



A STUDY ON THE RELATIONSHIP BETWEEN PERSONALITY TRAITS, QUALITY OF LIFE AND SPIRITUAL HEALTH OF NURSES OF IMAM REZA HOSPITAL OF KERMANSHAH

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ABSTRACT

The present research aims at studying the relationship between personality traits, quality of life and spiritual health of nurses who work in Imam Reza Hospital of Kermanshah. The research methodology is descriptive and correlational in nature. The research population consists of all nurses who work in Imam Reza Hospital of Kermanshah during 2016 among which 200 nurses were selected as the research sample according to Cochran formula. As far as the theoretical aspects are concerned, the research data gathering tools were documentary and library studies. Also, three standard questionnaires were used for the research analytical aspects, namely, Paloutzian and Ellison's spiritual health questionnaire (1982), the World Health Organization's questionnaire of quality of life (1998) and NEO personality inventory and its revised version (i.e. NEO five-factor) introduced by McCrae and Costa. Then, the data were analyzed using indicators and methods of descriptive statistics and inferential statistics including correlation coefficient and multivariate regression by using the SPSS22 software. Results showed a significant relationship between personality traits and quality of life of nurses. Also, there was significant relationship between personality traits and spiritual health of nurses. Moreover, the author concluded that personality traits can predict nurses' quality of life and spiritual health.

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Introduction

Nowadays, quality of life –as a scientific debate- has attracted attention of many scholars and it is regarded as one of the major concerns of health professionals King & Hinds, (2003). Scholars maintain that analyzing quality of life and attempting to improve it can have a significant role on people's individual and social lives as well as their health (Wu et al., 2011). Quality of life improves people's health and happiness and their benefit from a healthy lifestyle. In recent three decades, many efforts have been made to provide a clear definition for this concept and to present a concrete evaluation for it. Quality of life has a multidimensional, subjective and dynamic concept [1] which is consisted of many domains such as health and physical performance, mental health, social function, satisfaction of one's treatment, concern about the future and a sense of well-being Achhab et al (2009).

One of the issues that affect the quality of life is health status. As it is defined by the WHO, health has physical, mental, social and spiritual aspects. Scholars claim that the spiritual aspect needs much attention Stuckey, (2001). Ellison (1983) believes that spiritual health includes a psychological, social and religious element. In many of such studies evidences were provided by religion and morality to represent important aspects of peoples' personality. Hereby, researchers hope to provide

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some evidences in the field of spiritual health to show that religiousness/morality is an important aspect of one's personality (Unterrainer et al., (2012).

Meantime, the nursing profession is regarded among stressful jobs. Factors which cause stress include: high work pressure, work in night shifts, high demand in the workplace, workload, exposure to life-threatening emergency or patients with unstable situation, insufficient number of nurses compared to patients and lack of equipment (Poor (2013)). Although nurses are being taught to be aware of patients' care and life quality, they rarely care about their personal needs (Su Ja et al (2009)). Researches show that religious beliefs, rituals and obligations are related with positive results such as improvement in quality of life, well-being, mental and spiritual health, marital satisfaction, sustainable life and positive efficiency (Seybold and Hill, (2001)).

Spiritual health has two aspects, namely, religious health and existential health. Religious health reflects connection with God or an infinite power. Also, existential health indicates our relationship with others, environment and our internal communication which can be considered as the ability to integrate different aspects of a person and having different options (Hawks et al., (2003)).

Researches on morality and religion reveal that there are positive meaningful relationships between morality, spiritual and mental health (Chatters et al., 2008; Wink & Scott, 2005). Systematic studies indicate that special components of religion are related to positive outcomes of mental health such as low psychological distress and clinical symptoms (Hackney & Sanders, (2003); Koenig et al (2001)). Personality traits are considered as one of the important factors that affect spiritual health. Also, different studies have shown that there are meaningful relationships between morality and psychological factors [2]. In this regard, the meta-analytic review of recent studies on religion and five-factor personality scale have shown that factors like conscientiousness and agreeableness have the most dependency on religion. These findings are in line with studies which have chosen Eysenck's three dimensional tool. In addition, they are similar to Saroglò's (2002) meta-analysis. The five-factor model consists of neuroticism which reflects ways that are distinct from emotional reactions to stressful situations [3]. Piedmont declares that this five-factor model is a useful basis for studies on morality and religion (Leach & Lark, 2004).

