Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00399, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.399

Personality Types as Determinants of Quality of Life Among Patients Receiving Antiretroviral Treatment

Sani Ahmadu Sule Omaku[1] & Paramjit Singh Jamir Singh[1*]

[1]School of Social Sciences, Universiti Sains Malaysia, 11800 Penang, Malaysia

*Corresponding authors: Paramjit Singh Jamir Singh (paramjit@usm.my)

Abstract

The study investigated personality types as determinants of quality of life among HIV/AIDS patients receiving antiretroviral treatment at National Hospital FCT - Abuja. The study adopted a cross sectional survey design and also adopted a purposive sampling technique to recruit participants in the study. 177 participants (Male - 59, 33.3 %; Female 118, 66.7 %) were purposively sampled from the population of HIV/AIDS patients receiving treatment in National Hospital, Abuja via an online sample size calculator. Two hypotheses were tested at .05 significant levels. The result of the first hypothesis revealed that Conscientiousness ($F= 5.761$; $df=7$; $p < .05$), Neuroticism ($F= 6.257$; $df=8$; $p < .05$), Openness to experience ($F= 13.402$; $df=8p < .05$), Extraversion ($F= .340$; $df=7$; $P < .05$), and Agreeableness ($F= 5.885$; $df=6$; $p < .05$) had a significant influence on quality of life. Further analysis indicated that personality traits significantly influence quality of life of HIV/AIDS patients ($F= 4.915$; $R^2= .788$; $p < .05$). The result of hypothesis two indicated that male participants significantly differ than female participants ($t= 3.256$; $df=177$; $p < .05$) on quality of life among HIV/AIDS patients. The study concluded that Personality traits and sex (gender) significantly influence quality of life of HIV/AIDS patients. Based on the findings, it is recommended that patients with HIV infection should be given proper psycho-education and psychological intervention. also community based intervention should employ quality of health as one of its principles in service delivery so as to promote wellbeing at the grassroots level and better HIV/AIDS healthcare delivery; HIV/AIDS healthcare providers (Antiretroviral Clinics) should be continually intimated and retrained on the benefits of quality of health promotion; and more quality of health surveys should be carried out here in Nigeria so as to keep tract of patients' functional states since it has the potential to improve care by monitoring and evaluating the impact of HIV/AIDS treatment outcomes.

Keywords: personality traits, quality of life, HIV/AIDS, antiretroviral treatment, gender, psychological intervention, Nigeria

1. Introduction

Quality of life has emerged as a significant measure of health and quality of quality of life. The concept of quality of life can be traced back to 1948 in which the World Health Organization's

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00399, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.399

(WHO) defined health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (WHO 1948). It would be difficult to dissociate wellbeing with quality of health. Although there is still no agreed upon definition, there is general consensus that quality of life is a multidimensional construct defined in terms of an individual's subjective experiences and a construct that cannot be generalized across cultures (Burgoyne & Saunders, 2001). Mental and social wellbeing are largely subjective and health belief system influences subjective experiences in health and illness. The three (3) dimensions of health hitherto, the bio-psychosocial fusion posits that these three (3) factors interact to determine health and wellbeing (Beckman & Ditlev, 2015).

The concept of quality of life appeared after the Second World War in the USA. Initially, it means 'a good life' in its consumer sense only, i.e. denoted by material status, and possession of goods and property such as a house, its furnishings, a car, etc. It was not until the second half of the 20th century that the category of 'have' was supplemented by that of 'be', which embraced such values as education, personal freedom or satisfaction found in various spheres of life (Van-Kssel, 2013).

There are many reasons for the multi-dimensionality of the concept of quality of life. Basically, the concept comprises a wide range of physical, psychological and social phenomena virtually anything that falls under the general heading of ‘happiness.’ Happiness, in turn, can be approached from a naturalistic or humanistic standpoint. The former focuses on biological and mechanistic processes and views happiness in terms of pleasure, whereas the latter accentuates the conscious role of the individual, happiness being a concomitant of creativity and self-actualization, thus, the two approaches – naturalistic and humanistic (Beckmann & Ditlev, 1997). Currently, quality of life is accepted to have two principal aspects: internal, referring to certain personal traits and skills that enable the human being to take individual, autonomous actions; and external, referring to the environmental conditions of the individual's life. According to Rogerson (1995), the internal factors are responsible for the feelings of satisfaction with life while the external ones affect internal mechanisms at the level of the individual or the community.

Quality of life (QoL) is a term that is popularly used to convey an overall sense of well-being and includes aspects such as happiness and satisfaction with life as a whole. However, quality of life as an individual's perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns (Clayson et’al, 2006).

