



Original Article

Causal relationship between personality traits and psychological well-being with quality of working life through perceived social support in nurses

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Abstract

Introduction: The present study aimed to investigate the relationship between personality traits and psychological well-being with the quality of working life through mediation of perceived social support in nurses working in Dezful, Iran.

Materials and Methods: The research method was descriptive-correlational. The statistical population of this study was all nurses working in hospitals in Dezful, Iran. Among the statistical population, 120 people were selected through targeted sampling. To collect the data, the social support questionnaire of Zimet et al. (1988), personality traits (NEO), psychological well-being of Reef (1989), Walton's quality of working life (2003). The proposed model was evaluated using path analysis.

Results: The findings of the study showed that direct traits of personality traits, psychological well-being and perceived social support to quality of working life as well as personality traits and psychological well-being to perceived social support were statistically significant ($P < 0.001$). The results indicated that indirect relationship between personality traits and psychological well-being was significant through perceived social support with quality of working life ($P < 0.001$).

Conclusion: It seems that quality of working life seems to be affected by many factors including personality traits, psychological well-being and perceived social support.

Keywords: Personality traits, Psychological well-being, Social support, Working life

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Introduction

One of the most apparent issues that occupy the minds of the executive staff in any organization, especially hospitals, is staff quality of life, especially the quality of life of nurses responsible for maintaining and promoting the health and quality of life of any organization patients. Nursing is one of the most stressful jobs. Factors that cause stress in this valuable group include

high work pressure, night shift work, high demands in the workplace, hard work, acute and life-threatening emergencies or patients with unstable conditions, the insufficient number of nurses compared to patients. And lack of tools and equipment. Quality of life is a pervasive concept today; which is affected by physical health, personal development, psychological status, independence, social relations, and

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relationships with prominent institutions of the environment and is based on individual perception. Quality of life includes objective and subjective dimensions that interact (1).

Quality of life is influenced by many psychological factors, the most important being personality traits. Personality is an organized and unified set consisting of relatively stable and durable characteristics that distinguish one person from others in general (2). Personality theories use adjectives and psychological, biological perspectives to suggest that personality plays a critical and influential role in predicting satisfaction, adjustment, and quality of life. Because personality is an essential and influential factor in establishing a normal balance (3), having a personality appropriate to the profession directly impacts a person's perception of his job can affect his quality of working life. Psychological well-being has been proposed as a series of psychological features involved in positive human functioning. Psychological well-being in the workplace also includes the feeling of pleasure, pleasant things, achieving goals, fulfilling wants and needs, having a good feeling about oneself, experiencing positive emotions while performing duties and responsibilities, and feeling satisfied with oneself and life (4). Also, various psychosocial factors can affect the quality of life of individuals. One of these is perceived social support. As one of the emotional coping mechanisms, social support can affect the quality of life and strengthen the sense of coping, thus strengthening the sense of self-esteem, self-confidence, and psychological adjustment with the stress of significant health issues (5). Aqdar showed a relationship between psychological well-being and quality of life (6). Takeshita et al. (7) and Peng, Lei, Qing, Guowei, Huan (8) concluded that neuroticism had a significant inverse relationship with quality of life and extroversion, adaptation, and conscientiousness had a significant direct relationship with quality of life. Faraji, Moghtadar, and Asadi (9) showed that the characteristic of extraversion and social support is associated with psychological well-being and neurosis with psychic well-being. They also concluded that the variables of neuroticism, extroversion and social support in the total predict 74% of the changes in psychosocial well-being. Quality of working life can reflect the

organizational culture or management style of the organization, and the desired quality of working life will increase the quality of services provided and the growth and promotion of people. In occupations such as nursing, where the services provided by the staff directly affect the health of the community, the quality of life of the staff is more important. Therefore, conducting this research from a scientific, social, cultural, and economic point of view seems necessary. Although previous studies have examined the variables linearly and straightforwardly, the relationship between these variables has not been studied collectively. Therefore, in this study, in the form of a model, the question is answered whether the causal relationship between personality traits and psychological well-being with the quality of working life is mediated through perceived social support?

