Degree of freedom | Statistics t | estimation of The coefficients | Variables | Model |
|---|---|---|---|---|---|
| 0.48 | 59 | 0.7 | 2.63 | Constant | |
| 0.99 | 59 | -0.01 | 0.00 | Neurosis | 1 |
| 0.04 | 59 | 0.03 | 0.16 | Resilience | |
| 0.03 | 60 | 2.15 | 5.59 | Constant | |
| 0.05 | 60 | 1.92 | -0.05 | Flexibility | 2 |
| 0.03 | 60 | 2.11 | 0.15 | Resilience | |

P < 0.05

**Table 5.** Results of independent T-test for Death Anxiety and Resilience

| Variables | Group | Number | Average | Standard Deviation | Statistics t | Degree of freedom | Sig. |
|---|---|---|---|---|---|---|---|
| Anxiety of Death | special | 78 | 6. 93 | 3.38 | 2 | 150 | 0.047 |
| | Public | 74 | 5.85 | 3.27 | | | |
| Resilience | special | 74 | 65.44 | 12.81 | 2.02 | 139 | 0.045 |
| | | 67 | 70.01 | 13.97 | | | |

P < 0.05

**Table 6:** results of t-test in terms of personality types

| Personality types | Group | Number | Average | Standard Deviation | Statistics t | Degree of freedom | Sig. |
|---|---|---|---|---|---|---|---|
| Neurosis | special | 71 | 22 | 0.64 | 1.69 | 128 | 0.092 |
| | Public | 68 | 19.82 | 6.35 | | | |
| Extraversion | special | 63 | 27.95 | 7.5 | 2.51 | 126 | 0.013 |
| | Public | 65 | 30.75 | 6.81 | | | |
| Agreeableness | special | 70 | 31.14 | 4.8 | 2.49 | 135 | 0.014 |
| | Public | 67 | 33.01 | 39.2 | | | |
| Responsibility | special | 63 | 36.36 | 5.5 | -0.08 | 126 | 0.931 |
| | Public | 65 | 36.44 | 5.07 | | | |

P < 0.05

**Table 7. Results of t-test in terms of flexibility component**

| Component | Group | Number | Average | SD | Mann-Whitney Statistics with Z approximation | Sig. |
|---|---|---|---|---|---|---|
| Flexibility | special | 69 | 3.23 | 3.52 | 3.05 | 0.002 |
| | Public | 70 | 25.94 | 5.5 | | |

P < 0.05

**DISCUSSION AND CONCLUSION**

Based on the results of the regression analysis of the data and the results obtained that there is no significant relationship between personality types and resiliency and death anxiety. The results of this study is inconsistent with the findings of Shafizadeh (2012), Hosseini Almadani et al. (2012), Shakerian et al. (2011), Momeni et al. (2009), Aqajani et al. (2010), Arce et al (2010), Witt et al. (2010), Feyburg et al. (2006). The results further suggest that there is no a linear relationship between personality types and resiliency and death anxiety in special ward, and have confirmed the results of Mas'udzadeh et al. (2008) and is inconsistent with researches of Shakeri Nia and Mohammad Pour (2010), Momeni et al. (2009), Roshani and Naderi (2011), Pian et al. (1998), Arce et al. (2010), Witt et al. (2010), Feyburg et al. (2006). Well as, the results suggest that in the general ward there is a linear relationship between neurosis and resiliency and death anxiety also between flexibility and resiliency and death anxiety, and is consistent with research Zyga et al. (2011), Seidi Sarouei et al. (2012), Shakerian et al. (2011), Hosseini Almadani et al. (2012), Shafi Zadeh (2012), and in the special ward, the linear relationship was not significant with and is inconsistent with Shafi Zadeh (2012), Hosseini Almadani et al. (2012), Zyga et al. (2011), Shakerian et al. (2011) studies. Moreover, it was found that death anxiety in nurses of the special and general wards is different and death anxiety among nurses of the special ward is more than general ward nurses. The result of the research is consistent with the results of Aqajani et al. (2010), Masood Zadeh et al. (2008) and Pian (1998) that pointed the death anxiety among nurses of special wards is more than the general wards nurses. Abdul and Thomas (2005) considered the death as an important, numerous and daily event in the nursing profession, particularly in the special ward and know the difference caused by their everyday encounters with death, care of dying patients, requiring quick decisions and affect their decisions on life and death.

Eventually findings showed that resiliency is different in nurses of special and general wards of heart hospital of Sari and considering the difference of the averages, the general ward nurses have more resiliency than special ward nurses. This means that nurses in the general ward endure less anxiety or stress and thus are more resistant. Connor and Davidson, who has studied resilience in the social spheres, believe that resiliency is not only stable against damage or the threat thereof, but it's active and constructive participation in the environment. They are believe that resiliency is an individual's ability to balance the bio-psychological in the dangerous situations. There may be several reasons for special

nurses to have fewer resiliencies. Given that they are faced with more specific conditions and that every moment is deal with people who require specific treatment; All this makes it essential that nurses have less resiliency that this issue have been demonstrated in research of Shakeri Nia and Mohammad Pour (2010), Momeni et al. (2009), Hvanvg, Maine and Fennec (2009), Hmart, (2001), Haymdal et al. (2007), Witt et al. (2010), Arce et al. (2010). At the end, in the subscales of personality type was not seen any significant difference between factors of neurosis and accountability. But in the subscales of extraversion, agreeableness and resilience in the special and general wards nurses there is significant differences and the components have a greater average among general ward nurses than special ward nurses that perhaps can be said the general ward nurses are not faced with special circumstances and have fewer concerns than special ward nurses. Thus, are more open in the extraversion and agreeableness and flexible, while special ward nurses have the lower level about components because of their own specific tasks.

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