

Exploring the Impact of Personality Traits and Death Anxiety Among Healthcare Professionals

Prince Niel Rule, Raquelyn Lagumbay, Andrea Ramos, Kendra Jean Cayda*
College of Allied Health Sciences, Davao Doctors College Inc., Davao City, Philippines

*Corresponding Author Email: kendracayda@davaadoctors.edu.ph

Date received: July 30, 2024
Date revised: March 29, 2025
Date accepted: April 18, 2025

Originality: 85%
Grammarly Score: 99%
Similarity: 15%

Recommended citation:

Rule, P.N., Lagumbay, R., Ramos, A., & Cayda, K.J. (2025). Exploring the impact of personality traits and death anxiety among healthcare professionals. *Journal of Interdisciplinary Perspectives*, 3(5), 282-288.
<https://doi.org/10.69569/jip.2024.383>

Abstract. This study examined the relationship between personality traits and death anxiety among healthcare professionals in a healthcare facility in Davao City using a quantitative-correlational research design. A sample of 40 healthcare professionals was selected through purposive sampling. Two validated questionnaires, the Big Five Inventory and the Death Anxiety Scale, were employed. The findings revealed moderate personality traits among the participants, with agreeableness having the highest mean and neuroticism having the lowest. Death anxiety was also moderately observed. Notably, agreeableness and neuroticism showed significant relationships with death anxiety: agreeableness served as a protective factor, while neuroticism was a risk factor. Despite these findings, the study concluded that there is no significant overall relationship between the combined levels of personality traits and death anxiety among healthcare professionals. These results highlight the complexity of death anxiety and the need for targeted interventions focusing on specific personality traits. The findings suggest that addressing personality traits such as neuroticism and fostering traits like agreeableness could be beneficial in managing death anxiety among healthcare professionals. This detailed understanding underscores the importance of personalized approaches in mental health interventions within healthcare settings. The results suggest the need for healthcare facilities to implement programs to manage stress and foster supportive work environments for professionals to manage death anxiety.

Keywords: Death anxiety; Personality traits; Healthcare professionals.

1.0 Introduction

Death happens every day in any part of the world as it is part of life. According to the 2019 World Health Organization (WHO), global mortality stood at 55.4 million, while the Philippine Statistics Authority recorded 613 936 registered deaths in the Philippines in 2020 with overtly problematic mental health concerns such as depression and anxiety in the Western Pacific Region (Martinez et al., 2020). Death anxiety results from what people feel when they think of their mortality and fear it. Healthcare professionals who deal with life-and-death situations are most commonly prone to this kind of anxiety. Death anxiety may affect healthcare professionals' performance. In a study depicted by Draper et al. (2019), physicians' death anxiety seems to make medical communication and decision-making more difficult. Pradhan et al. (2020) highlighted that personality traits, especially neuroticism, have a significant correlation with an individual's level of death anxiety. Özdemir et al. (2021) also suggest that there is a positive correlation between people with neuroticism and death anxiety since neuroticism translates to a more anxious, depressive, and unhappy behavioral approach to lifestyle, leading to an increase in the level of death anxiety experienced.

Cross-cultural studies in Denmark, South Korea, and Iran shed light on death anxiety's multifaceted nature and its interplay with personality traits. In South Korea, nurses face elevated end-of-life care stress and death anxiety, particularly their level of death anxiety, which hinders their focus and performance while doing their job (Choi et al., 2022). In Iran, Veisi et al. (2023) highlight how personality types influence psychological well-being via death anxiety mediation, emphasizing extraversion and conscientiousness. Ghiasi et al. (2021) underscore the predictive role of personality in hemodialysis patients' quality of life and death anxiety in Iran. These studies collectively emphasize the relationship between personality traits, especially neuroticism, and the level of death anxiety among individuals. In Pennsylvania, a study conducted by Petrongolo et al. (2021) stated that nurses are frequently present during the dying process as a support for the dying person and the family. Experiencing death in this capacity can cause emotional and psychological stress to the nursing staff as they work to help others. A comparative study in Turkey and Norway conducted by Oker et al. (2019) showed that both participants have a high level of death anxiety, with Turkish participants having the highest death anxiety level.