Materials and Methods

The statistical population of this descriptive and correlational study consisted of all nurses working in hospitals in Dezful in 2019, whose population consisted of 180 nurses working. The sample size was selected based on the number of research variables and the statistical model used. In structural equation research, the number of parameters is calculated according to the number of direct paths, exogenous variables, and error variances. Considering Klein's proposal (10), there is a need for at least 10 participants for each parameter calculated to test the model. Of course, in the research, about 25 participants can be considered for each parameter so that the number of selected samples is sufficient to test the model; According to these explanations, 120 nurses working in Dezful hospitals were selected by purposive sampling method. Inclusion criteria in this study were: being a nurse, nurses' satisfaction to participate in this study and exclusion criteria, non-response and incompleteness of the questionnaire, and dissatisfaction were considered to continue the research. Participants were also assured that their answers to the questionnaire would remain confidential.

Research instrument

A) *Zimet et al. Social Support Scale*: The Multidimensional Perceived Social Support Scale was developed by Zimet et al. (10,11) and

consisted of 12 items and three subscales of social support received by family (4 questions), social support received by friends (4 questions). Furthermore, social support was received from others (4 questions). The validity and reliability of this scale have been reported to be optimal by Zimet et al. Kant Michel, and Zimet (12) reported the construct validity of this scale in the dimensions of family, friends, and influential people in life as 0.76, 0.33, and 0.48, respectively. Salimi, Jokar, and Nikpour (11) reported the reliability of the scale using Cronbach's alpha coefficient for the three dimensions of social support received from family, friends, and influential people in life 0.86, 0.86, and 0.82, respectively. The reliability of the perceived social support questionnaire in the present study was 0.89 by Cronbach's alpha method and 0.81 for the subscales of social support received by family, 0.83 by friends and influential people in life.

B) Personality Traits Questionnaire (NEO): The NEOPI-R Personality Questionnaire replaces the NEO test developed in 1985 by McCreery and Costa. This questionnaire measures five main personality factors and six characteristics in each factor or, in other words, 30 characteristics. This questionnaire has two forms, one (S) for personal reports, and the other is called (R) or revised form and is based on observer ratings (13). This questionnaire also has a short form called (NEO-FFI) which is a 60-item questionnaire and is used to assess the five main personality factors (13).

In the standardization of the NEO test performed by Grossi Farshi (13), the correlation coefficient of 5 main dimensions was between 0.56 to 0.87. Cronbach's alpha coefficients in each of the main factors of temper tantrums, extroversion, openness, adaptation, and conscientiousness were 0.86, 0.73, 0.56, 0.68, and 0.87, respectively. In order to evaluate the content validity of this test, the correlation between the two forms of the personal report (S) and the observer evaluation form (R) was used, with a maximum correlation of 0.66 in the extraversion factor and a minimum of 0.45 in the factor. It was compatible (13). In Atashroze's research (14) using the internal consistency method, Cronbach's alpha coefficient for each of the five traits of irritability, extroversion, openness, adaptation, and conscientiousness were 0.74, 0.55, 0.27, 38, respectively. / 0 and 0.77 were obtained.

C) Ryff Psychological Well-being Scale: It was designed by Ryff in 1989 (15) and revised in 2002. The short form of this questionnaire has 18 questions and is taken from the main form with 120 questions. The scoring spectrum of this questionnaire is based on a six-choice Likert scale. The lowest score is 18, and the highest score is 108. This version consists of 6 factors: independence of mastery of the environment, personal growth, a factor of positive communication with others, purpose in life, and self-acceptance. In Khanjani Shahidi, Fathabadi, Mazaheri, Shakeri researches (16), the results of one-group confirmatory factor analysis showed that the six-factor model of this scale in the whole sample and both sexes have a good fit. Internal consistency of this scale using Cronbach's alpha in 6 factors of self-acceptance, environmental dominance, positive relationship with others, having a purpose in life, personal growth, and independence are equal to 0.51, 0.76, 0.75, 52, respectively. 0. 0.73, 0.72, and 0.71 for the whole scale. In the present study, the reliability of this scale using Cronbach's alpha was 0.89, and for its acceptance components, environmental dominance, positive relationship with others, purpose in life, personal growth, and independence were equal to 0.80, 0.79, respectively. , 0.82, 0.81, 0.82, 0.80 were obtained.

