

Resilience and quality of life among emerging adults: the role of personality

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ABSTRACT

Understanding the role of personality factors and resilience as contributing towards the quality of life (QoL) between emerging adults which might help to improve the overall life quality of among individuals. The objective of this study was to discuss QoL, resilience and personality factors in healthy emerging adults and understand how personality factors play a role. Data was collected via 300 emerging adults in India using a demographic questionnaire, World health organization quality of life-BREF Scale, Bharathiar University Resilience Scale (BURS) and NEO-FFI. Pearson's correlation, multiple regressions, and t-test were conducted. Results found that quality of life was significantly correlated to resilience and personality factors. Resilience, Agreeableness, Openness, Neuroticism, Extraversion, Conscientiousness accounted for 56.6% variation in QoL. Gender differences were found neuroticism, agreeableness and QoL. The implication of the present study will help clinicians and counsellors to develop adequate plans to help improve QoL of individuals and plan treatments depending upon personality factors.

Keywords: Resilience, Quality of Life, Resilience, Personality, Emerging Adults

According to India's human development report by UN, India has a human development index of 130 among 187, this includes the level of satisfaction, quality of life and longevity ("The Economic Times", 2018). Emerging adulthood is the stage where individuals face large number of changes and situations which are challenging to them (Terriquez & Gurantz, 2014). Therefore, its becoming increasingly important to help individuals understand how they can better cope with the challenges.

Resilience is an individual's ability to bounce back from adverse situations and move on to living a normal functioning life (Neenan, 2009). Researchers has provided evidence that stressors during adulthood and single traumatic event can predict and lead to psychological disorders in adulthood, which stresses upon the importance of resilience at this stage (Turner & Butler, 2002).

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According to WHO onset of depression usually begins around young adulthood and becomes more severe with age. The prevalence rate varies from 1.8% being severely depressed and 39.4% suffering from moderate to mild depression. (WHO, 2017). Another factor contributing towards depression is quality of life. Research has indicated that people with depression have a lower quality of life among depressed patients and show quality of life deficits that are directly attributable to the mood disturbance (Angermeyer, Holzinger, Matschinger & Stengler-Wenzke, 2002).

The way an individual perceives their quality of life may be impacted by their personality, which is the underlying way of how an individual behaves (Ranchor, Sanderman & Steptoe, 2002). According to NEO-PI there are 5 personality traits namely, openness to experience, extraversion, agreeableness, conscientiousness, and neuroticism. (Costa & McCrae, 1978). Various studies have shown that personality has an impact on the quality of life of an individual (Dubayova et. al. 2009) and personality also impacts the resilience levels of people (Tamir, 2009).

Theoretical Framework

Resilience

Resilience is a unique concept which brings light to the question, how some people become stronger despite facing the hardships they had to deal with while others fall apart as a result of the same experiences (Neenan, 2009). Instead of letting failure guide them and drain their resolve, individuals who have resilience come up with a way to rise from adverse situations. Masten and Reed (2002) have found some factors which make someone resilient, among them is positive attitude, optimism, the ability to regulate emotions, and the ability to see failure as a form of helpful feedback. Even after misfortune, resilient people are blessed with such an outlook that they are able to change course and soldier on. Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress— such as family and relationship problems, serious health problems or workplace and financial stressors (Masten, 2002).

An individual's personality and psychological make-up are directly associated with not only mental health but also function indirectly to influence quality of life. Various studies have investigated quality of life in terms of psychological morale, wellbeing, life satisfaction and happiness (George 1979). Development of a comprehensive understanding of resilience through lifespan is potentially important for promotion of mental health promotion (Bonanno, 2004).

Resilience has become a major focus of research and clinical interventions in psychology in the recent decades (Werner and Smith, 1982). It is one of the key characteristic of individuals which facilitates positive well-being in face of negative and adverse situations. Emerging adulthood is regarded as the time between childhood and adulthood and young people experience emotional, behavioural, physical and socio-economic changes (Arslan, Ayrançi, Unsal & Arslantas, 2009). The way in which a young adult adapts to a culture and their resulting quality of life may be influenced substantially by their personality traits as well as the degree to which they are aligned with the values and beliefs of the new culture. These negative features lead to making irrational beliefs. Less ability to control psychological impulses, and poorer adaptation to stress conditions (Tamir, 2009), which may cause individuals to have a lower perception of their quality of life.