Results of some of these studies have suggested that quality of life is related to personality traits such as neuroticism and such characteristics can lead to poor quality of life (Copello, Templeton & Velleman, (2006)). In addition, in a study on the relationship between personality traits and quality of life, Takeshita et al. (2015) have realized that there are reverse significant relationships between neuroticism and quality of life. Also, they concluded that there are significant relationships between quality of life and extraversion, agreeableness and conscientiousness.

Therefore, nurses are considered as the largest group which provides health services in all countries and their quality of services are directly related to health-treatment systems [4]. They are in close contact with other people, bear the responsibility of health and life of human beings and encounter incurable diseases and patients. Therefore, they always experience intense mental pressures and improvement of quality of life and mental health of medical personnel is regarded as an effective factor in stability of health systems [5]. Also, the need to analyze the relationship between personality traits and spiritual health of nurses in Imam Reza Hospital and to understand the relationships between these two can have a significant role in training plans and interventions which are associated with quality of life and spiritual health of nurses. Moreover, such analysis can fill the gap of not having enough researches on the impact of personality traits as a new factor which affects quality of life and spiritual health of this group of people. Thus, the present research attempts to answer this question that "what is the relationship between personality traits, spiritual health and quality of life in nurses working in Imam Reza Hospital of Kermanshah'?

2. Literature review

There are a lot of similar researches within or beyond borders of Iran which have been conducted on this field of study, some of such national studies are mentioned as follows:

[6] analyzed the relationship between personality traits, psychological well-being and the internet addiction in law students and realized that there are negative meaningful relationships between personality traits, psychological well-being and the internet addiction. Also, they found out that there are negative meaningful relationships between spiritual health, psychological well-being and the internet addiction. Also, [7] illustrated that the mean score of quality of life in elderlies was at average level (11.3 ± 50.36) and the score of quality of life in men was significantly higher than women ($p=0.000$). In addition, they realized that spiritual health has significant correlations with quality of life of elderlies ($p=0.800$). [8] showed that personality traits and quality of life have positive meaningful correlations with four aspects of mental health while there are not any meaningful relationships between components of emotional intelligence and mental health. Also, there are significant correlations between personality traits and quality of life. Moreover, they concluded that personality traits and quality of life are two variables that predict mental health.

[9] aimed at analyzing the relationship between five factors of personality and quality of life in couples who are on the verge of divorce. Results showed that there are inverse relationships between neuroticism and quality of life. Meanwhile, they concluded that there are positive relationships between extraversion and quality of life, openness and quality of life, and conscientiousness and quality of life. Also, they did not find any meaningful differences between agreeableness and quality of life. [10] investigated the relationship between personality traits, spiritual intelligence and quality of life in Allameh Tabatabaei University students. Their findings indicated that spiritual intelligence and quality of life have positive meaningful

relationships with dimensions of personality traits including extraversion, agreeableness, conscientiousness and openness while they have inverse relationships with neuroticism. In addition, extraversion, agreeableness and neuroticism could predict 20% of the variance of spiritual health. [5] showed that there are positive meaningful relationships between spiritual health and different dimensions of quality of life. Also, [11] indicated that there are meaningful relationships between spiritual health (regarding its religious scope) and quality of life (regarding its mental scope).

Also, international studies are mentioned as follows: Mohebbipoor et al. (2015) studied the relationship between spiritual health and quality of life. They realized that there are significant relationships between spiritual health and quality of life. Bredle et al. (2011) analyzed the relationship between spiritual health and quality of life and reached to the same conclusion as Mohebbipoor et al. (2015). Malkoc (2011) concluded that neuroticism can negatively predict mental well-being while extraversion and conscientiousness can positively predict mental well-being. Cloninger & Zohar (2011) studied personality and perceived health and concluded that personality has great effects on health, and that it can predict more than one-third of health variance. Bal & Sahin (2011) dealt with the effect of personality traits on quality of life. Finally, they approved that there are significant relationships between personality traits and quality of life. Also, they indicate that personality traits can predict quality of life. Also, Straten et al. (2011) analyzed the relationship between personality traits and quality of life in patients with mood disorders and depression. They illustrated that there are significant relationships between personality traits and quality of life, and that they indicate that personality traits can predict quality of life. Löckenhoff et al. (2009) investigated personality traits, morality, religion and mental health. They finally confirmed that there are significant relationships between personality traits and morality. In addition, they indicated that personality traits can predict morality and religion. O'connor et al. (2007) investigated the relationship between quality of life, spiritual health and psychological adaptation styles. They concluded their study with these words that there are meaningful relationships between quality of life and spiritual health. Stuckey (2001) explored the role of religion and morality in significant life events and inferred that there are significant relationships between morality, religion and quality of life.