D) Walton Quality of Working Life Questionnaire: It was designed and implemented by Mirkamali and Naranji (17) using the Walton model. This questionnaire has 27 questions and eight components and assesses the quality of working life based on Likert's five-choice range. Walton (18) reported test reliability of 88%. In Hoseini et al. (19) research to measure the reliability of the test, after a preliminary study and determining the variance of the questions, the reliability coefficient of the questionnaire was 0.85, which is a desirable coefficient. In Ardalan's research (20), the reliability of the questionnaire based on Cronbach's alpha was estimated to be 0.92. In the present study, the reliability of this scale using Cronbach's alpha is 0.87, for fair and adequate payment subscales 0.79, safe and healthy work environment 0.81, providing growth opportunity and continuous security 0.78, legalism in the organization 0.79, social dependence in working life was 0.80, general living space was 0.82, social unity and cohesion

was 0.81, and human capabilities development was 0.80.

In this study, to test the hypotheses of descriptive statistics methods including mean, standard deviation, and inferential statistics including correlation coefficient and path analysis and fitness indices (GFI, CFI, RMSEA, X2) using SPSS software version 22 and AMOS version 22, were used.

Results

Of the total sample size, 66 were female (54%), and 54 were male (45%), as well as 43 were married (36%), 73 were single (61%), and four were divorced (3%), and 16 of them had associate degrees (13.3%), 89 bachelors (74%) and 15 masters and doctorates (12.7%). The mean and standard deviation of the age of participants were 36.87 and 4.45 years, respectively.

Table 1. Indicators of descriptive statistics and estimation of distances of research variables

Variables	Mean	Standard deviation
Perceived social support	41.57	6.48
Neurotic personality traits	22.80	6.05
Extroverted personality traits	35.19	5.22
Personality traits are open to experience	27.41	7.99
Adaptability personality trait	24.10	8.63
Conscientious personality traits	28.40	6.12
Psychological well-being	101.40	11.66
Quality of working life	121.05	20.10

Table 2. Kolmogorov-Smirnov test (K-S) for data normality

Research variables	Z	P
Perceived Social Support	1.07	0.08
Neurotic personality traits	0.20	0.14
Extroverted personality traits	0.16	0.11
Personality traits are open to experience	0.15	0.22
Adaptability personality trait	0.12	0.18
Conscientious personality traits	0.12	0.31
Psychological well-being	0.07	0.17
Quality of working life	0.11	0.12

Table 3. Matrix of correlation coefficients of research variables

Variable	1	2	3	4	5	6	7	8
1	1							
2	**0.26	1						
3	**0.23	**0.54	1					
4	**0.24	*0.12	**0.26	1				
5	**0.29	*0.14	*0.15	**0.47	1			
6	**0.29	0.11	**0.22	0.07	**0.27	1		
7	**0.24	**0.22	*0.17	0.10	*0.12	0.09	1	
8	**0.28	0.05	0.02	*0.14	*0.19	0.02	**0.21	1

1. Perceived social support, 2. Neurotic personality traits, 3. Extroversion personality traits, 4. Openness to experience personality traits, 5. Adaptability personality traits, 6. Conscientious personality traits, 7. Psychological well-being 8. Quality of working life, *P< 0.05 **P< 0.01

According to Table 2, since the significance level of the Kolmogorov-Smirnov test in all the studied variables is more significant than 0.05, the normality of data distribution is confirmed. As shown in Table 3, the highest correlation coefficient is related to the relationship between extraversion personality trait and the neurotic personality trait of 0.54. The lowest is related to the relationship between openness to experience and neurotic personality traits and also the

relationship between psychological well-being. Adaptability to personality traits is 0.12. According to the contents of Table 4, the values of fitness indicators of the proposed model are at a suitable level.