With the recent advances in clinical tests and treatments for those suffering from human immunodeficiency virus (HIV) / acquired immunodeficiency syndrome (AIDS), the survival of these patients has been increased and their quality of life (Qol) has become an important focus for researchers and healthcare providers (Clayson, et'al, 2006) . Since the discovery of HIV in the beginning of the 1980s, HIV/AIDS has been one of the greatest health problems in the world (Fauci, 1999). HIV/AIDS places an increasing burden on the health of the population, and causes

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00399, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.399

further socioeconomic problems for individuals, families, communities, and governments in many countries (Walker, et al, 2004). HIV/AIDS is increasingly considered a chronic public health discussion. For a person living with HIV, this means having to cope with a range of HIV-related symptoms for extended periods. Symptoms may be related to the infection itself, co - morbid illnesses, or iatrogenic effects from HIV-related medications (Halloran 2006). Many of the HIV/AIDS patients struggle with numerous social problems such as stigma, poverty, depression, substance abuse, and cultural beliefs which can affect their Qol not only from the physical health aspect, but also from mental and social health points of view and cause numerous problems in useful activities and interests of the patient.

Quality of life (QoL) is an overarching term for the quality of the various domains in life. It is a standard level that consists of the expectations of an individual or society for a good life. These expectations are guided by the values, goals and socio-cultural context in which an individual lives. It is a subjective, multidimensional concept that defines a standard level for emotional, physical, material and social well-being. It serves as a reference against which an individual or society can measure the different domains of one's own life. The extent, to which one's own life coincides with this desired standard level, put differently, the degree to which these domains give satisfaction and as such contribute to one's subjective well-being, is called life satisfaction.

In the literature of quality of life especially as regards to assessing quality of life among people living with terminal illnesses or diseases, various psychological variables have been investigated among which personality became a very important phenomenon to be investigated in assessing the quality of life among people living with HIV/AIDS. Personality is defined as the characteristic sets of behaviors, cognitions, and emotional patterns that evolve from biological and environmental factors (Corr, et'al, 2009). While there are many definitions of personality, most theories focus on motivation and psychological interactions with one's environment. Trait-based personality theories, such as those defined by Raymond Cattell, define personality as the traits that predict a person's behavior. On the other hand, more behaviorally based approaches define personality through learning and habits. Nevertheless, most theories view personality as relatively stable patterns of behavior that occur across time and in situations (Corr, et al, 2009).

The study of the psychology of personality, called personality psychology, attempts to explain the tendencies that underlie differences in behavior. Many approaches have been taken on to study personality, including biological, cognitive, learning and trait-based theories, as well as psychodynamic, and humanistic approaches. Personality psychology is divided among the first theorists, with a few influential theories being posited by Sigmund Freud, Alfred Adler, Gordon Allport, Hans Eysenck, Abraham Maslow, and Carl Rogers.

Many factor analyses found what is called the Big Five, which are openness to experience, conscientiousness, extraversion, agreeableness and neuroticism (or emotional stability). These components are generally stable over time, and about half of the variance appears to be attributable to a person's genetics rather than the effects of one's environment (Briley, et al, 2014). Some research investigated whether the relationship between happiness and extraversion

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00399, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.399

seen in adults can also be seen in children as well as the relationship between these personality traits and quality of life. The implications of these findings can help identify individuals that are more likely to experience episodes of depression and develop types of treatment that such individuals are likely to respond to. In both children and adults, research shows that genetics, as opposed to environmental factors, exert a greater influence on happiness levels and quality of life. Personality is not stable over the course of a lifetime, but it changes much more quickly during childhood, so personality constructs in children are referred to as temperament. Temperament is regarded as the precursor to personality. Findings show that high degrees of sociability and low degrees of shyness are equivalent to adult extraversion, and correlate with higher levels of life satisfaction and quality of life.

1.1. Statement of the Problem

HIV/AIDS remains one of the key challenges for the overall development of most African countries in the world, as it has led to a decrease in life expectancy and greatly reduced workforce (National Agency for the Control of HIV/AIDS, 2021). As some studies indicated, HIV/AIDS has changed individual's lifestyles and quality of life. Empirical evidence shows that as the HIV infection progresses, quality of life deteriorates (Burgoyne & Saunders, 2001; Holtzman, et'al, 2015). PLWHA faces physiological, physical, psychological, and socio-cultural problems that are caused by many factors such as symptoms of the virus, side effects of the antiretroviral treatment, and opportunistic infections.

HIV/AIDS has multidimensional consequences: personal suffering such as discomfort associated with the disease's progression, the social impact of the diagnosis, the emotional consequences of dealing with the diagnosis, and related stigma. In view of this, the inquisition of the researchers led to asking what is the influence of personality on quality of life of patients with HIV/AIDS? What is the difference between male and female patients on quality-of-life measures among people living with HIV/AIDS?

Since living with HIV/AIDS interferes with day-to-day functioning and affects both personal relationships and decision making with economic hardships which affects the general quality of life of the individual, the necessity of finding ways of mitigating these consequences of HIV/AIDS will safeguard the quality of life in PLWHA by health care providers (Penedo, Gonzalez & Dahn, 2003). HIV/AIDS impacts heavily on the infected individual and society at large. There is therefore urgency in evaluating the quality of life of HIV-infected individuals. In view of this, the present study seeks to investigate the following

1. To examine the influence of personality traits and quality of life among HIV/AIDS patients receiving treatment in National Hospital, FCT-Abuja.
2. To examine the difference in quality of life between male and female patients in the study population in National Hospital, FCT-Abuja.