3. Research Methodology

The present research is descriptive and correlational in nature. The research population is all nurses who work in Imam Reza Hospital of Kermanshah in 2016 among which 200 nurses were selected as the research sample according to Cochran formula. They were selected for interviews via convenience sampling. As far as the theoretical aspects are concerned, the research data gathering tools were documentary and library studies. Also, three standard questionnaires were used for the research analytical aspects:

a) Paloutzian and Ellison's spiritual health questionnaire (1982) which has 20 questions in which even questions evaluate existential health and odd questions evaluate religious health. The score of spiritual health is the sum of these two sub-groups [11]. Paloutzian and Ellison (1982) have informed that the test-retest reliability coefficients for subscales of religious well-being, existential well-being and the whole scale are 0.63, 0.86 and 0.93, respectively. In addition, the Cronbach's alpha coefficients are 0.91, 0.91 and 0.93, respectively. Dehshiri et al. (2008) have declared that the reliability of this scale for male and female students has been assessed using the Cronbach's alpha coefficients. So, the reliability scores of the whole scale, religious well-being and existential well-being are 0.90, 0.82 and 0.87, respectively. Also, the test-retest approach evaluated their reliability scores respectively as follow: 0.85, 0.78 and 0.81.

b) The World Health Organization's questionnaire of quality of life (1998) which has 26 items and contains four dimensions, namely, the physical environment, physical health, mental health and social health. These are regarded as a scale for society and include overall quality of life and general health levels [12]. To assess the reliability of this questionnaire, the WHO creators of the quality of life scale assessed 4802 people from 15 countries, 4104 people from 13 countries and 2369 people from 5 countries. They reported that the Cronbach's alpha ranges from 0.66 to 0.84 for the four sub-scales and the whole scale which is indicative of good internal consistency Nasiri, (2006). In order to assess the reliability of this scale, Nasiri (2006) used three methods, namely, test-retest (within 3 weeks), split-half and Cronbach's alpha. Finally, he reported that the reliability scores of these methods are 0.67, 0.87 and 0.84, respectively. Also, Yusefi & Safari (2009) used the correlation between the total score of each dimension with its constituent single questions. The ranges of coefficients of the obtained correlation coefficients were from 0.45 to 0.83 and all coefficients were significant at 100% confidence level. The present research uses a short form of the WHO questionnaire.

c) The five-factor model of personality inventory and its revised version (i.e. NEO five-factor (NEO-FFI-R) introduced by Costa and McCrae are the most recent questionnaires on evaluation of personality. This questionnaire was developed originally for normal population and it was mostly used for clinical and research purposes in recent 25 years. The original version was presented in 1985 and the current version was published in 1992 Mollazadeh, (2002). This test has been used in a variety of researches and included different age groups and cultures. Therefore, it can be considered as the most comprehensive tests in the field of personality assessment. It has been the subject of studies on clinical samples and healthy adults in recent 15 years. Thus, its usefulness and efficiency is assessed both in clinical and research fields [13]. Costa and McCrae (1985) used factor analysis and reported that five dimensions can be assigned to individual differences, namely, neuroticism, openness, agreeableness, extraversion and conscientiousness. The name of the NEO questionnaire is driven from three primary factors and it is presented to assess them (Haren & Michelle, 2003; as

mentioned in [13]. The short form of this questionnaire is called NEO-FFI which has 60 questions to assess five main factors of personality. There are 12 questions for each of these factors. Examples of these questions include: "Basically, I'm not a worried person" or "I like to always have many people around me". This questionnaire can be used when there is very limited time to execute the test and the general information about the personality of the research sample is sufficient. On the other hand, execution of this questionnaire is cost-effective both in terms of time and cost. Also, its scales are highly reliable and there are high correlations between these scales. Most importantly, contrary to other personality questionnaires, this questionnaire has been less critical [13]. So, the present study uses short form of this questionnaire, i.e. NEO_FFI.