Table 4. Model fit indices

X ²	X ² /df	CFI	GFI	RMSEA
10.22	1.22	1.00	0.99	0.07

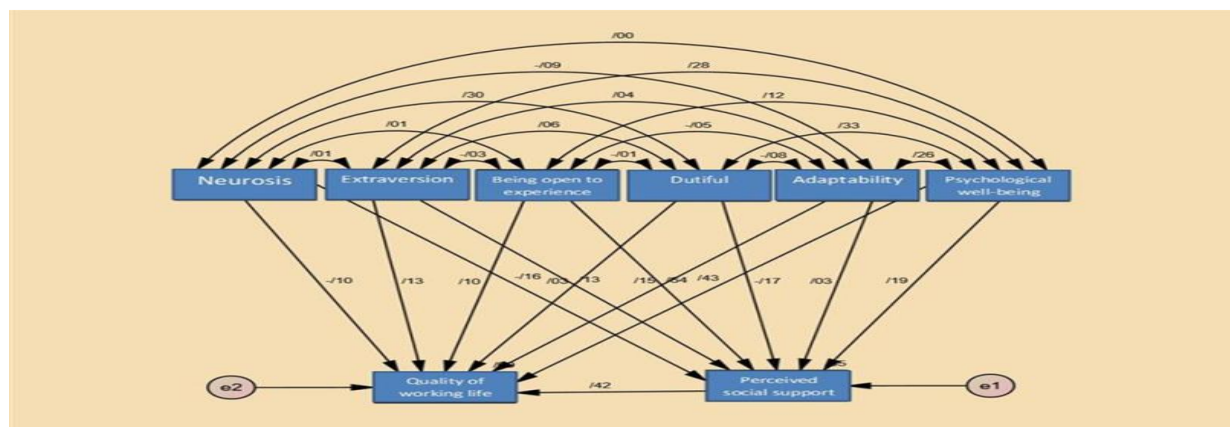


Figure 1. The final model of the standard model

Table 5. Amount and significance of the path coefficients of the initial model of the proposed path

Paths in the template		Non-standard effects	Standard effects	Standard error	The value of T	Significance of the path
From	On					
Neurotic	Perceived support	0.14	0.19	0.05	2.61	0.009
Extroversion	Perceived support	0.03	0.03	0.06	0.52	0.59
Openness to experience	Perceived support	0.23	0.16	0.10	2.37	0.018
Conscientiousness	Perceived support	0.75	0.64	0.07	10.28	0.001
Adaptability	Perceived support	0.15	0.12	0.07	1.99	0.046
Psychological well-being	Perceived support	-0.16	-0.15	0.06	-2.39	0.017
Neurotic	Quality of working life	0.66	0.43	0.09	7.00	0.001
Extroversion	Quality of working life	0.28	0.14	0.10	2.66	0.008
Openness to experience	Quality of working life	0.08	0.03	0.17	0.51	0.61
Conscientiousness	Quality of working life	0.22	0.09	0.16	1.35	0.17
Adaptability	Quality of working life	0.32	0.13	0.13	2.46	0.014
Psychological well-being	Quality of working life	0.20	0.09	0.11	1.74	0.049
Perceived support	Quality of working life	0.84	0.41	0.15	5.46	0.001

Table 5 shows the direct relationship paths of the variables in the proposed model. According to

the contents of Table 5, all path coefficients are significant.

Table 6. Macro and Preacher and Hayes bootstrap test results for all intermediate paths in the initial model

Independent variable	Mediator variable	Dependent variable	Bootstrap	Bias	Standard error	Assurance distance 0.95	
						Low limit	Top limit
Neurotic	Perceived support	Quality of working life	0.76	0.0003	0/04	-0.83	0.56
Extroversion	Perceived support	Quality of working life	0.18	0.0008	0/61	-0.69	0.22
Openness to experience	Perceived support	Quality of working life	0.60	0.0004	0.18	-0.55	0.88
Conscientiousness	Perceived support	Quality of working life	0.02	0.0006	0.31	-0.41	0.54
Adaptability	Perceived support	Quality of working life	0.44	0.0001	0.88	0.20	0.72
Psychological well-being	Perceived support	Quality of working life	0.86	0.0007	0.44	0.46	0.66

Discussion

The contents of Table 6 indicate the significance of intermediate pathways. The confidence level for the 95% confidence interval and the number of bootstrap re-sampling is 5000. Given that zero is outside the confidence interval (upper and lower), these mediator relationships are significant.

This study aimed to investigate the causal relationship between personality traits and psychological well-being with quality of working life by mediating perceived social support in working nurses in Dezful. Evidence has shown a significant relationship between personality traits and quality of working life. A study by Mahmoudi et al. (21) in 2015 on 196 (50 males and 146 females) health center staff by random sampling using Walton quality of work-life questionnaire and McCray and Costa 5 personality factors questionnaire which showed that neurotic personality dimensions had a significant positive correlation with quality life has a job is similar to the present study.

Mojtahedi and Ashuri study (22) in 2016 on 180 nurses by stratified random sampling method among nurses of Shahid Mofteh and 15 Khordad hospitals in Varamin city using Neo personality traits and quality of life questionnaires of the World Health Organization, which showed neuroticism with Quality of life Nurses had a negative and significant relationship and extroversion, acceptance, adaptation;

conscientiousness had a positive and significant relationship with the quality of life of nurses; In the present study, these variables are similar in terms of a relationship.