Death anxiety is a prevalent concern in the Philippines, as indicated by recent research examining its correlation with various factors such as religion and frontline healthcare workers' characteristics (Jong et al., 2019; Soriano & Calong Calong, 2020). Villafuerte and de Guzman (2020) conducted a phenomenological study about death anxiety in older Filipino adults; the study showed that all of the Filipino participants experienced death anxiety in various ways, such as worrying about their deaths, the family they might leave behind, and general futuristic possibilities about dying. A study conducted in Quezon province focused on frontline healthcare workers, revealing that while certain demographic factors showed significant correlations between death anxiety and both physical and mental health risks, life satisfaction demonstrated an inversely significant relationship with death anxiety (Zaracena & Ciabal, 2022). This underscores the importance of implementing interventions aimed at enhancing the physical and mental well-being, as well as life satisfaction, of frontline workers to mitigate death anxiety. Specifically, within the nursing profession, Filipino nurses are particularly susceptible to death anxiety, with emotions such as compassion, sadness, and helplessness commonly experienced following patient deaths, regardless of experience level or workplace setting (Mateo, 2021). Additionally, a substantial portion of participants in the Philippines reported experiencing high levels of stress, highlighting the broader mental health challenges faced within the healthcare sector (Kostka et al., 2021).

Despite the critical role of healthcare professionals in providing end-of-life care, there remains a notable gap in the literature regarding the relationship between death anxiety and personality traits in the local setting. As well as, while several studies have explored death anxiety in healthcare settings (Safargholi & Rafieipour, 2021), few have specifically investigated how individual personality differences may influence healthcare professionals' experiences with death anxiety. Consequently, the study aimed to address this research gap by examining the association between personality traits, such as neuroticism, extraversion, agreeableness, conscientiousness, openness to experience, and death anxiety among healthcare professionals. Moreover, insights gained from this study may have broader implications for improving the quality of end-of-life care and enhancing healthcare professionals' performances.

2.0 Methodology

2.1 Research Design

This study used a Quantitative approach, specifically, the Correlational research design, to examine the relationship between Death anxiety and personality traits. Rahman (2020) defines a quantitative research approach as a system of investigation involving a larger sample, not requiring a relatively longer time for data collection, and examining variables using numerical data or statistics, while Mohajan (2020) defines research using correlations and explains current conditions. It compares two or more variables or looks at discrepancies in their characteristics. Variable manipulation does not occur in this kind of research. The use of the Quantitative approach and Correlational research design in this study is to examine the relationship between death anxiety and personality traits among healthcare professionals in a healthcare facility in Davao City.

2.2 Research Locale

The study was conducted with the participation of healthcare professionals. Specifically, it was held at an exemplary healthcare facility in Davao City. Since its founding in 2011, it has been one of the leading healthcare facilities in Davao City that offers excellent and affordable services, a healthcare facility with 56 56-bed space

capacity in Southern Philippines (Medicare Plus Inc., 2024). The researchers ensured that the study was limited to the institution in Davao City, Philippines.

2.3 Research Participants

The criteria for choosing respondents for this study are the following: (1) healthcare professionals working in a healthcare facility in Davao City who are licensed healthcare professionals, (2) 21 years old and above, (3) then at least have a minimum of 2 years experience. The number of participants included in this study is 40 healthcare professionals based on the total population of 43 qualified healthcare professionals working in the specific healthcare facility in Davao City. The head of human resources of the healthcare facility provided the population size.

2.4 Research Instrument

This study adopted and used two scales to measure the personality traits of healthcare professionals and another scale to measure their perceived death anxiety. This study utilized an adapted instrument called the Big Five Inventory (BFI) based on the Five Factor Theory of Personality by McCrae and Costa. The Five-Factor Model of personality posits that personality traits are covariates. This research will use the questionnaire developed by John and Srivastava (1999). It comprises 44-item statements evenly distributed among the personality domains, which include neuroticism, extraversion, openness, agreeableness, and conscientiousness, with 8-10 items allocated to each domain. The questionnaire has established reliability and validity. As depicted by John and Srivastava (1999), the reliability and validity of BFI were examined using the facets of NEO PI and TDA. The BFI indicated an inter-item consistency that ranges from .70 to .88 using the Kuder-Richardson formula and convergent validity scores ranging from .75 to .91.

