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Examining the Relationship between Personality, Perceived Social Support and Death Anxiety among Chronically Ill Patients in Federal Medical Centre, Makurdi, Nigeria

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Abstract

Most health conditions are chronic in nature and due to improvement in medical and pharmacological breakthroughs and procedures; goals of treatment are, therefore not limited to preservation of life but more importantly to enhancing quality of life of individuals undergoing treatment. The present study investigated the relationship between personality traits, perceived social support and death anxiety among chronically ill patients in Federal Medical Centre, Makurdi. Adopting the ex-post facto research design, data was collected using the Big-Five personality scale, The Multidimensional scale of perceived social support and Death Anxiety Scale. Participants were 282 patients of the Federal Medical Centre, Makurdi, made up of 159 (56.4%) males and 123 (43.6%) females. Findings indicated significant relationship between Openness (β = .25, p<.05) and death anxiety while there was no significant relationship between extraversion (β =.071, p >.05), agreeableness (β =-.11, p>.05), conscientiousness (β =.068, p>.05) and neuroticism (β =.08, p>.05) and death anxiety. Results further showed that support from friends (β =-.07, p>.05) and support from significant others (β =.12, p>.05) were not significantly related to death anxiety while support from family (β =.42, p<.05) was significantly related to death anxiety. The study recommends that more attention is needed to discover the significant factors that predict death anxiety of chronically ill patients and also in future the current study should be replicated using larger groups of chronically ill patients from a greater variety of socio-economic backgrounds.

Keywords: *personality traits, social support, death anxiety, chronically ill patient*

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Introduction

Chronic illnesses are known to be difficult diseases affecting patients and their families both physically and emotionally (Tavoli, Montazeri, Roshan, Tavoli & Omidvari, 2007). There were approximately 7.6 million deaths worldwide resulting from chronically ill conditions in 2008 and by 2030 that number is expected to rise to 13.1 million (Almostadi, 2012). When physicians inform patients they have chronic illness, individuals may react in myriad of ways. There is no right or wrong way to assimilate information that no one ever want to hear. The patient's routine may be disrupted along with ensuing financial upheaval, health insurance coverage problems, and caregiver issues, while roles and duties inside the family may change (Almostadi, 2012).

A common tendency among chronic illness patients is death anxiety or fear of death, regardless of personal characteristics, religious beliefs or cultural background (Vilhauer, 2008). Although certain religions believe in life after death, this does not in any way eliminate fear of death, which is an aspect of human experience. When patients are diagnosed with chronic illness, as opposed to other illnesses, patients may have a greater fear of death. The Chronic illness patient might be unique in that the fear might come from the meaning the patients attach to the chronic illness and its association with death (Vilhauer, 2008). Vilhauer also states that most patients have fear of the unknown. Once diagnosis of chronic illness has been made, patients start to experience feelings of fear, stress, depression, and worry of what the future holds for their lives. Chronic illness and depression are related (Rodgers, Martin, Morse, Kendall & Verrill, 2005). Death distress and anxiety level are associated with depression (Almalik, Fitzgerald & Clark, 2011). This constant fear creates anxiety and depression which can affect day –to- day life and can become very distressing. Death anxiety causes complications in the course of chronic illness and its treatment (Pasquini & Biondi, 2007).

Majority of chronic illness patients have similar fears; fear of pain, death, loss of control and function. These fears may lead to suffering and depression; it is easy to understand the difficulty faced by Chronically ill patients when they have to live their lives with the threat of their impending death always present (Sigal et al., 2008). Many variables have been found to relate with death anxiety in chronically ill patients. Among such variables which the present research seeks to investigate include personality traits and social support. In addition, many studies have been conducted on this subject matter in different parts of the world in which death anxiety is discussed among chronically ill patients but relatively none has been reported in this part of the country.