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00399, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.399

1.2. Significance of Study

This research will not only fill the vacuum in research in terms of factors that determine quality of life among HIV/AIDS patients but the result from this research study will assist HIV/AIDS counselors and psychologists to understand the factors determining quality of life among these patients thus helping and guiding their therapy and counseling sessions. The results from this study will also assist health agencies, NGOs and international bodies that are charged with the responsibility of helping to fight against the menace, spread and control of HIV to know additional factors which can improve quality of life among HIV patients thus helping to provide support that will help them live their lives to the fullest and enjoy a positive quality life. The research study will also go a long way to provide information on quality of life among HIV patients in Nigerian Hospitals.

Also, most research on the relation between personality traits and quality of life has been conducted in healthy, well-adjusted samples (Saroglou, 2002), and little is known about their association in vulnerable populations. To address these gaps in the research record, the present study will examine the relative association of personality and quality of life of people living with HIV/AIDS.

1.3. Scope of the Study

The study was conducted at National Hospital FCT – Abuja using patients who are currently receiving anti-retroviral treatment and also coming for their counseling sessions. This includes both in-patients and majorly out-patients of the hospital. It also includes male and female patients regardless of their age and socio-economic status.

1.4. Hypotheses

Based on the research objectives and research questions earlier stated, this present study tested the following hypotheses:

1. Personality traits will have a main and interaction effects on quality of life among HIV / AIDS Patients in National Hospital, FCT-Abuja.
2. There will be a significant difference between male and female patients in their measure of quality of life.

2. Conceptual Review

The following concepts were reviewed to guide this study.

2.1. Personality

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00399, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.399

Personality is a mirror of what you do and speak. Essentially, personality defines who you are. Behavior reflects one's personality and informs you how different you are from others. According to Allport (1961), Personality is a dynamic organization inside the person, of psychophysical systems that create the person's characteristic patterns of thoughts, feelings and behaviors. The continuities, consistencies and stabilities of personality traits and dispositions over time define personality development (Lucas & Donnellan, 2012).

2.2. Quality of Life (QoL)

Quality of life has been defined by the World Health Organization (WHO) as the individual's perceptions of his/her position in life in the context of the cultural and value systems in which he/she lives and in relation to his/her goals, expectations, standards, and concerns. The Human Immunodeficiency virus (HIV) infection and its associated pandemic of Acquired Immune Deficiency Syndrome (AIDS) have burdened the population with serious public health and socio -economic challenges over the years (WHO). The disease does not only affect the patients' physical condition, but also affects their socio-cultural relations, mental health, and financial aspects of life (Castelo, et al., 2008).

The introduction of antiretroviral therapy (ART) has drastically changed the course of the disease from a rapidly progressive catastrophic illness to a chronic disease with reduction in mortality rate, opportunistic infections, and length of hospitalization (Kendler, et al., 2004). However, the increase in the access to biomedical interventions such as ART for people living with HIV/AIDS (PLWHA), in the developing world, has not been adequately matched with the requisite psychosocial treatments to help improve the effectiveness of biomedical interventions (Busch, et al., 2003). Optimizing care for

PLWHA requires an understanding of the factors that contribute to physical health, psychological wellbeing, social relationships, and quality of life (Kendler, et al, 2004). Quality of life has been considered synonymous with health status, functional status, psychological wellbeing, happiness with life, satisfaction of needs, and assessment of one's own life (Boyce, et al., 1991). Assessment of quality of life has become an important measure in the management of HIV/AIDS and reflects improvement or otherwise of the health experience and satisfaction with care among patients living with HIV / AIDS (Lin, et al., 2008).

2.3. HIV/AIDS

Acquired Immunodeficiency Syndrome (AIDS) is an acquired defect of the cellular immunity associated with infection by the human immunodeficiency virus (HIV), a CD4 positive lymphocyte count of less than 200 cells/micrometer and increased susceptibility to opportunistic infection (National Library of Medicine, 2022). The first cases of AIDS were reported in May 1981, in the United States of America by Dr. Michael Gottlieb of the Medical School of Los Angeles, United States, and were followed by an official report by the Centre for Disease Control (CDC) on June 5, 1981. The first victims were five homosexual men who were suffering

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00399, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.399

from unusual pneumonia called Pneumocystis is Carinii pneumonia and Kaposi's sarcoma. The causative organisms were first isolated and named Human T - Lymphotropic Virus type III (HTLV-III) in the US and Lymphadenopathy Associated Virus (LAV) in France (Balogun, 2014).