Scoring. This scale includes 60 questions each of which is indicative of one of the five main personality factors introduced by McCrae & Costa, namely, neuroticism, extraversion, agreeableness, openness and conscientiousness [14]. Regarding the reliability of the NEO-FFI questionnaire, results of some studies have declared that there is good internal consistency between sub-scales of the NEO-FFI questionnaire e.g. Costa & McCrae (1992) have reported that the Chronbach's alpha coefficient ranges from 0.68 (for agreeableness) to 0.86 (for neuroticism). The NEO-FFI questionnaire has been normalized by Garoosi Farshi in 1998. The reliability of this questionnaire has been assessed by test-retest method by testing 208 US students within three months. The final scores were 0.83, 0.75, 0.80, 0.79 and 0.79 for neuroticism, extraversion, openness, agreeableness and consciousness, respectively as mentioned in [14]. In addition, Mollazadeh (2002) reported that the coefficients of test-retest of 76 people of the Shahed children (those people whose close relatives was martyred) within 37 days were 0.83, 0.0, 0.73, 0.79 and 0.85 for neuroticism, extraversion, openness, agreeableness and consciousness, respectively. Also, the Chronbach's alpha coefficient scored 0.86 for neuroticism, 0.83 for extraversion, 0.74 for openness, 0.76 for agreeableness and 0.87 for consciousness. In addition, the total alpha was 0.83 (as mentioned in [14, 15] used internal consistency to assess Chronbach's alpha coefficient for each of these factors. Results showed that neuroticism, extraversion, openness, consciousness and agreeableness respectively scored: 0.74, 0.55, 0.27, 0.38 and 0.77. [16] reported that the reliability coefficient for these five factors scored 0.84, 0.63, 0.63, 0.0 and 0.66 for neuroticism, extraversion, openness, agreeableness and consciousness, respectively.

After approving the reliability and validity of the questionnaires, they were distributed in Imam Reza Hospital. After visiting the hospital and coordinating with nurses, the aim of execution of study was explained to them and they were assured that their information will remain confidential. After consent was obtained from each of these nurses, they were given personality trait, quality of life and spiritual health questionnaires all of which were completed by them in January 2016. Then, all of the information was analyzed. After data collection, indicators and methods of descriptive statistics and inferential statistics were used to analyze the research data. Then, descriptive statistics was used to obtain frequency, percentage, mean and standard deviation. Finally, inferential statistics were used to assess correlation coefficient and multivariate regression by using the SPSS22 software.

4. The research hypotheses

1. There are significant relationships between personality traits and quality of life of nurses in Imam Reza Hospital of Kermanshah.
2. There are significant relationships between personality traits and spiritual health of nurses in Imam Reza Hospital of Kermanshah.
3. Personality traits can predict quality of life of nurses in Imam Reza Hospital of Kermanshah.
4. Personality traits can predict spiritual health of nurses in Imam Reza Hospital of Kermanshah.

5. Research Findings

5.1 Descriptive findings

In what follows, the distribution of samples e.g. level of education, sex, employment status and work experience will be presented. Table 1 summarizes these features:

Table 1. Demographic information of the nurses in the study

Demographic features	Frequency (Percentage)
Marital status	
Married	150 (75%)
Single	50 (25%)
Level of education	
Associate degree	9 (4.5%)
Bachelor of sciences	161 (80.5%)
Master of sciences	30 (15%)

Employment status	
Official	114 (73%)
Contractual	86 (27%)
Work experience	
<10 years	85 (63.5%)
10-20 years	51 (7.9%)
>10 years	66 (28.5%)

In this study, 15 male nurses (7.5%) and 185 female nurses (92.5%) were analyzed with an average age $29.5 \pm 48/5$ years. Many of these nurses were married (75%) and had bachelor's degree (80.5%). Their demographic information has been presented in Table 1.

5.2 Inferential findings

After providing descriptions for research variables, the author will deal with the research hypotheses and purposes and analyses the research findings to approve or reject the research hypotheses.

