



PERSONALITY TRAITS, RESILIENCE AND PERCEIVED SOCIAL SUPPORT PREDICTING QUALITY OF LIFE AMONG BEREAVED YOUNG ADULTS

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ARTICLE HISTORY <i>Received [12 February 2025]</i> <i>Revised [13 March 2025]</i> <i>Accepted [15 April 2025]</i>	ABSTRACT Quality of life has become a broad-based construct used to evaluate various aspects of human well-being including the period of bereavement. Studies linking quality of life with the period of individuals' bereavement are lacking. Therefore, this study investigates personality traits, resilience and perceived social support as predictors of quality of life among bereaved young adults in Ibadan. Ex-post facto design utilizing cross-sectional survey was used while purposive sampling technique was used to select the study location. Data were collected from 187 bereaved young adults using validated questionnaires and analyzed using multiple regression and independent samples t-test. Two hypotheses were tested and accepted at $p < .05$ level of significance. The result demonstrated that personality traits, resilience and perceived social support jointly predicted quality of life among study participants. In addition extraversion agreeableness and perceived social support independently predicted quality of life among study participants. Furthermore, there was a gender difference in quality of life among study participants. The study concludes that interactions of personality traits, resilience and perceived social support are good predictors of quality of life among study participants. The study recommended design and implementation of psychological counseling, resilience training, and personality profiling to help bereaved individuals to improve quality of life.
KEYWORDS <i>Personality Traits, Resilience, Perceived Social Support, Quality of Life, Bereaved Young Adults</i>	
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INTRODUCTION

Quality of life (QoL) refers to individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (WHO, 2003). QoL is a broad-based construct that affects an individual's physical health, psychological state, levels of social relationships and their relationships to salient features of their environment (Ruževičius & Braškutė – Saulė, 2015). By extension, health-related quality of life assesses the effects of deficiencies, an individual's level of performance and the feeling about selves, and the social opportunities at their disposal. Quality of life is perceived through individuals' life experiences. Some criteria used to evaluate an individual's quality of life are joy, pleasure and contentment in life. In the context of this study, an individual who is bereaved (lost someone) and is passing through grief would tend to experience low quality of life. Bereaved young adults are individuals between the ages of 18 and 30 who are coping with the death of someone close to them such as a parent, sibling, or peer.

Some factors have been used to study quality of life among bereaved individuals. One is personality trait which is described as a relatively permanent characteristic of an individual which distinguishes one individual from another (McCrae & Costa, 2008). McCrae & Costa, 1997). The Big Five factors have been used to describe human



personality. It is decomposed into extraversion, agreeableness, conscientiousness, openness to experience and neuroticism. Extraversion describes individuals' characteristics such as excitability, sociability, talkativeness, assertiveness and high amounts of emotional expressiveness. Agreeableness is about an individual level of trust, altruism, kindness, affection, and other prosocial behaviors. Conscientiousness has attributes such as high levels of thoughtfulness, with good impulse control and goal-directed behaviors. Those high in conscientiousness tend to be organized and mindful of details. Neuroticism explains individuals' experience of emotional instability, anxiety, moodiness, irritability, and sadness. Openness to experience includes attributes such as imagination and insight, and those high in this trait also tend to have a broad range of interests. Studies have demonstrated agreeableness and conscientiousness as significant predictors of quality of life among different populations and samples (Cherry, 2019; Carvalho et al., 2020; Habibi et al., 2025). Also, studies have found individuals high in neuroticism to express poor quality of life (Habibi et al., 2025; Verdugo et al., 2024) which can equally affect other aspects of life outcomes such as grief and bereavement (Saliva et al., 2016).

The second factor considered in this study is resilience which describes the quality that allows individuals to bounce back from adversity that comes their ways. The American Heritage dictionary further defined resilience as the ability of an individual to recover quickly from illness, change, or misfortune. A resilient individual tends to be calmed in the face of adversity such as when bereaved (Fakorede et al., 2024; Konaszewki et al., 2021). Studies have found resilience as a predictor of quality of life among different populations and samples. For example, Fakorede et al. (2024) found resilience to predict quality of life among combatant officers in Nigeria.

The third factor considered is perceived social support which refers to the beliefs individuals hold regarding the level and quality of support that is available to them from family members, friends, and significant others (Gulacti, 2010). It is the perceived social support that is the most salient factor because it shows how an individual thinks about the support available to them, and whether it can be called upon when needed (Gallagher & Vella-Brodrick, 2008). Perceived social support can come from an individual's spouse, family, and friends. Studies have found perceived social support from the family members, friends and significant others to play a vital role in the quality-of-life condition among bereaved individuals (Unsar et al., 2016; Yuh & Choi, 2017). Specifically, studies have found the friend component of social support to be a significant predictor of quality of life among bereaved individuals (Unsar et al., 2016).