A study by Hamid and Zemstani (23) in 2013 on 160 medical students using random cluster sampling method and using the neo-personality traits and quality of life questionnaires of the World Health Organization which showed that neuroticism is related to the quality of life of medical students negative and significant and extroversion, acceptance, adaptation, conscientiousness had a positive and significant relationship with the quality of life of medical students; In the present study, these variables are similar in terms of a relationship. Explaining the negative relationship between neuroticism and quality of life, it can be said that neurotic people experience more negative life events than other people. In addition, they evaluate events more negatively because they put themselves in a position to reinforce their negative self-concept. The more neurotic people experience these conditions, the lower their health status will be, reducing their quality of life. Explaining the finding that psychiatric nurses have a lower quality of life, it can be said that the distinctive characteristics of psychiatric people include: experiencing negative emotions such as anxiety and depression, fear, sadness, arousal, guilt, constant and pervasive feelings of inhibition. Engaging them in exciting behaviors is healthy

and tailored to their interests. On the other hand, neuroticism confronts emotional stability and includes a wide range of negative emotions, including anxiety, sadness, mood swings, irritability, and nervousness, which are at odds with the quality of working life. Explaining the positive relationship between extroversion and adaptation to the quality of working life, it can be said that extroverts have characteristics such as competitiveness, risk-taking, excitement, adventure, humor, and high activity, so with humor in the workplace and their quality of working life will increase; In addition, these nurses frequently tend to healthy behaviors to arouse and feel pleasure and to satisfy their curiosity and adventure. On the other hand, the characteristics of willingness to socialize, warmth, courage, motivation, and activity in extroverts can effectively lead people to mental health and quality of working life. Explaining the positive relationship between acceptance and quality of working life, it can be said that there is a positive relationship between acceptance and creativity and divergent thinking, and this makes people with acceptance characteristics approved by others more easily achieve higher positions and they feel more satisfied with their work and family life, which increases the quality of life. This study also found that there is a significant relationship between psychological well-being and quality of working life. A study by Kalaei et al. (24) in 2018 on 150 nurses of Imam Khomeini Hospital in Fereydunkenar by stratified random sampling using Reef psychological well-being and quality of work-life questionnaires showed a difference between psychological well-being. There is a significant relationship with the quality of work-life in nurses. In the present study, these variables are similar in terms of the relationship. Study of Saffar Hamidi et al. (25) in 2019 on 150 mothers with mentally disabled children in Rasht by a convenient sampling method using Ryff Psychological Well-being Questionnaire, Quality of Life Questionnaire (SF-36) which shows There is a significant relationship between psychological well-being and quality of life; In the present study, these variables are similar in terms of a relationship. Explaining the results, it should be said that a high quality of working life is essential for organizations to successfully attract and retain employees in organizations,

which has become a standard for all organizations, large and small. An organization has a high quality of working life that creates and maintains a work environment that, through open communication, respect, appreciation, trust, support, well-being, and satisfaction with its members, both individual and professional, leads to perfection and excellence in whatever it offers. Therefore, in explaining this finding, it can be said that purposefulness in life, personal growth, and positive communication with others make people remember positive events more than negative ones; As a result, they exchange positive energy with the environment and those around them and improve their relationships with them, and all of this leads to more satisfaction from the work environment and colleagues, and as a result, a better quality of working life (24). Another finding of this study showed a significant relationship between personality traits and perceived social support. A study by Faraji et al. (9) in 2019 on 150 female patients with chronic pain who were referred to the pain clinics in the city of Rasht by convenience sampling method and using the psychophysical characteristics questionnaire, Reef, who showed that there is a significant relationship between personality traits and social support, are similar to the present study in terms of the relationship between these variables.

Explaining the results, it can be argued that social support is the strongest and most powerful coping force for successful coping with stressful situations and facilitates endurance for individuals. By playing a mediating role between the stressors of life and the occurrence of physical and psychological problems, as well as strengthening the appropriate personality traits in individuals, reduces the experienced stress, increases survival and improves health care, and ultimately, improves the quality of life (9). In this study, it was found that there is a significant relationship between psychological well-being and perceived social support. Rezaei Vermeziar study (26) In 2019, on 511 third-year high school students in Hamadan (256 boys and 255 girls) in a stepwise manner using the Perceived Social Support Scale, Zimet et al. There is a positive and significant relationship; In the present study, these variables are similar in terms of a relationship. Explaining the results, it can be said