Quality of life

Multiple conceptualisations of the term quality of life have evolved over the years (Beesley & Russwurm, 1989). Quality of life can be viewed as a multidimensional concept emphasizing the self-perceptions of an individual's current state of mind (Bonomi, Patrick, Bushnell, & Martin, 2000). There are several definitions of quality of life. Abrams (1973) has defined the expression quality of life as the degree of satisfaction or dissatisfaction felt by people with various aspects of their lives, and Andrews (1974) related it to the extent to which pleasure and satisfaction characterize human existence. George and Bearon (1980) describe four underlying dimensions to the concept, two of which are objective and two of which reflect the personal judgement of the individual: general health and functional status; socioeconomic status; life satisfaction; and self-esteem. According to WHO, QoL is defined as individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. The WHO definition of QoL includes physical health, mental state, level of independence, social relationships, personal beliefs and their relationship to salient features in the environment. Thus, QoL is the feeling of overall life satisfaction, as showed by the mentally alert individual whose life is being evaluated (Meeberg, 1993).

The concept of quality of life broadly encompasses how an individual measure the 'goodness' of multiple aspects of their life. However, a review of QoL literature shows a strikingly low consensus about the aspects that should be included under QoL. These evaluations might include one's emotional reactions to life occurrences, disposition, sense of life fulfilment and satisfaction, and satisfaction with work and personal relationships (Diener, Suh, Lucas, & Smith, 1999).

Increase in life span and lower mortality over the years have allowed to focus upon how to help people live a more meaningful life and cope with their illness rather than just provide treatment, and this therefore allows to see how treatment influences the quality of life (Lawford & Essier, 2001). Most of the research have focused upon patients with illness and very little review is found among healthy population. Personality traits appear to be one of the important predictors of quality of life (QoL) in most people with chronic diseases (Dubayova et. al. 2009). Domains of Big five personality inventory were researched upon and relationship was found among them and quality of life.

Personality

Personality is defined as the characteristic set of an individual's cognitions, behaviours and emotional reactions which are a result of combination from the environment and biological factors (Robins et al., 2007) . There are relatively stable and enduring ways in which an individual behaves. These may be defined as customary ways in which an individual behave across a variety of situations. Personality develops the most as an individual approaches adulthood and is only on formation stage throughout childhood. (Caspi & Roberts, 1999; Terracciano et al., 2006). However, even though adulthood there remains a scope for an individual to bring changes in their personality (Lewis, 1999; Roberts et al., 2002).

The study of personality has been studied by the psychodynamic, humanistic, biological, behavioural, cognitive, and sociocultural perspectives. These perspectives provide different conceptions of what personality is and how it functions. Trait theory is one of the main approaches to study the human personality. Personality traits are defined as habitual patterns of behaviour, emotion, and thought that are manifested in a wide range of situations.

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Personality traits are relatively stable patterns of behaviour and have different degrees of expression among different individuals (Passer & Smith, 2009, p. 454).

The Big Five personality traits are also called the five-factor model which is based on a taxonomy for personality traits. McCrae and Costa believed that Cattell's trait theory was too descriptive and only a few of them were enough to capture an individual's entire personality, therefore they developed their theory in which each of the five big factors consisted of traits from Cattell's theory (Passer & Smith, 2009, p. 471). McCrae and Costa (2003) proposed that these "Big Five" factors may be universal applicable to the human species, for the same five factors have been found consistently in trait ratings within diverse group of people belonging to North American, Asian, Hispanic, and European cultures (John & Srivastava, 1999; Trull & Geary, 1997). The five factors which the Big 5 assess are openness to experience i.e. meaning appreciation of art, adventure, unique idea emotions, curiosity and variety of experience. Neuroticism is the tendency to experience unpleasant emotions easily, such as anger individual prone to illness. Conscientiousness focuses on an individual's ability to be organized and dependable, act dutifully, aim for achievement, show self-discipline and prefer planned instead of behaving in a spontaneous manner. Extraversion indicating the energetic, assertiveness, and sociability in an individual where the person likes to engage in social behaviours. Agreeableness is the tendency of an individual to be compassionate and cooperative (Passer & Smith, 2009, p. 471).

According to researchers, these personality traits are relatively stable and remain consistent throughout life, but if efforts are made these traits can be modified (Caspi & Roberts, 1999; Helson et al., 2002). Zukerman (1991) found primary traits such as extraversion and introversion remain stable across an individual's life. However, cross-sectional and longitudinal studies have indicated that among the Big Five personality traits, Neuroticism, Openness, and Extraversion exhibit average declines from the late teens to the early 30s, whereas Agreeableness and Conscientiousness tend to increase (Costa & McCrae, 2002).