5.2.1 Kolmogorov-Smirnov test

In order to assess the normality of the research data, Kolmogorov-Smirnov test is used and because the significance level was above 0.05 the author concluded that all research hypotheses have normal distribution.

Table 2. Analyzing the normality of research components

components	Significance level
Personality traits	0.071
Quality of life	0.2
Spiritual health	0.2

5.2.2 Testing research hypotheses

5.2.2.1 Testing the first and second hypotheses (analysis of the relationship between personality traits, quality of life and spiritual health)

In order to analyze the relationship between personality traits and the quality of life in nurses, Pearson correlation coefficient was used. The test results were confirmed at 95% confidence level and revealed that there are meaningful relationships between personality traits and quality of life ($P < 0.05$). Also, results of the second hypothesis were confirmed at 95% confidence level and showed that there are meaningful relationships between personality traits and spiritual health ($P < 0.05$). Table 3 represents results of the Pearson correlation coefficient conducted on the first and second research hypotheses.

Table 3. Pearson's correlation coefficient test results to determine the relationships between variables in the research hypotheses

Personality traits hypothesis	Correlation coefficient	Standard error	Durbin-Watson test	Sig.
Quality of life	0.277	0.233	1.970	0.000
Spiritual health	0.172	0.309	1.873	0.000

5. Testing the research hypotheses

5.2.2.1 Testing the first and second hypotheses (correlation coefficient)

Pearson correlation coefficient was used in order to analyze the relationship between the research independent and dependent variables. Results of this analysis are presented in Table 4:

Table 4. Results of correlation coefficient

Research hypotheses	Correlation coefficient	Standard error	Durbin-Watson test	Sig.	Results
First hypothesis	0.277	0.23383	1.970	0.000	Approved
Second hypothesis	0.172	0.30954	1.873	0.000	Approved

5.2.2.2 Testing the third hypothesis (predicting quality of life based on personality traits)

Simultaneous multiple regression analysis was used to predict quality of life based on personality traits variable. The value of F-test is 23.109 which is statistically significant because $p < 0.01$. A look at R2 shows that 0.373 % of variance of quality of life is illustrated by personality traits. As for personality traits, beta coefficients indicate that neuroticism ($\beta = -0.237$) negatively predicts quality of life and that extraversion ($\beta = 0.176$), openness ($\beta = 0.246$) and conscientiousness ($\beta = 0.200$) positively predicts quality of life while the agreeableness variable could not predict quality of life.

Table 5. Regression results predicting the quality of life based on Personality Traits

Personality traits	Predictor variable	df	Sum of squares	F	R2	β coefficient	p
Neuroticism Extraversion Openness Agreeableness Conscientiousness	Regression	5	2000.464	23.109	0.373	-0.237	0.001
	Remained	194	86.565			0.176	0.007
	Total	199				0.246	0.001
						0.059	0.380
						0.200	0.003

6.2.2.2 Testing the fourth hypothesis (predicting spiritual health based on personality traits)

The value of F-test is 22.274 which is statistically significant because $p < 0.01$. A look at R2 shows that 36.5 % of variance of spiritual health is illustrated by personality traits. Simultaneous multiple regression analysis was used to predict spiritual health based on personality traits. As for personality traits, beta coefficients indicate that neuroticism ($\beta = -0.290$) negatively predicts spiritual health and that extraversion ($\beta = 0.200$), openness ($\beta = 0.269$) positively predicts quality of life while conscientiousness and agreeableness variables could not predict spiritual health.

Table 6. Regression results of predicting spiritual health based on personality traits in the sample

Predictor variable	Variability source	df	sum of squares	F	R2	β coefficient	p
Neuroticism Extraversion Openness Agreeableness Conscientiousness	Regression	5	979/916	19/739	0.337	-0.245	0.001
	Remainder	194	49/643			0.218	0.001
	Total	199				0.275	0.001
						0.060	0.387
						0.057	0.398

6. Discussion and Conclusion

The present research aimed at studying the relationship between personality traits, spiritual health and quality of life among nurses of Imam Reza Hospital of Kermanshah. In this regard, four hypotheses were designed tested. The results showed that all research hypotheses were approved. The following paragraphs discuss the results of each hypothesis.