Finally, gender is considered in this study which is described as the psychological, behavioral, social, and cultural aspects of being male or female (APA, 2015). Studies that have investigated the influence of gender on quality of life among bereaved individuals tend to give contradictory results. For instance, while Kyung and Hanzhang (2020) found male participants to be affected more on quality of life among bereaved participants, other studies found females to be more affected than their male counterparts (Oyeniyi, 2024).

Individuals who lose their loves tend to face different psychological and material challenges which affect their quality of life. Studies linking personality traits, resilience and perceived social support with quality among the bereaved young population in Nigeria are lacking which leave gap in knowledge to fill. Therefore, the purpose of this study was to examine the predictability of personality traits, resilience and perceived social support on the quality of life among bereaved young adults in Ibadan North Local Government Ibadan Oyo State. The study sought to provide answers to the questions:



Would personality traits, resilience and perceived social support predict quality of life among bereaved young adults? And, would there be gender difference in quality of life among bereaved young adults?

The study would bring a better understanding on the effects of personality traits, resilience and perceived social support on quality of life among bereaved young adults in Ibadan North LGA. In addition, mental health professionals, marriage counselors and other stakeholders interested would have useful insights in the management of the bereaved individuals in need of their services.

The integrative quality of life theory (Lucas, 1992) was used to explain quality of life in this study. The theory explains quality of life in three–dimensions: Subjective, existential and objective dimensions of quality of life. The subjective quality of life explains how good a life each individual feels he/she has; the existential quality of life describes how good one's life is at a deeper level, and the objective quality of life shows how an individual's life is perceived by the outside world.

The study tested the following hypotheses:

H1: Personality traits, resilience, and perceived social support would jointly and independently predict quality of life among bereaved young adults.

H2: Female bereaved young adults would report higher quality of life than male bereaved young adults.

RESEARCH METHODOLOGY

The study was an ex-post facto design which utilized cross-sectional survey where data were collected using validated questionnaires. The independent variables were personality traits, resilience and perceived social support while the dependent variable was quality of life. The study was conducted in Ibadan North Local Government, Oyo State. The research population comprises bereaved young adults aged between 18 and 30 years old.

Sample and Sampling Techniques

Purposive sampling technique was used to select the Ibadan North Local Government Area (LGA) in Oyo State, Nigeria for the study. Ibadan North LGA has heterogeneous populations with different ethnic groups in Nigeria. Convenience sampling method was adopted to select study participants.

Instruments

WHOQOL-BREF (2004) was used to measure quality of life among bereaved young adults. It is 26-item scales with four domains that are presented on 5-point Likert's response format ranges from strongly disagree to strongly agree. Sample items include: "How would you rate your quality of life?" and "How satisfied are you with your health?" The Cronbach's alpha values for physical health ($\alpha = 0.65$), psychological health ($\alpha = 0.77$), social relationships ($\alpha = 0.52$), and for the present study, Cronbach's alphas are and environmental health ($\alpha = 0.79$). The mean item-to-total correlations were: physical health ($\alpha = 0.76$), psychological health ($\alpha = 0.73$), social relationships ($\alpha = 0.62$), and environmental health ($\alpha = 0.78$). The composite Cronbach's alpha for the present study was 0.85.

Resilience was assessed using Connor and Davidson (2003) CD- RISC Scale. It is 10-item scales presented on 5-point Likert's response format ranges from strongly disagree to strongly agree. Sample items include: "Able to adapt to change" and "Can deal with whatever comes". The authors obtained Cronbach's alpha of 0.85 and



revalidation in Nigeria by Aloba et al. (2016) gave Cronbach's alpha of 0.81 and in this present study, Cronbach's alpha of 0.87 was obtained.

Personality traits were assessed using a 10-Item Personality Inventory-(TIPI) developed by Gosling et al. (2003). It is a 10-item scale presented on a 5-point Likert's response format that ranges from 1: 'disagree strongly' up to 5: 'agree strongly'. Sample items include: "I see myself as critical, quarrelsome" and "I see myself as open to new experiences, complex". As a measure of the Big-Five dimensions of personality, the TIPI has been validated against standard Big-Five instruments. The Test-retest reliability is therefore a more appropriate reliability measure for such brief scales. The authors obtained Cronbach's alpha for Extraversion ($\alpha = 0.87$), Agreeableness ($\alpha = 0.71$), Conscientiousness ($\alpha = 0.76$), Emotional Stability ($\alpha = 0.70$) and Openness to experience ($\alpha = 0.65$). In the present study, Cronbach's alpha for Extroversion was ($\alpha = 0.67$), Neuroticism ($\alpha = 0.68$), Openness to Experience ($\alpha = 0.77$), Agreeableness ($\alpha = 0.71$) and conscientiousness ($\alpha = 0.81$).