Personality trait is the characteristic reaction of an individual under different situations that is enduring and consistent (Costa & McCrae, 1989; Onyishi, Okongwu, & Ugwu, 2012). Individual behavior reflects the person's personality. Evidence has pointed to the robustness of personality traits in explanation of death anxiety. This has been admitted and applied in psychology, sociology and management (Clayson & Sheffect, 2006). The Five Factor Model (Costa & McCrae, 1989) has been widely used in investigating the role of personality in death anxiety. These factors of personality traits are extraversion, neuroticism, agreeableness, openness to experience and conscientiousness. Extroversion focuses mainly on quantity and intensity of relationship (DeNeve & Cooper, 1998). Extraverted individuals tend to be sociable, gregarious and assertive (Costa & McCrae, 1992 cited in Onyishi et al., 2012). The extraverted individuals are prone to reward in interpersonal relationship (Watson & Clark, 1997), and are predisposed to experience positive emotion (Costa & McCrea, 1992). Agreeable individuals are friendly and cooperative. Related behaviors include being flexible, trusting, forgiving and tolerant (McCrae & Costa, 1986). Associated behaviors of conscientious individual include being careful, thorough, responsible, organized and achievement-oriented (McCrae & Costa, 1986). Openness to experience describes imaginative and carouse tendencies. Highly open

people are original, cultured, broadminded and intelligent (McCaer & Costa, 1986). Individuals high in neuroticism experience more negative life event than others (Magnus, Diener, Fujita, & Pavot, 1993). Related behaviors are being anxious, depressed, emotional, worries and insecure.

Personality traits are important in understanding death anxiety (Chen, Tu, & Wang, 2008; Joshanloo & Afsharia, 2011; Winkelmann & Winkelmann, 2008). Extraversion and neuroticism are the strongest predictors of death anxiety (Shimmack, Oishi, Furr & Funder, 2004). People's measurable personality traits account for at least 35% of the between-person variance in death anxiety (Wood, Joseph, & Maltby, 2008), and this is typically much higher than the explanation of demographic characteristics such as an individual's income (4%), employment status (4%), and marital status (1-4%) (Anand, Hunter, Carter, Dowding, Guala & Van Hees, 2009; Lucas & Dyrenforth, 2006).

Besides personality traits, another factor that is purported to be related to death anxiety on chronically ill patients is perceived social support. Social support is the comfort given to us by our family, friends, coworkers and others (Onyishi, Okongwu & Ugwu, 2012). This comfort can be in the form of resources provided by others to assist us (Onyishi, *et al.*, 2012). Social support can be instrumental, tangible, informational and emotional. Social support for Chronic illness patients is conceptualized as coming from three sources including family, friends and significant others (Edwards, 2004). These sources of support could help an individual cope with varying life challenges. Most people turn to social resources in an effort to contain stressful events in life (Kraus, 2004 cited in Malinauskas, 2010). In this case, support network is an indication of social integration and the more one is integrated, the more one can cope with the effects of chronic illness. Social support has been linked with overall death anxiety (Heady & Wearing, 1992; Young, 2004). Increase in social support has been associated with decrease in overall death anxiety (Malinauskas, 2010; Young, 2006), while lower social support is associated with increase in death anxiety (Newson & Schulz, 1996 cited in Malinauskas, 2010).

Death anxiety might be compensated or at least diminished if chronically ill patients are given social support (Lorenzini & Giugni, 2010). The help of the family in supporting chronically ill persons financially might prove essential. Similarly, being in a relationship with a partner and having close friends with whom one can talk might help in overcoming the psychological and physical distress caused by chronic illness. Generally, one may think of social support of all kinds to be crucial to help chronic illness patients to cope with death anxiety.

With the foregoing, it could be seen that personality traits and perceived social support play important roles in death anxiety among chronically ill patients. However, there is still need to examine the specific roles of these variables, especially in Makurdi where, to the best of our knowledge, no prior empirical study has been done to explore these relationships. It is due to this that the present study seeks to examine the relationship of personality traits and social support on death anxiety of chronically ill patients in Makurdi.

The aim of the present study is to investigate the relationship of personality traits and social support on death anxiety among chronically ill patients in Federal Medical Centre, Makurdi. Therefore, for proper conduct of the research, the following objectives are formulated:

i. To examine the relationship between personality traits and death anxiety among chronically ill patients.
ii. To investigate the relationship of perceived social support on death anxiety among chronically ill patients.