On the African Continent, HIV/ IDS was first reported in Uganda, East Africa in 1982 (Gallo & Luc, 1998), the first case of HIV and AIDS in Nigeria was identified in 1985 and reported at an international conference in 1986. The first two cases as reported by the Federal Ministry of Health were; a sexually active 13-year-old girl and a female commercial sex worker from a neighboring West African country (Balogun, 2014). HIV/AIDS in Nigeria remains a public health concern. Nigeria ranks 4th in global HIV burden with approximately 1.8 million (estimated) persons living with HIV as of 2019 (Entonu & Agwale, 2007). The current national prevalence of HIV in Nigeria is 1.4% and stratification based on states showed the highest prevalence in Akwalbom (5.6%), Bennue (4.9%), Rivers (3.8 %), Taraba (2.7%) and Anambra (2.7 %) and the least prevalence in Jigawa (0.3 %) and Katsina (0.3 %) (National Agency for the Control of AIDS).

2.4. Theoretical Framework

The research uses some theories in order to further explain the major study variables. The theories will explain; personality and quality of life.

2.4.1. The Big Five Personality Trait Theory

Many researchers believe that there are five core personality traits. Evidence of this theory has been growing for many years, beginning with the research of Fiske (1949) and later expanded upon by other researchers including Norman (1967), Smith (1967), Goldberg (1981), McCrae and Costa (1987).

A personality trait is a characteristic pattern of thinking, feeling, or behaving that tends to be consistent over time and across relevant situations. The Big Five-Extraversion, Agreeableness, Conscientiousness, Neuroticism and Openness to Experience - are a set of five broad, bipolar trait dimensions that constitute the most widely used model of considerable body of research has examined personality stability and personality structure and change across the life span, as well as the influence of personality traits on important life outcomes, in terms of the Big Five (Goldberg, 1981).

2.4.2. Maslow's Quality of Life Theory

In 1962, Abraham Maslow published his book Towards a Psychology of Being, and established a theory of quality of life, which to date is still considered a consistent theory of quality of life. Maslow based his theory for development towards happiness and true being on the concept of human needs. He described his approach as an existentialistic psychology of self-actualization,

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00399, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.399

based on personal growth. When we take more responsibility for our own life, we take more of the good qualities that we have into use, and we become more free, powerful, happy, and healthy. It seems that Maslow's concept of self-actualization can play an important role in modern medicine. As most chronic diseases often do not disappear despite the best biomedical treatments, it might be that the real change our patients have for betterment is understanding and living the noble path of personal development.

The hidden potential for improving life really lies in helping the patient to acknowledge that his or her lust for life, his or her needs, and his or her wish to contribute, is deep down in human existence one and the same. But you will only find this hidden meaning of life if you scrutinize your own life and existence closely enough, to come to know your innermost self.

Some authors showed that quality of life is a subjective phenomenon shaped greatly by personal attributes, of which personality traits play a vital role (Erlen, et al, 2009; Whitworth et al, 2013). As far as PLWHA are concerned, it has been proved that personality traits may be correlates of HIV-related mental health mental health problems (Rzeszutek & Oniszczenko, 2013) and affect patients' quality of life (Erlen et al., 2009). In particular, Rzeszutek, and Gruszczyska (2020) in their study on Personality types and subjective well-being among people living with HIV found out that there were significant differences on four personality traits between HIV-infected participants and the general population-the observed effect size was strong for E, medium for C and O and small for A, with no effect for Neuroticism. Furthermore, Pereira-Morales, et'al (2018) in their study on personality traits and health related quality of life (HRQoL): the mediator role of coping strategies and psychological distress, found that, out of the personality traits, the best predictor of HRQoL was openness to experience and in general, personality traits predict health-related quality of life.

Furthermore, Olapegba (2009) examined the psychological predictors of perceived quality of Life among people living with HIV/AIDS in Southwest Nigeria using one hundred and fifty-nine (159) PLWHA selected using the purposive sampling technique participated in the study; the sample was made up of 46 males and 113 females, aged between 19 and 72 years. Data was collected using a structured questionnaire. The result of the multiple regression analysis showed that perceived social support and self - esteem are an aspect of some personality significantly jointly predicted perceived quality of life among PLWHA. Self-esteem significantly predicted perceived quality of life while perceived social support did not significantly predict perceived quality of life. A t-test indicated no gender differences in perception of quality of life. The study therefore concluded that psychological interventions are required to show-up the self- esteem of PLWHA alongside social support to enable them to cope better and be more optimistic and positive in their perception of quality of life.

A study by Diener er al. (2014) was done to identify major traits of personality that affect life satisfaction among married participants in Universities Teknologi Malaysia. Random sampling was used to select the participants of this study. The sample consisted of 158 married students. In order to find this relation, Satisfaction with Life Scale questionnaire, and Tajma Personality

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00399, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.399

Profile questionnaire (TPP2) was used. The results showed that major traits such as self-confidence, extraversion, and resiliency have strong effects on life satisfaction.