Perceived social support was evaluated using Multi-dimensional Perceived Social Support Scale (Zimet et al., 1988). It is a 12-item scale with three subscales: Family, friends and significant others presented on a 5-point Likert's format with responses ranging from strongly disagree to strongly agree. Sample items include: "There is a special person with whom I can share my sorrows and joys" and "There is a special person in my life that cares about my feelings". The authors obtained composite Cronbach's alpha of 0.88 while in this study, Cronbach's alpha of 0.89 was obtained.

Procedure

The researchers obtained a letter of introduction from the Department of Psychology, University of Ibadan, Nigeria for the purpose of identification. Potential participants were met one-on-one and explained the purpose of the study to them and their consent was sought. They were told participation in the study was voluntary and that they can discontinue from filling the study questionnaire at any point they feel uncomfortable. They were assured that their responses would be treated confidentially. Based on the above, those who accepted to participate in the study were given questionnaires to fill which took less than 20 minutes. A total of 194 questionnaires were administered and collected on the spot. During the screening and coding, seven questionnaires had inconsistent responses and were removed thus leaving 187 used for the analysis.

Data Analysis

IBM SPSS version 26 was used to analyze data collected. Descriptive and inferential statistics were conducted. Hypothesis 1 was tested using multiple regressions while hypothesis 2 was tested using an independent sample t-test. All hypotheses were accepted at $p < .01$ level of significance.

Ethical Consideration

Due diligence was followed in the course of this study. Consent was sought and obtained from the potential participants. They were informed that participation in the study was voluntary and that they can withdraw at any point they want to without any penalty. Finally, the confidentiality of their responses was guaranteed

RESULT AND DISCUSSION

Table 1 Participants' demographic variables

Variable	Category	N	%
Gender	Male	57	31
	Female	130	69
Age	18-24	122	65
	25 -39	47	25
	40-60	18	10
Marital status	Single	141	75
	Married	35	19
	Separated	5	3
	Divorced	6	3
Qualification	SSCE	57	30
	OND	35	19
	HND	24	13
	BSc	29	16
	Others	44	22

Table 1 shows the demographic data of the study participants. As shown in Table 1, the majority of the study participants were females (69%) who were in the age bracket 18 to 24 and were unmarried (75%) with the highest number of them having secondary school certificates.

Table 2: Zero-order correlation of study variables

Variable	M	SD	1	2	3	4	5	6	7	8
1. Resilience	30.02	7.03	-							
2 Openness	5.04.	2.79	-.26**	-						
3. Conscientiousness	4.96	2.87	-.28**	.52**	-					
4. Extraversion	8.52	2.76	.02	.00	.00	-				
5. Agreeableness	5.61	2.61	-.16*	.24**	.29**	-.33**	-			
6. Neuroticism	9.28	2.71	.27**	-.26**	-.27**	-.01	-.27**	-		
7. Perceived social support	60.77	17.66	.14	-.11	-.24**	-.24**	-.05	.10	-	
8. Quality of life	92.92	17.02	.17*	-.06	-.20**	-.04	.10	.03	.55**	-

Significant at *p <.05, ** p <.01

Table 2 presents zero-order correlation statistics among personality traits, resilience, social support and quality of life among bereaved young adults in Ibadan LGA. The results revealed that resilience ($r = .17, p <.05$) and perceived social support ($r = .55, p <.01$) positively correlated with quality of life while conscientiousness ($r = -.20, p <.01$) negatively correlated with quality of life among study participants. However, openness to experience ($r = -.06, p >.05$), agreeableness ($r = .10, p >.05$), extraversion ($r = -.04, p >.05$) and neuroticism ($r = .03, p >.05$) did not correlate with quality of life among study participants. This means that individuals who were highly resilient and perceived to receive higher social support reported enhanced quality of life than participants who reported low resilient and low perceived social support.

H1: Personality traits, resilience, and perceived social support would jointly and independently predict quality of life among bereaved young adults. The hypothesis was tested using multiple regressions and the result is presented in Table 3.

Table 3: Multiple regressions analysis of joint and independent predictors of quality of life among bereaved young adults in Ibadan North LGA

Predictor	β	t	p	R	R ²	F	Df	p
Resilience	.11	1.71	>.05	.61	.37	14.03	7,168	<.01
Openness	.03	.45	>.05					
Conscientiousness	-.14	-1.80	>.05					
Extraversion	.16	2.34	<.05					
Agreeableness	.23	3.24	<.01					
Neuroticism	-.01	-.21	>.05					
Perceived social support	.56	8.63	<.01					

Dependent variable: Quality of life

Result in Table 3 shows that personality traits, resilience and perceived social support jointly predicted quality of life among bereaved young adults [$R^2=.37$, $F(7,168) = 14.03$, $p < .01$]. This implies that openness to experience, conscientiousness, extraversion, agreeableness, neuroticism, resilience and perceived social support jointly accounted for 37% of the variance observed in quality of life among study participants. In addition, extraversion ($\beta = .16$, $t = 2.34$, $p < .05$), agreeableness ($\beta = .23$, $t = 3.24$, $p < .01$) and perceived social support ($\beta = .56$, $t = 8.63$, $p < .01$) independently predicted quality of life among study participants. However, the hypothesis was partially supported.