Additionally, the Death Anxiety Scale (DAS) was adopted to assess the level of death anxiety among healthcare professionals in a healthcare facility in Davao City. The Death Anxiety Scale (DAS) was developed by Templer (1970). It also involves a 5-point Likert scale ranging from 1 as the lowest and 5 as the highest. Hence, the instrument has an established reliability coefficient of .83 using test-retest reliability and an internal consistency of .84 using the Kuder-Richardson formula (McMordie, 1970). The scale has also proven construct validity (Templer, 1970); and cross-cultural validity (Lester et al., 1993).

2.5 Data Gathering Procedure

The researchers adhered to the following steps in conducting this research study: (a) The researchers submitted the study to the ethical review board to assess any possible flaws with regards to the research design and the means of collection for the participants, (b) The researchers adopted two questionnaires involved in the study namely the Death Anxiety Scale (DAS) from Templer (1970) and the Big Five Inventory (BFI) from John & Srivastava (1999). Letters are also sent to the rightful owners of 22 questionnaires requesting permission to utilize in the current study, (c) The researchers then sent the adopted questionnaires to various experts to verify the established reliability and validity of the said questionnaires, (d) After validation, the researchers submitted a letter of permission to the general manager of the Healthcare facility, requesting data from their health personnel as the respondents for this study, (e) A scheduled meeting was made with the Head of Human Resources to discuss the objectives of the study and its framework. After discussion, the test questionnaires were given to the Head of Human Resources for distribution. (f) After gathering the data, all the answered questionnaires were kept in a long black envelope to secure the participants' identities and responses. The research leader stored all collected to ensure the responses were protected from privacy breaches.

2.6 Ethical Considerations

Participation in this study has been voluntary. The researchers respect the participants' rights and dignity; thus, they can refuse to participate if they do not feel uncomfortable. Moreover, even if the participants initially decided to participate, they still have the right to withdraw from the study at any given time without penalty. If the participants choose to withdraw from the study, all the information that they have provided shall not be included in the data collected. In the gathering, retention, and processing of personal data, researchers followed the criteria of transparency, legitimate purpose, and proportionality (Data Privacy Act of 2012). Regarding privacy and confidentiality, the participants have been free to stay anonymous. Even if the participants indicated their names and other identifying information, it would not be associated with any part of the written report of the research.

The data gathered in this study were kept and treated with utmost confidentiality. If, by any means, this research study is published in the future, any information indicated in the material will keep as well as secure the participants' identity.

3.0 Results and Discussion

3.1 Personality Traits of Participants

Table 1 shows the level of personality traits of the participants. The overall level of personality traits is 3.31, with a standard deviation of 0.55, which is moderate. This implies that healthcare professionals are moderately creative, prepared, organized, ordered, energetic when socializing, motivated to assist others, and sensitive in high-pressure work. This result is grounded in the study depicted by Louwen et al. (2023), which states that balanced personality traits must be observed in any healthcare professional as they will dictate the behavior and performance they will exert in the healthcare environment.

Table 1. *Personality Traits of the Participants*

Personality Traits	M	SD	Description	Interpretation
Openness to Experience	3.33	0.51	Moderate	They are moderately creative & imaginative.
Conscientiousness	3.64	0.55	High	They are highly prepared, organized, and ordered.
Extraversion	3.06	0.57	Moderate	They are moderately energetic when socializing.
Agreeableness	3.73	0.54	High	They are highly motivated to assist others.
Neuroticism	2.77	0.57	Moderate	They are moderately sensitive in high-pressure work.
Overall	3.31	0.55	Moderate	They are moderately creative, imaginative, prepared, organized, ordered, energetic when socializing, motivated to assist others, & sensitive in high-pressure work.

Legend: 4.21-5.00 (*Very High*); 3.41-4.20 (*High*); 2.61-3.40 (*Moderate*); 1.81-2.60 (*Low*); 1.00-1.80 (*Very Low*)

The individual personality traits scored from moderate to high. The respondents are high on agreeableness and conscientiousness, which implies that they are moderately motivated to assist others and are highly prepared, organized, and ordered. The respondents are moderate in openness to experience, extraversion, and neuroticism, which implies that they are moderately creative and imaginative, moderately energetic when socializing, and moderately sensitive in high-pressure work. Among the personality traits, agreeableness has the highest mean of 3.73 and a standard deviation of 0.54, high. This implies that healthcare professionals are highly motivated to assist others. This result is supported by Harvey et al. (2022), which depicts that a person with a peak level of agreeableness indicates a high degree of understanding, sharing other's feelings, control over one's actions, and a prosocial concern for others. These traits are essential for ensuring high standards of patient care and adherence to protocols and procedures.