The results of a study on culture, personality and subjective wellbeing (SWB) by (Diener, 2003) shows that subjective wellbeing (SWB) can be named as the results of people's cognitive and emotional evaluations of life. It includes what people refer to as life satisfaction, fulfillmen, peace and happiness.

Subjective wellbeing can be influenced by personality character such as self-esteem, neuroticism and extraversion. Therefore, personality significantly explains variability in subjective well-being. Satisfaction with life scale (SWLS) is also studied by (Diener, et'al, 2014) on undergraduate students. The results show that the correlation between personality measures and SWLS was high in self-esteem, symptom checklist, neuroticism, emotionality, activity, sociability, and impulsivity, respectively.

It also revealed that people who have satisfaction in life are generally well-adjusted and free from psychopathology. Researchers (Diener, et'al, 2003) also claimed that SWLS has positive correlation with extraversion and negative correlation with neuroticism. With a complete review on available definitions about personality and quality of life, it is obvious that there is a relationship and connection between both above-mentioned terms. Researchers (Diener, et'al, 2003) also proved that internal determinants such as personality and biological factors have stronger evidence for satisfaction in life than external determinants such as social and economic factors.

3. Method

A Cross - sectional study design was used for this study. The choice of the research design is because it is a procedure in research in which investigators collect qualitative data from a sample of the entire population of interest, at a single point in time to describe the attitudes, opinions, behaviors, or characteristics of the population.

3.1. Setting

This study was conducted in National Hospital Abuja - FCT at the hospital's department charged with the responsibility of managing HIV/AIDS patients (ART Clinic-STC).

3.2. Population and Sampling

The participants of this study were patients who have been enrolled into the ART clinic, and are actively accessing treatment at the National Hospital, Abuja. A total number of 177 patients diagnosed with HIV/AIDS were used in the study. These participants comprised of both in patients and out - patients of the National Hospital, FCT-Abuja. The participants consist of male

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00399, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.399

and female, young and old from different socio-economic classes and from different socio-cultural and religious backgrounds in order to allow for proper representation of participants.

3.3. Sampling

Purposive sampling technique was used to select participants for the study. This sampling technique is mainly used in qualitative research and it is a non-probability sampling where participants are selected based on their characteristics and the objectives of the study because of some predetermined criteria, that is, HIV sero-positive on ART at the National Hospital who willingly participated in the survey.

3.4. Instruments of Data Collection

The instruments for data collection of this study were structured questionnaires which were collapse into three sections. Section A focused on socio-demographic variables such as age, religion, occupation and marital status. Section B measured Personality using the BIG - FIVE personality Inventory - 10 (BFI - 10), adapted from Rammstedt, B. & John, O.P. (2007). It Measures personality on a 10 items scale covering five aspects of Conscientiousness, Openness to experience, Extraversion, Agreeableness and Neuroticism. The response is based on a 5 point likert scale response format ranging from strongly disagree to strongly agree.

Section C measured the quality-of-life scale by world health organization (WHO). The WHO Quality of Life Scale - Brief (WHOQOL - Brief) is a subset of 26 items taken from the WHOQOL - 100 assessing an individual's overall perception of quality of life and health. Response format is based on a 5 point-likert scale ranging from 1 - not at all to 5 – an extreme amount. Scoring entails that the four domain scores are scaled in a positive direction with higher scores indicating a higher quality of life. Three items of the WHOQOL - Brief must be reversed before scoring.

3.5. Procedure

A letter Introduction was forwarded by the researchers to the Chief Medical Director of the Hospital in order to gain the institutional consent and permission for data collection from the participants of the study. Two research assistants were trained in the administration of the research instruments. Participants in the study were sample using purposive sampling techniques which was determined based on the inclusive and exclusive criteria in the study population. The participants filled in informed consent form, after which rapport was established with them. The researchers also assured the participants of their confidentiality and anonymity for participation in the study. The participants were also told of their right to withdraw from the study at any given time without consequence. The filled instruments were collected and the participants were debriefed about the research.

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00399, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.399

3.6. Data Analysis

The data collected in this study were analyzed using univariate regression analysis and pearson product moment correlation. The results are as presented below.

4. Results

4.1. Test of Hypothesis 1

This hypothesis stated that personality types will have a significant influence on quality of life among HIV/AIDS Patients in National Hospital, FCT - Abuja. This hypothesis was tested at α 0.5.