As to the first hypothesis, results showed that there are significant relationships between personality traits and quality of life of nurses who work in Imam Reza Hospital of Kermanshah. These results were in line with previous studies. Some studies have suggested that quality of life is related to personality traits like neuroticism and that such traits will lower one's quality of life Copello, Templeton & Velleman, (2006). In addition, in a study on the relationship between personality traits and quality of life, Takeshita et al. (2015) have realized that there are reverse significant relationships between neuroticism and quality of life. Also, they concluded that there are significant relationships between quality of life and extraversion, agreeableness and conscientiousness. Bal & Sahin (2011) and Stration et al (2011) also concluded that there are meaningful relationships between dimensions of personality trait and quality of life, and that personality traits can predict quality of life. Moreover, [8] illustrated that personality traits and quality of life have positive coherence with four dimensions of spiritual health. The personality structure is explained based on different models (Shokri et al., 2005). In recent years, the five-factor model of Costa and McCrae has been one of the most applicable personality traits. In addition, personality traits are considered as one of the most significant factors which influence spiritual health. Many studies have concluded that there are meaningful relationships between morality and psychological factors.

Results of the second hypothesis revealed that there are significant relationships between personality traits and spiritual health of nurses who work in Imam Reza Hospital. These findings are in line with findings of [6]. Moreover, the present paper approves Löckenhoff et al. (2009) findings which have claimed that there are meaningful relationships between personality traits and morality, and that personality traits can predict morality and religion. In this view, humanist perspectives emphasize on the capacity of human beings to achieve perfection, the right to choose their own destiny and positive human characteristics. According to this kind of perspective, the personality of each person is formed based upon his unique perspective towards the world perception and interpretation. Behavior is controlled by one's perception about

reality, not by traits, unconscious impulses or rewards and punishments [17]. If we regard spiritual health the consequence of one's perceptions about reality, we can illustrate the relationship between these two variables, because the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has emphasized on the necessity to recognize and meet the spiritual and religious needs of patients Vance, (2001).

Results of the third hypothesis illustrated that personality traits can predict quality of life of nurses in Imam Reza Hospital of Kermanshah. In addition, results of [8] study showed that personality traits and quality of life are illustrative variables that can predict mental health. Also, Bal & Sahin (2011) and Stratin et al. (2011) analyzed the relationship between personality traits and quality of life which are related to health and concluded that there are meaningful relationships between dimensions of personality traits and quality of life. They also declared that personality traits can predict quality of life. McCrae & Costa (1985, 1992 and 1995) used factor analysis in order to achieve the five-factor theory. These scholars combined all previous findings and provided a long list of possible character traits. They finally concluded that even if different tests be used, scholars will often achieve certain traits. These five basic factors of personality are often called "big five" and one of the most important factors that affect quality of life is one's health status which is one of the dimensions of spiritual health. Ellison (1983) believes that spiritual health includes a psychological, social and religious element. Therefore, in many of such studies evidences were provided by religion and morality to represent important aspects of peoples' personality. Hereby, researchers hope to provide some evidences in the field of spiritual health to show that religiousness/morality is an important aspect of one's personality (Unterrainer et al., 2012).

Finally, the analysis of the fourth hypothesis indicates that personality traits predict spiritual health of nurses who work in Imam Reza Hospital of Kermanshah. Moreover, results of the present study is in line with findings of Löckenhoff et al. (2009) who revealed that there are meaningful relationships between personality traits and morality, and that personality traits can predict morality and religion. The author of the present paper also confirms [8]'s findings who suggested that personality traits and quality of life can predict mental health. Cloninger and Zohar (2011) investigated personality and perceived health and concluded that personality traits can predict the perceived health. In addition, Löckenhoff et al. (2009) illustrated that there are significant relationships between personality traits and morality, and that personality traits can predict morality and religion. As spiritual health is among four dimensions of health in human beings and improves general health of people [11], it can be distinguished by attributes like personality traits, peace, stability in life, feeling close relationship with oneself, God, society and the environment, balance and coordination (Carven & Hirnle, 2003) and having meaning and purpose in life (Gomez & Fisher, 2003). Also, based on the five-factor model, openness towards life experiences is very important for understanding religion (Duriez & Soenens, 2006). Hereof, a review of meta-analysis of recent researches on religion and the five-factor model of personality shows that consciousness and agreeableness have the most dependency with religion (Eysenck, 1998; Francis, 1992).

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