On the contrary, neuroticism gained the lowest mean of 2.77 and a standard deviation of 0.57, moderate. This implies that healthcare professionals are moderately sensitive to high-pressure work. This result can be anchored to the literature of Yang et al. (2020), which suggests that individuals must only have a lower amount of neuroticism to be less anxious and productive in their own lives. The personality trait neuroticism encompasses individual psychological vulnerability, sensitivity, and emotional stability.

3.2 Death Anxiety Level

Table 2 shows the overall level of death anxiety among healthcare professionals. As the result shows, the death anxiety has a mean of 2.07 and a standard deviation of 0.57, interpreted as moderate. This indicates that the respondents are likely to have moderate death anxiety.

Table 2. *Level of Death Anxiety*

Variable	M	SD	Description	Interpretation
Death Anxiety	2.07	0.57	Moderate	This indicates that the respondents are likely to have moderate death anxiety.

Legend: 2.35-3.00 (*High*); 1.68-2.34 (*Moderate*); 1.00-1.67 (*Low*)

The result coincided with the studies of Khajoei et al. (2022) and Long et al. (2022), who also reported a moderate level of death anxiety among healthcare workers. Also, Rollo May's (1958) concept of nonbeing supports this result that fear of nonexistence is normal (Houe, 2011). Even the idea of dying is normal. Thus, healthcare professionals may also have death anxiety in a moderate state. As healthcare professionals dwelling with ill patients, witnessing countless medical emergencies, and witnessing deaths upon their hands. It is difficult not to fear and be anxious about one's fate.

3.3 Relationship between Personality Traits and Level of Death Anxiety

Shown in Table 3 is the test of the relationship between personality traits and death anxiety. The personality traits analyzed were openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism. The findings show degrees of correlation between these traits and death anxiety, with significant relationships observed for agreeableness and neuroticism. The overall level of personality traits and death anxiety was weakly negative (-0.09), and since the p-value (0.59) is greater than 0.05, the researchers accepted the null hypothesis. Hence, the relationship between the level of personality traits and death anxiety is statistically not significant. Likewise, the individual personality traits, openness to experience, conscientiousness, and extraversion are not statistically significant to death anxiety having a p-value greater than 0.05. This aligns with the results in the study of Özdemir et al. (2021), depicting that the study found no significant relationship between death anxiety and personality traits. However, neuroticism alone has shown a positive correlation with death anxiety.

Table 3. Correlation Analysis Between Personality Traits and Death Anxiety

Personal Traits	Death Anxiety			
	r_s	p	Remarks	Decision
Openness to Experience	-0.09	0.59	Not Significant	Accept
Conscientiousness	-0.12	0.48	Not Significant	Accept
Extraversion	-0.02	0.91	Not Significant	Accept
Agreeableness	-0.36	0.05	Significant	Reject
Neuroticism	0.36	0.02	Significant	Reject
Overall Result	-0.09	0.59	Not Significant	Accept

However, among personality traits, agreeableness (-0.36) and neuroticism (0.36) showed a negative and a positive correlation with the level of death anxiety having a p-value equal to and less than 0.05. This implies that the personality traits, agreeableness, and neuroticism are statistically significant with the level of death anxiety. Harvey and Green Jr. (2022) depicted that the higher agreeableness, the more compassionate and cooperative an individual is. Hence, agreeable healthcare professionals may leverage their supportive and emphatic nature to manage anxieties effectively. Özdemir et al. (2021) also depicted that individuals with high neuroticism tend to be more anxious, depressive, and unhappy, which leads to increased anxiety vulnerability.

4.0 Conclusion

The study reveals that healthcare professionals in a healthcare facility in Davao City exhibit moderate personality traits, indicating that they are moderately creative, imaginative, prepared, organized, orderly, energetic when socializing, motivated to assist others, and sensitive in high-pressure work situations. This moderate level of personality traits suggests a workforce well-suited for the fast-paced, high-pressure environment typical of healthcare settings. Hence, this provides a foundation for formulating future recruitment and training programs that can be used to maintain and enhance the balanced traits of healthcare professionals.