Table 1: Summary of Univariate Analysis Showing the Influence of Personality Types on Quality of Life among HIV / AIDS Patients in National Hospital, FCT – Abuja

PERSONALITY TYPES AND QUALITY OF LIFE	**Df**	**X^2**	**F**	**R^2**	**Sig.**	**p**
Conscientiousness	7	293.284	5.761		.000	<.05
Neuroticism	8	318.561	6.257		.000	<.05
Openness to Experience	8	682.301	13.402		.000	<.05
Extraversion	7	667.510	7.340		.000	<.05
Agreeableness	6	535.119	3.885		.000	<.05
Conscientiousness* Neuroticism* Openness to Experience*Extraversion* Agreeableness	20	539.182	4.915	.788	.000	<.05

a. R Squared =.788 (Adjusted R Squared = .679)
b. Computed using alpha = .05

The cross tabulation table of personality types influence on Quality of Life present the variable of Conscientiousness (F= 5.761; df=7; p < .05), Neuroticism (F = 6.257; df=8; p < .05), Openness to experience (F= 13.402; df=8; p <.05), Extraversion (F= 7.340; df=7; P < .05), and Agreeableness (F= 5.885; df=6; p < .05) of HIV/AIDS Patients in National Hospital, FCT-Abuja. The results support the hypothesis that personality types have significant influence on quality of life. Further analysis indicated that all the personality types have an interaction or joint influence on quality of life of HIV/AIDS patients receiving treatment in National Hospital, Abuja (F= 4.915; R^2= .788, p < .05).

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00399, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.399

4.2. Hypothesis 2

There will be a significant difference between males and female HIV/AIDS patients in their overall measure of quality of life.

Table 2: Summary Result of the Difference between Male and Female on Quality-of-Life Measure among HIV/AIDS Patients in National Hospital, FCT-Abuja

Gender	N	M	SD	df	T	P
Male	59	91.95	13.237	175	3.256	<.05
Female	118	85.58	11.745			

The summary table presents the Independent sample t-test analysis between male and female HIV/AIDS Patients in National Hospital, FCT-Abuja. The results revealed the mean and standard deviation scores for male patients (M= 91.95, SD= 13.237) and female patients (M= 85.58, SD= 11.745) which showed their difference on mean and standard deviation measures on the measure of quality of life. Further analysis of the T-test independent sample result revealed statistically significant (t=175; 3.256, *P*> 0.05) difference between male and female HIV/AIDS patients on quality of life in the study population. The outcome of this result supports this hypothesis of the study. These results imply that male patients have higher scores on measure of quality of life compared to the female patients in National Hospital, FCT-Abuja.

5. Discussion

The study examined the influence of personality traits and gender on the quality of life of people living with HIV/AIDS and receiving antiretroviral treatment at the National Hospital, Abuja. The findings showed that personality traits significantly influenced participants' quality of life. A significant gender difference was also identified, with male participants reporting a higher mean quality-of-life score than female participants. These findings demonstrate that quality of life among people living with HIV/AIDS is influenced not only by medical treatment but also by individual psychological characteristics and gender-related experiences.

The finding for the first hypothesis revealed that the five personality traits conscientiousness, neuroticism, openness to experience, extraversion and agreeableness significantly influenced quality of life. This result supports the findings of Rzeszutek and Gruszczyńska (2020), Pereira-Morales et al. (2018) and Olapegba (2009), who found that personality traits predicted quality of life among people living with HIV/AIDS. Personality may shape how individuals interpret their diagnosis, respond to treatment demands, manage stress and seek support from family members, healthcare professionals and the wider community.

Conscientiousness may contribute positively to quality of life because individuals with this trait are generally organised, responsible and more likely to adhere to treatment requirements. For people receiving antiretroviral treatment, regular medication use, attendance at clinical

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00399, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.399

appointments and compliance with medical advice are important for maintaining health. Conscientious patients may therefore be better able to manage their treatment routines and adopt health-promoting behaviours. This sense of personal control may improve their physical functioning, psychological wellbeing and overall satisfaction with life.

Neuroticism may affect quality of life differently because it is commonly associated with emotional instability, anxiety and heightened sensitivity to stressful experiences. People living with HIV/AIDS who display high levels of neuroticism may experience greater fear about disease progression, treatment complications and social rejection. They may also be more likely to interpret physical symptoms negatively and experience emotional distress. Consequently, healthcare providers should consider patients' emotional responses and provide suitable psychological support alongside medical treatment. Openness to experience, extraversion and agreeableness may also shape how patients adjust to living with HIV/AIDS. Individuals who are open to experience may be more willing to learn about their condition, consider different coping strategies and participate in supportive interventions. Extraverted individuals may benefit from social interaction and may be more willing to seek assistance from others. Agreeable individuals may maintain cooperative relationships with healthcare professionals and family members. These interpersonal and coping resources may help patients manage treatment-related challenges and maintain a better quality of life.

The second hypothesis showed a significant gender difference in quality of life, with male participants reporting higher scores than female participants. This finding is consistent with Nielsen (2019), Gebremichael et al. (2018) and Hajian-Tilaki et al. (2017), who reported that men had a better quality of life than women. Women living with HIV/AIDS may experience additional pressures related to caregiving, financial dependence, unequal access to resources and fear of discrimination. They may also carry responsibilities for children and other family members while managing their own health conditions, which may negatively affect their physical and psychological wellbeing.