Method

Participants

Two hundred and eighty two (282) chronically ill patients in Federal Medical Centre, Makurdi participated in this cross-sectional survey. Participants for the study were selected using convenience sampling technique which cut across all gender, educational qualification, tribe, marital status, income, religion and age. Inclusion criteria were: at least 18 years of age, diagnosis of a chronic illness at least 6 months before data collection, ability to understand English language. Respondents' demographic characteristics showed that Males were 159 (56.4%) and Females were 123 (4.6%). Marital status of respondents showed that Single were 150(53.2%), Married 96(34.0%), Divorced 17(6.0%) and widow/widower 19 (6.7%). Inpatients were 196 (69.5%) while Outpatients were 86(30.5%). In terms of Age, 42(14.9%) had age range of 20-25, 128(45.4%) had age range of 26-30, and 74 (26.2%) had age range of 31 and above respectively.

Procedure

The Researcher sought a letter of introduction from the head of department of psychology and presented to the management of Federal Medical Centre, Makurdi for the study. After permission granted from the hospital, the researcher sought the assistance of some of the Nurses in the hospitals in the administration the questionnaires. Also, the researcher met the respondents and explained his intention to conduct research for academic purpose. Respondents that indicated interest to participate in the study were given a copy of the questionnaire.

Respondents were supplied with a consent form at the beginning of the questionnaire, informing them of the following: My name, the purposes for which this study is executed and the name of the university; That the research is investigating the relationship `of personality traits and social support on death anxiety among chronically ill patients in Federal Medical Centre, Makurdi; That they were requested to complete the questionnaires on their own; That by returning the completed questionnaires, the assumption will be that respondents granted me permission to use their responses in my study which the generalized results may be published in a psychological journal. Questionnaire copies were administered to consenting patients, using purposive sampling technique, who met the inclusion criteria for participation in the study. Three hundred and twenty one (321) copies of questionnaire were administered out of which 282 questionnaires were returned with usable data, representing 88% return rate.

Instruments

Three standardized instruments were used in this study. *The Big Five Inventory (BFI).*The Big Five Inventor is a standard psychological assessment instrument developed by John, Donahue and Kentle (1991).John *et al.* (1991) provided the original psychometric properties of the scale for the American samples while Umeh (2004) validated the properties for Nigeria samples. The inventory contains 44-items which assess personality from a five-dimensional perspective (Extraversion, Agreeableness, Conscientiousness, Neuroticism and Openness to Experience). Participants are required to circle a response from a five-point Likert Scale ranging from "Strongly Agree" to "Strongly Disagree" which corresponded best with the extent to which they agreed with each of the statements. Higher scores on each of the sub-scales indicate higher possession of the respective personality trait. The reliability coefficient (Cronbach Alpha) obtained for the entire scale by John *et al.* (1991) was .80 and a three month test re-test reliability of .85.

*Multidimensional Scale of Perceived Social Support (MSPSS).*The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet& Farley, 1988) was used to assess perceived social support. The MSPSS is a 12-item questionnaire on a 7-point Likert-type scale, with one being very strongly disagree, strongly disagree, mildly disagree, neutral, mildly agree, strongly agree and very strongly agree for a possible total score of 84. Dahlem and colleagues (1991), found a mean of 66.96 (5.58 average score for each question multiplied by 12 questions). Study by Pfeifer (2011) found a mean of 70.72 (5.89 average score for each question multiplied by 12 questions). Factor analysis found three factors within perception of social support: friends, family, and significant other (Clara, Cox, Enns, Murray, & Torgrudc, 2003). Higher scores on each subscale indicate a higher level of perceived social support in that area, and the sum of the score yields a total perceived social support score. Alpha scores for the three subscales are .93 for friends, .92 for family, and .93 for significant others (Clara et al., 2003).

Death Anxiety Scale. The Death Anxiety Scale (DAS) developed by Templar (1970) was used to measure death anxiety in chronically ill patients sampled for the study. Death Anxiety Scale is a 15 item inventory which is design to measure the concerns, fears, apprehensions and forebodings people often have about dying. The scale is scored on a 'true' or 'false' response. A score of 1-point is given for each response. Templar (1970) provided the original psychometric properties of the scale for American samples while the properties for the Nigerian samples were provide by Adebakin (1990), Erinoso (1996) and Uzosike (1998). The reliability coefficient reported by Templar (1970) is: KR-20 internal consistency =.76, 3-week test-retest =.83. Adebakin (1990) reported a 3-week test-retest of .15. Concurrent validity coefficients were obtained by correlating DAS with Fear of Personal Death Scale (FDPS) developed by Florian and Kravetz (1983); Templar (1970) obtained .74 while Adebakin (1990) obtained .45.