that the most important factor in job stress is a conflict between colleagues. Nurses working in intensive care units try to alleviate these tensions through emotional, social, and collaborative activities. A supportive work environment enables nurses to enjoy better psychological well-being and make appropriate use of job facilities and resources. In contrast, workplaces without individuals' emotional and social support face serious problems in performing activities related to the profession and feel frustrated. Social support is one factor that inhibits the negative effects of job stress, consisting of three elements: emotion, acknowledgment, and help. Emotion means expressing love and affection, acknowledgment means awareness of appropriate behavior and feedback and helping means direct assistance such as financial assistance and helping to do things. Social support creates in the individual the feeling that he or she is being cared for by others, that others value him or her, and that he or she belongs to a social network. People with high social support are usually less depressed, show less violence, generally have better mental health, and perform better in most personal and social contexts (26). Another finding of this study was a significant relationship between perceived social support and quality of working life. The study by Nasiri and Abdolmaleki (27) In 2016, 200 employed female-headed households in Sanandaj using random sampling method and perceived social support questionnaires Zimet et al. And Quality of life (SF-36) and using structural equation modeling method showed that between social support perception And the quality of life there is a significant relationship; In the present study, these variables are similar in terms of a relationship. The study of Haji and Mahmoud Fakhmeh (28) in 2015 on 60 patients with epilepsy referred to the neurology ward of Alavi Hospital in Ardabil by purposive sampling, and social support and quality of life questionnaires showed that between social support and quality of life There is a significant positive correlation; In the present study, these variables are similar in terms of the relationship. Explaining the results, it can be said that perceived social support is a shield against stressful events and reduces isolation and loneliness, and increases self-esteem. The above factors first increase health

and life satisfaction and ultimately increase the quality of life. Another result of this study was that personality traits are related to the quality of working life through perceived social support. A study by Ghanimi et al. (29) in 2018 on 660 parents of children with autism spectrum disorder using available sampling method and perceived social support questionnaires Zimet, Dalm, Zimet, and Farley (1988), and quality of life of the World Health Organization (1996) Showed that social support has a mediating role and mediates effectiveness in the relationship between these variables; This finding is similar to the results of the present study. In explaining the obtained results, it can be said that according to documentary theories, especially Haider's theory, behavior is a function of environmental and individual factors. In other words, behavior results from effective individual force and effective environmental force. Therefore, it can be said that if a person accepts himself in terms of personality and identity and values and respects himself, then he performs behaviors that are beneficial both for himself and for others; And if he does not value and respect himself, then he engages in any behavior that reduces the quality of life (30). The study also found that psychological well-being is related to the quality of working life through perceived social support. Ghorban Pourlfamjani et al. (31) in 2019 on 116 employees of Musa Ibn Jafar Hospital and Quchan Army by simple random sampling and quality of life questionnaires of the World Health Organization (1998) and perceived social support Zimet et al. (1988) showed that social support plays a mediating and effective role in the relationship between these variables; This finding is similar to the results of the present study. In explaining this finding, some issues can be raised, including that social support is one of the social factors determining psychological well-being and quality of life. Also, human beings are social beings and need their fellow human beings and communicate with them throughout their lives. If a person believes that he is respected and loved by others, is a valuable and dignified element, and belongs to a network of relationships and mutual obligations, these beliefs will eventually lead to a pleasant feeling in the person and ultimately increase psychological well-being and consequently increase the quality of working life

leads (30). The importance of quality of working life is that providing quality of working life, reaching the environment, is a convenient service that can meet individual and organizational needs and values that improve health, welfare, job security, job satisfaction, development Develops skills and balances working and non-working life. Since the research sample only includes nurses working in hospitals in Dezful, it is necessary to be more careful in generalizing the results to other nurses in other cities. According to the results of this study, it is suggested that by recognizing the factors affecting the psychological well-being of nurses and considering the variables and environment related to their job, while recognizing psychological harms and factors affecting mental health, steps were taken to improve their psychological well-being; Thereby improving the quality of working life of nurses. In addition, it is

suggested that in order to increase the quality of nurses' working life, workshops can be used to promote social support and psychological well-being, and to reduce job stress by taking the necessary measures, such as reducing unhealthy competition; In this way, it prevented the reduction of the quality of working life of nurses.

Conclusion

Overall, the results showed that the quality of working life seems to be affected by many factors such as personality traits, psychological well-being, and perceived social support.

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