The presence of death anxiety among healthcare professionals highlights the need for institutional support through regular mental health symposiums, workshops, and interventions. These findings open opportunities for the facility to implement stress management programs, supportive work environments, and symposiums to build resilience and develop healthy coping mechanisms to help healthcare professionals manage death anxiety. This presents an opportunity for healthcare professionals to maintain a work-life balance, allowing for further assessment of their well-being inside and outside the healthcare facility.

The absence of significant findings for personality traits and death anxiety implies the complexity of death anxiety. It suggests the possible influence of other extraneous variables that need further study. However, the individual personality traits of agreeableness and neuroticism have shown a significant relationship with death anxiety, implying that agreeableness serves as a protective factor. In contrast, neuroticism is a risk factor for higher death anxiety. These findings encourage future research to consider approaches such as a mixed-method approach and comparative research studies to validate these findings and explore the influence of other variables on death anxiety. This is to understand better its complexity and the diverse outcomes among healthcare professionals.

These findings provide potential applications for improving the well-being of healthcare professionals and the overall functioning of healthcare facilities. Integrating mental health findings into professional development programs can include tailored training modules that address specific mental health concerns, such as death

anxiety, and provide stress management techniques, coping strategies, and resilience-building activities. These measures can empower healthcare professionals according to their personality traits, improve patient care and job satisfaction, and encourage future researchers to generate studies on personality traits and death anxiety.

Furthermore, the findings of this study, while focused on healthcare professionals, also have broader implications for non-healthcare professionals. The insights into personality traits and their relationship with death anxiety can be valuable in various high-pressure industries where employees face similar challenges. The recommendations for stress management, resilience-building, and work-life balance are universally applicable and can be adapted to support the well-being of employees across different sectors. The findings about the existence of death anxiety can also be helpful for non-working individuals. By understanding how personality traits influence responses to stress, such as death anxiety, tailored symposiums and mental health interventions can be developed to enhance an individual's well-being, productivity, and job satisfaction. This study thus serves as a valuable resource for improving workforce management and mental health support in diverse professional and non-professional settings.

5.0 Contributions of Authors

The authors confirm the equal contribution in each part of this work. All authors reviewed and approved the final version of this work.

6.0 Funding

This work received no specific grant from any funding agency.

7.0 Conflict of Interests

The authors declare no conflicts of interest about the publication of this paper.

8.0 Acknowledgment

The researchers would like to thank the following individuals who contributed significantly to this study's success. Charisma T. Salutillo, MSPsy, the researcher's subject instructor, for her overwhelming patience and dedication and for allowing the researchers the opportunity to conduct this study. Sheena Marione N. Gutierrez, RPh, RPsy & Melodie Claire W. Juico, LPT, MAEd, and Dr. Christine M. Fiel, members of the technical panel, for their expertise, guidance, comments, suggestions, and constructive criticisms, that enabled the study to be improved and completed. Vincent Maurice V. Calamba, RPh, RPsy, Nicole M. Cipriano, RPh, & Kimberly L. Lunod, RPh, for validating the researcher's adopted questionnaires. Christian Vincent L. Galolo, MAEd, the researcher's statistician, for providing his expertise and quick analysis of the data gathered. John, Srivastava, and Templer, the Big Five Inventory and Death Anxiety Scale developers, for letting the researchers adopt their established questionnaires. The secondary hospital and respondents of this study are responsible for exerting time and effort to answer the questionnaires needed for this research study. This study would not have been possible without their cooperation, volunteerism, and support. Each researcher's family and friends, for the overwhelming support, unconditional understanding, and undying love, have become the researcher's fuel for continuing this intellectual journey. To God, for wisdom, guidance, and strength, he empowered the researchers to continue this bumpy journey.