However, the present finding differs from Sejbaek (2020), who reported that being male negatively affected patients' quality of life. This inconsistency may be related to differences in participants' characteristics, healthcare systems, socioeconomic conditions and cultural contexts. Quality of life is a multidimensional and subjective construct that may not be experienced in the same manner across populations. As explained by Burgoyne and Saunders (2001), cultural and social environments influence how individuals understand health, wellbeing and satisfaction with life. The gender difference observed in this study should therefore be interpreted within the specific sociocultural context of Abuja and Nigeria more broadly.

The findings have important implications for HIV/AIDS care and intervention. Healthcare providers should incorporate personality assessment, psychoeducation and psychological intervention into routine antiretroviral services. Gender-responsive programmes are also required to address the particular challenges experienced by women living with HIV/AIDS. Community-based interventions should promote treatment adherence, emotional wellbeing, social support

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00399, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.399

and access to reliable health information. Nevertheless, the purposive sampling method and recruitment of participants from a single hospital limit the generalisability of the findings. Future studies should include larger and more diverse samples from different healthcare facilities and geographical locations to obtain a broader understanding of the psychological and gender-related factors influencing quality of life among people living with HIV/AIDS.

6. Conclusion

This study concludes that personality traits significantly influence the quality of life of people living with HIV/AIDS. Conscientiousness, neuroticism, openness to experience, extraversion and agreeableness may shape how patients manage their health conditions, cope with emotional challenges and adhere to antiretroviral treatment.The study also identified a significant gender difference in quality of life. Male participants reported a higher mean quality-of-life score than female participants. This finding suggests that women living with HIV/AIDS may experience additional social, economic and psychological challenges that negatively affect their wellbeing. Overall, improving the quality of life of people living with HIV/AIDS requires an approach that considers both psychological characteristics and gender-related needs. HIV/AIDS care should therefore integrate medical treatment with psychoeducation, psychological support and gender-responsive interventions. However, the findings should be interpreted within the context of the study population and should not be generalised beyond similar settings without further research.

References

Balogun, A.S. (2014). HIV/AIDS epidemic in the history of Nigeria, 1986-2007. *Journal of History and Society in Nigeria.* 166-176.

Beckman, J., & Ditlev, G. (1997). The Concept of Quality of Life. In A. Kaplun (ed.), Well-adjusted population (pp.1-12). New York: Cambridge.

Boyce, P, Parker, G, Barnett, B, Cooney, M, & Smith, F. (1991). Personality as a vulnerability factor to depression. *British Journal of Psychiatry, 159*: 106-114.

Briley, D. A., & Tucker-Drob, E.M. (2014). Genetic and environmental continuity in personality development: A meta-analysis. *Psychological Bulletin.* 140 (5): 1303-1331.

Burgoyne, R. W. & Saunders, D.S. (2001). Quality of life among urban Canadian HIV/AIDS clinic outpatients. *International Journal of STD and AIDS, Vol. 12, (8)*, 505-512

Busch, H., Barth-Olofsson, A.S., Rosenhagen, S., & Collins, A. (2003). Menopausal transition and Psychological development. *Menopause, 10*: 179-187.

Castelo-Branco, C., Palacios, S., Ferrer-Barriendos, J., (2008). Understanding how personality factors may influence quality of life: development and validation of the Cervantes Personality Scale. *Menopause 15*: 914-918.

Clayson, D.J., Wild, D.J., Quarterman, P., Duprat-Lomon, I., Kubin, M., & Coons, S.J.A. (2006). Comparativereview of health related quality of life measures for use in HIV / AIDS clinical trials. *Pharmacoeconomics, 24*: 751-65.

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00399, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.399

Corr, P.J. & Matthews, G. (2009). The Cambridge handbook of personality psychology. Cambridge: Cambridge University Press.

Diener, E., Emmons, R. A., Larsen, R.1, & Griffin, S. (2014). The Satisfaction with Life Scale. *Journal of Personality Assessment 49,* 71-75.

Diener, E., Suh, E. M., Lucas, R. L., & Smith, H.L. (2003). Subjective well-being: three decades of progress. *Psychological Bulletin,* 125, 276.

Entonu, P.E, & Agwale, S.M. (2007). A review of the epidemiology, prevention and treatment of Human Immunodeficiency Virus in Nigeria. *Brazilian Journal of Infection and Disease, 11 (6)*: 579-590.

Erlen, J., Stilley, C., Bender, A., Lewis, M., & Garand, L. (2009). Personality traits and chronic illness: A comparison of individuals with psychiatric, coronary heart disease, and HIV / AIDS diagnoses. *Applied Nursing Research, 24,* 74-81.

Fauci, A.S. (1999). The AIDS Epidemic: Considerations for the 21st Century. *N Engl J Med 341*: 1046-50.

Gallo, R.C. & Luc M. (The Guardian, November, 30, 1998). AIDS: The scourge of the new age. P.10.