Results

Table 1: Descriptive Statistics and Inter-Correlation among study variables

	Variable	**Mean**	**SD**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**
1	Age	2.38	.898	-													
2	Sex	1.44	.497	-.05	-												
3	Marital status	1.66	.867	.03	-.063	-											
4	Patient	1.30	.461	- .24**	.008	.125*	-										
5	Educational qualification	2.61	1.20	-.17*	.086	-.333	.128*	-									
6	Extraversion	25.68	3.01	.117*	-.013	.025	-.167*	-.047	-								
7	Agreeableness	33.59	3.83	.087	-.101*	.110*	-.224**	-.058	.442**	-							
8	Conscientiousness	33.17	3.63	.131*	.007	.004	-.096	.015	.446**	.570**	-						
9	Neuroticism	29.94	3.24	.162*	-.062	-.035	-.179*	.045	.402**	.517**	.572**	-					
10	Openness	32.54	4.80	.156*	-.144*	.031	-.201**	-.059	.533**	.664**	.566**	.550**	-				
11	Support (sig others)	15.12	2.82	.029	.029	-.067	.074	.108*	.075	.229**	.293**	.218**	.054	-			
12	Support (Family)	14.05	3.33	-.076	.040	-.085	.328**	.045	.053	-.025	.104*	.067	.038	.561**	-		
13	Support (Friends)	15.29	3.42	-.076	.010	-165*	.165*	.113*	-.019*	.041	.196**	.211**	.027	.591**	.694**	-	
14	Death anxiety	86.67	11.90	-.123*	-.020	.068	.149*	.002	.200**	.162**	.203**	.199**	.272**	.306**	.437**	.278**	-

Note *= P<.05; **= P<.01

Table 1 above illustrates the correlation coefficients between personality traits, social support and death anxiety. The results show a varying degree of association between the independent variables and death anxiety. For personality traits, Extraversion (r = .20, p < .05, n = 282), Agreeableness (r = .16, p < .05, n = 282), Conscientiousness (r = .20, p < .05, n = 282), Neuroticism (r = .20, p < .05, n = 282), Openness (r = .27, p < .05, n = 282) indicated positive influence. The correlation results show that openness had the highest association with death anxiety (r = .27), with a 27% strength of association. The result also indicated a statistically significant and positive association between all the dimensions of personality trait and death anxiety. The correlation results for the three dimensions of social support indicate that: family (r = .44, p < .05, n = 282), friends (r = .28, p < .05, n = 282), and significant others (r = .31, p < .05, n = 282) indicated a positive correlation with death anxiety. Support from family demonstrated the strongest association with death anxiety with 44% degree of association.

Hypothesis One: There will be a significant relationship of personality traits on death anxiety among chronically ill patients.

Table 2: Multiple Regression Results Showing the relationship of personality traits on death anxiety among chronically ill patients

Variables	R	R^2	F	β	T	P
Constant	.351	.123	1.475		6.80	.00
Extraversion				.071	1.03	.30
Agreeableness				-.109	-1.331	.184
Conscientiousness				.068	.88	.38
Neuroticism				.083	1.11	.27
Openness				.249	2.88	.00

In regard to Table 2 above, which presents the result for the first test of hypothesis, the value indicate a significant influence of personality traits on death anxiety ($p < .05$, $R^2 = .12$). This shows that the model is acceptable. In other words, the model is useful to explain the change in the value of death anxiety. Sweet and Martin (2007) illustrates that if the value of adjusted R^2 is under 0.1 then the regression model is too weak to analyze the data. Hence, the model of this research is not strong enough to explain for death anxiety because adjusted R^2 is 0.09. There is however an indication that personality trait is a predictor for death anxiety. The general model supports the hypothesis ($p< .05$), however, only openness ($\beta = .25$, $p< .05$) indicated a significant positive influence on the dependent variable (death anxiety). These findings indicate that the first hypothesis is accepted in terms of openness. However, these findings fail to support the first hypothesis in terms of Extraversion ($\beta = .07$, $p>.05$), Agreeableness ($\beta = -.11$, $p>.05$), Conscientiousness ($\beta = .07$, $p>.05$), and Neuroticism ($\beta = .08$, $p>.05$) and therefore rejected.