9.0 References

- American Psychological Association. (2017). Ethical principles of psychologists and code of conduct. Retrieved from <https://www.apa.org/ethics/code>
- Choi, J., Gu, M., Oh, S., & Sok, S. (2022). Relationship between end-of-life care stress, death anxiety, and self-efficacy of clinical nurses in South Korea. *International Journal of Environmental Research and Public Health*, 19(3), 1082. <https://doi.org/10.3390/ijerph19031082>
- Costa, P. T., & McCrae, R. R. (1999). A five-factor theory of personality. In L. A. Pervin & O. P. John (Eds.), *The five-factor model of personality: Theoretical perspectives* (Vol. 2, pp. 51-87). Guilford Press.
- Fernández-Martínez, E., Martín-Pérez, I., Liébana-Presa, C., Martínez-Fernández, M. C., & López-Alonso, A. I. (2021). Fear of death and its relationship to resilience in nursing students: A longitudinal study. *Nurse Education in Practice*, 55, 103175. <https://doi.org/10.1016/j.nepr.2021.103175>
- Ghiasi, Z., Alidadi, A., Payandeh, A., Emami, A., & Lotfinia, S. (2021). Health-related quality of life and death anxiety among hemodialysis patients. *Zahedan Journal of Research in Medical Sciences*, 23(2), e98400. <https://doi.org/10.5812/zjrms.98400>
- Gnamts, T. (2014). A meta-analysis of dependability coefficients (test-retest reliabilities) for measures of the Big Five. *Journal of Research in Personality*, 52, 70-77. <https://doi.org/10.1016/j.jrp.2014.06.003>
- Harvey, J., & Green, P. (2022). Constructive feedback: When leader agreeableness stifles team reflexivity. *Personality and Individual Differences*, 194, 111624. <https://doi.org/10.1016/j.paid.2022.111624>
- Houe, P. (2011). Rollo May: Existential psychology. In J. Stewart (Ed.), *Kierkegaard's influence on the social sciences* (Vol. 1). Routledge.
- John, O. P., Donahue, E. M., & Kentle, R. L. (1991). Big Five Inventory (BFI). <https://doi.org/10.1037/t07550-000>
- John, O. P., & Srivastava, S. (1999). The Big-Five trait taxonomy: History, measurement, and theoretical perspectives. In L. A. Pervin & O. P. John (Eds.), *Handbook of personality: Theory and research* (Vol. 2, pp. 102-138). Guilford Press.
- Jong, J., Halberstadt, J., Bluemke, M., & Kavanagh, K. M. (2019). Death anxiety, exposure to death, mortality preferences, and religiosity in five countries. *Scientific Data*, 6, 123. <https://doi.org/10.1038/s41597-019-0163-x>
- Kendir, O., Barutcu, A., Ozdemir, H., Bent, S., & Horoz, O. (2021). Knowledge level of healthcare professionals on basic and advanced life support in children. *Eurasian Journal of Emergency Medicine*, 20(2), 73-78. <https://doi.org/10.4274/eajem.galenos.2020.05579>
- Khajoei, R., Dehghan, M., Heydarpour, N., Mazallahi, M., Shokohian, S., & Azizzadeh Forouzi, M. (2022). Comparison of death anxiety, death obsession, and humor in nurses and medical emergency personnel in COVID-19 pandemic. *Journal of Emergency Nursing*, 48(5), 559-570. <https://doi.org/10.1016/j.jen.2022.02.004>
- Kostka, A. M., Borodzicz, A., & Krzemińska, S. A. (2021). Feelings and emotions of nurses related to dying and death of patients – A pilot study. *Psychology Research and Behavior Management*, 14, 705-717. <https://doi.org/10.2147/PRBM.S311996>
- Lester, D., & Castromayor, I. (1993). The construct validity of Templer's Death Anxiety Scale in Filipino students. *The Journal of Social Psychology*, 133(1), 113-114. <https://doi.org/10.1080/00224545.1993.9712125>
- Long, N. H., Thanasilp, S., Anh, T. T., & Minh Chinh, N. T. (2022). Death anxiety and its related factors among advanced nurse practitioner candidates: A cross-sectional study. *Nursing Forum*, 2023(1), 6403193. <https://doi.org/10.1155/2023/6403193>
- Louwen, C., Reidlinger, D., & Milne, N. (2023). Profiling health professionals' personality traits, behaviour styles and emotional intelligence: A systematic review. *BMC Medical Education*, 23, 444. <https://doi.org/10.1186/s12909-023-04003-y>
- Martínez, A., Co, M., Lau, J., & Brown, J. (2020). Filipino help-seeking for mental health problems and associated barriers and facilitators: A systematic review. *Social Psychiatry and Psychiatric Epidemiology*, 55(11), 1397-1413. <https://doi.org/10.1007/s00127-020-01937-2>
- Mateo, J. D., Carlos, M. A., Chua, W. R., Diza, K. B., Ponseca, J. S., Cajayon, S. B., & Cambel, M. S. (2020). "You'll get used to it": A lived experience of Filipino nurses in dealing with death and dying patient. *Enfermería Clínica*, 30, 107-112. <https://doi.org/10.1016/j.enfcli.2019.09.031>
- McMordie, R. (1979). Improving measurement of death anxiety. *Psychological Reports*, 44(3), 975-980. <https://doi.org/10.2466/pr0.1979.44.3.975>