Gebremichael, D.Y., Hadush, K.T., & Kebede, E.M. (2018). Gender difference in health related quality of life and associated factors among people living with HIV/AIDS attending antiretroviral therapy at public health facilities, western Ethiopia: comparative cross sectional study. BMC Public Health. 18, 537. https://doi.org/10.1186/s12889-018-5474-x

Hajian-Tilaki, K., Heidari, B. & Hajian-Tilaki, A. (2017). The health-related quality of life and its socio-demographic determinants among Iranian elderly people: a population based cross-sectional study. *Journal of Caring Sciences, 6 (1)*: 39-47. doi: 10.15171 / jcs.2017.005.

Halloran, J. (2006). Increasing survival with HIV: Impact on nursing care. AACN Clin Issues 78-17 general self-efficacy, and global self-esteem . *Journal of Career Assessment, 4 (3),* 285.

Kendler, KS., Kuhn, J., & Prescott, C.A. (2004). The interrelationship of neuroticism, sex, and stressful life events in the prediction of episodes of major depression. *America Journal of Psychiatry; 161*: 631-636.

Lin, M.F., Ko, H., Wu, J.Y., Chang, F.M. (2008). The impact of extroversion or menopause status on depressive symptoms among climacteric women in Taiwan: neuroticism as moderator or mediator? *Menopause 15*: 138-143.

Lucas, R., & Donnellan, M. (2012). Estimating the reliability of single-item life satisfaction measures: results from four national panel studies. *Socialindecisive Recourses.105*: 323

National Agency for the Control of AIDS. (2021). Nigeria Prevalence rate. http://naca.gov.ng/nigeria-prevalence-rate

National Library of Medicine. (2022). Acquired Immunodeficiency Syndrome. https://www.ncbi.nlm.nih.gov/mesh/68000163.

Olapegba, P. O. (2009). Perceived Quality of Life: Towards a Generic Measure in Nigerian *Ibadan journal of Sciences, 7* 137-142.

Asian Social Work Journal (ASWJ), e-ISSN: 0128-1577
Volume 11, Issue 2, e00399, 2026
DOI: https://doi.org/10.47405/aswj.v11i2.399

Penedo, F., Gonzalez, J., Dahn, J., Antoni, M., Malow, R., Costa, P., & Schneiderman, N. (2003). Personality, quality of life and HAART adherence among men and women living with HIV/AIDS. *Journal of Psychosomatic Research; 54*: 271-8.

Penedo, F. J., Gonzalez, J. S., & Dahn, J. R. (2003). Personality, quality of life and HAART adherence among men and women living with HIV/AIDS. *Journal of Psychosomatic Research, 54, 3,* 20-25.

Pereir -Morales, A.J., Adan, A., Lopez-Leon, S. & Forero, D.A. (2018). Personality traits and health - related quality of life: the mediator role of coping strategies and psychological distress. *Annual General Psychiatry, 17, 25*

Rogerson, R. J. (1995). Environmental and health-related quality of life: Conceptual and communities. *Psychological Science in the Public Interest, 11,* 1-49

Rzeszutek, M., & Oniszczenko, W. (2013). Association between social support and temperament and the intensity of PTSD symptoms in a sample of HIV-positives. *Polish Psychological Bulletin, 44,* 431-438.

Rzeszutek, M., & Gruszczyska, E. (2020). Personality types and subjective well-being among people living with HIV: a latent profile analysis. Quality of Life Research, 29, 57-67. https://doi.org/10.1007/s11136-019-02288-5

Saroglou, V. (2002). Religion and the Five Factors of personality: A meta-analytic review. *Personality and Individual Differences*; 32: 15-25.

Rzeszutek, M., & Oniszczenko, W. (2013). Association between social support and temperament and the intensity of PTSD symptoms in a sample of HIV-positives. *Polish Psychological Bulletin, 44,* 431-438.

Rzeszutek, M., & Gruszczyska, E. (2020). Personality types and subjective well-being among people living with HIV: a latent profile analysis. *Quality of Life Research, 29,* 57-67. https://doi.org/10.1007/s11136-019-02288-5

Sejbaek, C.S., Pinborg, A., Hageman, I., Sørensen, A.M., Koert, E., Forman, J.L., & Schmidt, L. H. (2020). doi: 10.1093/hropen/hoaa019. eCollection 2020.PMID: 32529048

Van-Kessel, G. (2013). The ability of older people to overcome adversity: a review of the concept. *Geriatric Nursing; 34 (2)*: 7-122.

Walker, N., Grassly, N.C., Garnett, G.P., Stanceki, K. A., & Ghys, P. D. (2013). Estimating the global burden of disaster: Consequences, risks, and resilience in individuals and families. *Orthopsychiatry, 57 (3)*, 316-331.

Whitworth, S., Loftus, A., Skinner, T., Gasson, N., & Barker, R. (2013). Personality affects aspects of health-related quality of life in Parkinson's disease via psychological coping strategies. *Journal of Parkinson's Disease, 3*, 45-53.