Hypothesis Two: There will be a significant relationship of social support on death anxiety among chronically ill patients.

Table 3: Multiple Regression Results showing the relationship of social support on death anxiety among chronically ill patients

Variables	R	R^2	F	β	T	P
Constant	.470	.221	11.12		12.68	.00
Family				.418	5.39	.00
Friends				-.067	-.84	.40
Significant others				.122	1.77	.08

The second hypothesis sought to investigate the relationship of social support on death anxiety among chronically ill patients. As shown in Table 3, the general model supports this hypothesis ($p< .05$), however, some of the social support measures have no relationship on death anxiety. For instance, support from friends ($\beta = -.07$, $p>.05$) and support from significant others ($\beta = .12$, $p>.05$) show no significant relationship on death anxiety. In other words, friends and significant others does not significantly predict death anxiety. These results fail to give evidence to support the second hypothesis in terms of support from friends and support from significant others. However

support from family showed a statistically significant positive relationship on death anxiety (β =.42, p<.05). As a result, this finding supports the second hypothesis, meaning that the second hypothesis is accepted in terms of support from family, whereas, it is rejected in case of friends and significant others.

Discussion

In first test of hypothesis, the value indicates a significant relationship of personality traits on death anxiety. This shows that the model is accepted. In other words, the model is useful to explain the change in the value of death anxiety. Furthermore, the value indicates that the change in the value of Death anxiety can be explained by the change in independent variables namely: Extraversion, Agreeableness, Conscientiousness, Neuroticism and Openness. However, the change in the value of Death anxiety can be explained by other factors aside personality traits that the researcher did not include in this model. This finding showed that the model was useful to analyze the connection between all predictors and the dependent variable (death anxiety).

The general model supports the hypothesis; however, only openness indicated a significant positive relationship on the dependent variable (death anxiety). These findings indicate that the first hypothesis is accepted in terms of openness. However, these findings fail to support the first hypothesis in terms of Extraversion, Agreeableness, Conscientiousness, and Neuroticism.

The finding that personality traits relate with death anxiety do not support those of Duggan, et al. (1995); Magnus, et al. (1993); Suls, et al. (1998); Vollrath and Torgersen (2000), who in their separate studies found personality traits to influence death anxiety. Previous findings have shown that individuals high in neuroticism (characterized by negative emotional states and predisposition) are the most vulnerable to experiencing increased death anxiety, however, this study found neuroticism not to influence or predict death anxiety.

The second hypothesis sought to investigate the relationship of social support on death anxiety. The general model supports this hypothesis; however, some of the social support measures have no impact on death anxiety (support from friends and significant others show). However support from family showed a statistically significant positive relationship on death anxiety. As a result, this finding supports the second hypothesis, meaning that the second hypothesis is accepted in terms of support from family, whereas, it is rejected in case of friends and significant others. Social support has been linked with overall death anxiety (Heady & Wearing, 1992; Young, 2004). Increase in social support has been associated with decrease in overall death anxiety (Malinauskas, 2010; Young, 2006), while lower social support leads to increase in death anxiety (Newson& Schulz, 1996 cited in Malinauskas, 2010).

Recommendations

More attention is needed to discover the significant factors that influence death anxiety of chronically ill patients. In future the current study could be replicated using larger groups of chronically ill patients from a greater variety of socio-economic backgrounds and different states, to determine whether chronically ill patients in different areas of Nigeria experience death anxiety differently.

Conclusion

Based on the findings of the study, it was concluded on the following:

i. Personality traits predict death anxiety and correlate positively with death anxiety. This shows that the model is accepted. In other words, the model is useful to explain the change in the value of death anxiety.

ii. Likewise, it was concluded that social support influence death anxiety and also correlate positively with death anxiety. The general model supports this hypothesis however; some of the social support measures have no impact on death anxiety (support from friends and significant others). In other words, friends and significant others do not significantly influence death anxiety. However support from family showed a statistically significant positive influence on death anxiety.

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