- Mohajan, H. (2020). Quantitative research: A successful investigation in national and social sciences. Retrieved from <https://mpira.ub.uni-muenchen.de/105149/>
- Oker, K., Schmelowsky, A., & Reinhardt, M. (2021). Comparison of the relationship between death anxiety and depressive and anxiety symptoms among norwegian and turkish female psychology students. *OMEGA - Journal of Death and Dying*, 83(4), 816–830. <https://doi.org/10.1177/0030222819868111>
- Özdemir, S., Kahraman, S., & Ertufan, H. (2021). Comparison of death anxiety, self-esteem, and personality traits of the people who live in Turkey and Denmark. *OMEGA - Journal of Death and Dying*, 84(2), 360–377. <https://doi.org/10.1177/0030222819885781>
- Petrongolo, M., & Tothaker, R. (2021). Nursing students' perceptions of death and dying: A descriptive quantitative study. *Nurse Education Today*, 104, 104993. <https://doi.org/10.1016/j.nedt.2021.104993>
- Pradhan, M., Chettri, A., & Maheshwari, S. (2020). Fear of death in the shadow of COVID-19: The mediating role of perceived stress in the relationship between neuroticism and death anxiety. *Death Studies*, 46(5), 1106–1110. <https://doi.org/10.1080/07481187.2020.1833384>
- Rahman, S. (2019). The advantages and disadvantages of using qualitative and quantitative approaches and methods in language “testing and assessment” research: A literature review. *Journal of Education and Learning*, 6(1), 102–112. <https://doi.org/10.5539/jel.v6n1p102>
- Safargholi, H., & Rafeipoor, A. (2021). Predicting death anxiety in nurses based on personality traits and professional ethics: A comparison between nurses with and without physical activity. *Journal of Clinical Sport NeuroPsychology*, 13(1), 13–27. <https://doi.org/10.21859/JCSNP.1.1.13>
- Soriano, G. P., & Calong Calong, K. A. (2020). Religiosity, spirituality, and death anxiety among Filipino older adults: A correlational study. *OMEGA - Journal of Death and Dying*. <https://doi.org/10.1177/0030222820947315>
- Templer, D. I. (1970). The construction and validation of a death anxiety scale. *The Journal of General Psychology*, 82(2), 165–177. <https://doi.org/10.1080/00221309.1970.9920634>
- Veisi, R., Kakabarai, K., Chehri, A., & Arefi, M. (2023). The role of death anxiety as a mediator in the relationship between personality types and psychological well-being in coronavirus disease-2019 patients. *Journal of Education and Health Promotion*, 12. https://doi.org/10.4103/jehp.jehp_195_22
- Villafuerte, S., & de Guzman, A. (2020). “Because I could not stop for death”: Phenomenologizing death anxiety among Filipino older adults. *International Journal of Aging and Human Development*. <https://doi.org/10.1080/03601277.2020.1834665>
- Worrell, F. C., & Cross, W. E. Jr. (2011). The reliability and validity of Big Five Inventory scores with African American college students. *Journal of Black Psychology*, 27(2), 152–167. <https://doi.org/10.1002/j.2161-1912.2004.tb00358.x>
- Yang, J., Mao, Y., Niu, Y., Wei, D., Wang, X., & Qiu, J. (2020). Individual differences in neuroticism personality trait in emotion regulation. *Journal of Affective Disorders*, 265, 468–474. <https://doi.org/10.1016/j.jad.2020.01.086>
- Zaracena, K. R., & Ciabal, L. U. (2022). Modern-day heroes amidst the pandemic: Health risk, life satisfaction and death anxiety of front-liners. *International Review of Social Sciences Research*, 2(1), 61–79. <https://doi.org/10.53378/3528799>