Emerging adults

For most of the countries today, a new concept of age has emerged, this age group is commonly known as emerging adulthood and ranges from the age 18-25 (Arnett, 2000) This is the age group where individuals are no more adolescents who are entirely dependent upon their parents, however they are not yet equipped to deal with challenges of adulthood. During this stage individuals are getting education and training in spheres which will in turn lay down the foundation for most of their adult life (Chisholm & Hurrelmann, 1995; William T. Grant Foundation Commission on Work, Family, and Citizenship, 1988). Arnett (1998) proposes that there has been a shift in the people of today are approaching life, there is a shift in from the average age of childbirth and marriage which has risen, therefore allowing people to experiment during this age group and try new things and experiences. Erikson (1968) believed that the stage of emerging adulthood plays a crucial role in the identity formation of an individual, as it is during this stage more people get a relative autonomy and are able to try and experiment with their careers, love and relationship. According to various researches done by Arnett and Ericson, emerging adulthood in many respects the age of possibilities, a period in which many different potential futures remain possible and personal freedom and exploration are higher for most people than at any other time, it is also a unique stage of one's life which is different from adolescents and adulthood. It is also a period of one's life in which they are likely to grow in importance in the coming century, as countries around the world reach a point in their economic development where

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they may allow the prolonged period of exploration and freedom from roles that constitutes emerging adulthood (Arnett, 2000).

A neglected issue in research on quality of life is study among adolescence and young adults. The average age of the individuals in various studies was older or middle ages adults or people with disability, for instance in a study by Hughes and Hwang (1996) the average age was 33 years. Adolescence and emerging adulthood are marked by biological, social role, and psychological changes (Holmbeck, 2002), and how adolescents adapt and cope to these changes may set the stage for the transition into adulthood.

Mostly developmental researchers focus on children at risk in terms of understanding their mental health and understand what factors help these individuals develop a normal life, trying to understand their coping, personality and environmental factors (Goldstein & Brooks, 2005).

The present study aimed to understand the relationship between resilience and quality of life as it will help to identify the importance of inculcating resilience among emerging adults as a protective measure. In terms of counseling set up this research allows therapists to understand how quality of life can be improved among clients along with understanding the role of resilience and personality factors, and implementing suitable therapeutic interventions of the client.

METHODOLOGY

Participants

A total of 300 emerging adults from various walks of life were selected for the present study 150 responses were collected through hard copy and 150 soft copy (using google forms) responses were taken. The sample consisted of 150 males and 150 female participants between the age group of 18-25 years. Participants were selected who could comprehend English and exclusion criteria were participants from non-Indian origin and people with physical or psychological illness. Approval for the study was obtained from Institution Review Board (IRB).

Procedure

Data was collected using hard copy by approaching various people with hard copy of questionnaires as well as soft copy through google forms. Participants were made aware that participation is voluntary and they can withdraw from it when they want. They were also told all data will remain strictly confidential and be used only for research purposes. Thereafter participants were asked to fill in three questionnaires as well as a demographic sheet, the hard copy data was entered into the computer. Once all data was compiled then detailed analysis was performed.

Measures

To measure the quality of life, World health organization quality of life-BREF Scale. This scale was developed by WHO, Geneva in 1996 which contains 26 items which are rated on a 5-point Likert scale. It measures quality of life in 4 domains - physical, psychological, social relationships and environmental; along with two items from the overall QoL and general health facet. For the total scale the Cronbach's alpha were acceptable i.e. >0.7 (Skevington & Lotfy, 2004). The statements in the questionnaire ask questions such as "how would you rate your quality of life". It requires the participant to respond on a Likert scale from 1-5

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with 1 being very poor to 5 being very good. This test has been used and tested across various cultures which also assess its validity and reliability (Skevington & Lotfy, 2004)

To measure the resilience, Bharathiar University Resilience Scale (BURS). BURS (Annalakshmi, 2009) form consists of 30 items measured on a Likert scale. This scale measures seven domains of resilience consisting of duration for getting back to normalcy, reaction to negative events, response to risk factors (specifically disadvantaged environment) in life, perception of effect of past negative events, defining problems, hope/confidence in coping with future and openness to experience and flexibility. It consists of questions such as “During times of trouble I sink with feeling helpless”.