H2: Female bereaved young adults would report higher quality of life than male bereaved young adults. The hypothesis was tested using independent samples t-test and the result is presented in Table 4.

Table 4. Independent samples t-test showing gender differences in quality of life among bereaved young adults in Ibadan North LGA

Gender	N	Mean	SD	t	df	p
Male	55	87.15	15.90	-3.09	178	<.01
Female	125	95.45	16.94			

Dependent variable: Quality of life

Result from Table 4 shows that there is a significant difference in quality of life ($t=-3.09$, $df=178$, $p < .01$) such that female bereaved young adults scored higher (Mean_{female} =95.45, SD = 16. 94) than male bereaved young adults (Mean_{male} =87.15, SD =15.90) among study participants. Therefore, the hypothesis was accepted.

DISCUSSION

The hypothesis that personality traits, resilience and perceived social support would jointly and independently predict quality of life was partially supported. This means that the joint interactions of personality traits, resilience and social support significantly contributed to the quality of life among bereaved young adults in Ibadan North Local Government. This supported previous results that the contributions of personality traits (Cherry, 2019; Carvalho et al., 2020; Habibi et al., 2025), resilience (Fakorede et al., 2024; Konaszewki et al., 2021) and social support (Unsar et al., 2016;



Yuh & Choi, 2017) significantly predicted quality of life among individuals who are passing through one challenge or the others including bereavement.

Specifically, extraversion and agreeableness independently predicted quality of life among study participants. This finding supported previous results that extraversion and agreeableness contributed significantly to quality of life among their study participants (Habibi et al., 2025). Moreover, resilience did not independently predict quality of life among bereaved young adults in this study which contradict previous findings (e.g., Fakorede et al. (024). The possible reasons for this deviation could be because a high percentage of the participants were aged 18 and 30 years of age and also the types of illness reported in the previous studies.

Finally, perceived social support significantly predicted quality of life. Individuals with family, friends and significant others in the time of bereavement tend to bounce back faster and regain quality of life compared to individuals with no or low social support. The finding corroborated with previous results that family support is a significantly predictor of quality of life among bereaved individuals (Yuh & Choi, 2017). Moreover, studies have found the friend component of social support to be a significant predictor of quality of life among bereaved individuals (Bowles & Hattie, 2015; DeCou et al., 2017; Secor et al., 2017; Unsar et al., 2016).

In sum, these findings means that the predictive strength and the positive linkage of extraversion, agreeableness and perceived social support with quality of life is an indication that the higher the extraversion, and agreeableness personality traits as well as the more perceived social support received the better the quality of life of the participants.

The hypothesis that female bereaved young adults would report a better quality of life than their male counterparts was supported. This means that the female gender may likely receive more social support than their male counterparts which tends to improve their quality of life. This finding supported Oyeniyi (2024) who found bereaved female young participants to report significant quality of life. This finding contradicted the result obtained by Kyung and Hanzhang (2020) who found male to have higher quality of life after bereavement. However, this finding should not be interpreted in isolation since other factors such as social support, age, socio-economic status and resilience could contribute to the difference in quality of life among study participants.

CONCLUSION

The study investigated personality traits, resilience and perceived social support on quality of life among bereaved young adults in Ibadan North LGA in Oyo State, Nigeria. Three hypotheses were tested and accepted at $p < .05$ level of significance. The study empirical confirmed that personality traits, resilience and perceived social support jointly and independently predicted quality of life among study participants. Moreover, male participants' quality of life was more affected by the loss of their loved ones than their female counterparts.

It is recommended that psychological counseling, resilience training, and personality development workshops should be designed and implemented to help bereaved individuals build resilience and adapt better to their losses, thereby improving their quality of life.

The study has some limitations that need to be addressed in further study. To begin with, data were collected using self-reported questionnaires which was not free of social desirability bias. Further study would benefit from focus group discussion and key



informant interviews which would triangulate data collected from self-reported questionnaires. In addition, only Ibadan North LGA was purposively selected for this study which hindered generalization of study findings. Further study should include other LGAs with more sample size to enhance generalization of study findings. Finally, the independent variables examined were not exhaustive; therefore, further study should include self-esteem, learned helplessness and socio-demographic to explore quality of life among bereaved individuals.

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