To assess the personality characteristics of participants, NEO Five-Factor Inventory (NEO-FFI) was used. Development of the Revised NEO PI-R began in 1978 with the publication of a Mc Crae. NEO-FFI is an abbreviated 60-item version of the 240-item NEO-PI-R assessing Neuroticism, Extraversion, Openness to experience, Agreeableness, and Conscientiousness. The anchoring for all the 60 items varies from 1 (totally disagree) to 5 (totally agree). The Cronbach's alpha coefficients for all the subscales range from .72 to .81, which are within the acceptable range (Nunnally & Bernstein, 1994).

A informed consent form was attached seeking informed consent by the participants which included informing them about confidentiality, voluntary participation and ability to stop answering when they want. Along with this a demographic sheet was attached which included name, age, gender, education, profession and place of origin.

RESULTS

The current study establishes the relationship between Resilience, Quality of life and personality factors among emerging adults. The following section displays the results of the statistical analysis done. Conditions of normality were met for two primary variables i.e. Resilience and Quality of life.

Descriptive statistics was performed on the data collected which included quality of life, resilience and components of personality. Shapiro-Wilk test of normality was conducted, this revealed that quality of life and resilience were normally distributed, while the variables of personality i.e. Agreeableness, Openness, Neuroticism, Extraversion, Conscientiousness were not normally distributed. Parametric statistics were used because the dependent variable is normally distributed.

Table 1. Descriptive statistics and Pearson's Correlation for QoL, Resilience and Domains of Personality.

Variable	1	2	3	4	5	6	7
QoL (1)							
Neuroticism (2)	-.58**						
Extraversion (3)	.47**	-.20**					
Openness (4)	.26**	.049	.35**				
Agreeableness (5)	.24**	-.004	.42**	.44**			
Conscientiousness (6)	.43**	-.16**	.49**	.36**	.40**		

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Variable	1	2	3	4	5	6	7
Resilience (7)	.642**	-.481**	.368**	.229**	.216**	.417**	
<i>M</i>	102.76	25.67	30.47	31.97	32.00	32.14	94.94
<i>SD</i>	17.42	7.33	6.19	5.78	5.45	6.48	14.09
Max.	147	45	48	48	47	48	130
Min.	46	10	13	18	19	12	55
α	.895	.733	.678	.589	.576	.736	.911

**p<0.01

Table 1 presents results which indicates that quality of life was significantly correlated with Quality of Life and all sub domains of personality. Quality of Life has significant positive correlation with extraversion ($r = .47$, $p < .01$), openness ($r = .26$, $p < .01$), agreeableness ($r = .24$, $p < .01$), conscientiousness ($r = .43$, $p < .01$) and resilience ($r = .62$, $p < .01$). Quality of Life also has a significant negative correlation with neuroticism ($r = -.58$, $p < .01$).

Table 2. Simple Linear Regression for predicting Qol from resilience, Agreeableness, Openness, Neuroticism, Extraversion and Conscientiousness.

Model	Variables	β	R^2	ΔR^2	t	F
1	(Constant),	54.586	.575	.566	7.415*	65.942**
	Resilience,	-.914			8.625 *	
	Agreeableness,	.514.			3.862*	
	Openness,	.294			2.179*	
	Neuroticism,	.046			.311	
	Extraversion,	.308			2.404*	
	Conscientiousness	.371			6.204*	

DV=Quality of life, **p<0.01, *p<0.05

Table 2 depicts a simple linear regression where in quality of life is predicted by Resilience, Agreeableness, Openness, Neuroticism, Extraversion, Conscientiousness. The results indicate that Resilience, Agreeableness, Openness, Neuroticism, Extraversion, Conscientiousness could explain 57.5% variance in quality of life, $R^2 = .575$, $F = 65.942$ ($p < 0.1$). It was seen that Resilience ($t = 8.625$, $p < 0.05$) Agreeableness ($t = 3.862$, $p < 0.05$), Openness ($t = 2.179$, $p < 0.05$), Extraversion ($t = 2.404$, $p < 0.05$) and Conscientiousness ($t = 6.204$, $p < 0.05$) significantly predicts quality of life in an individual.

Table 3. Independent sample t-test for Qol, Resilience and Domains of Personality across Gender

	Males (n=150)		Females (n=150)		t-value
	Mean	SD	Mean	SD	
QoL	105.1	19.21	100.42	15.13	2.344*
Resilience	95.83	14.31	94.05	13.76	1.098
Agreeableness	24.71	7.077	26.62	7.541	2.268*
Openness	31.21	6.690	29.72	5.567	2.101*
Neuroticism	31.89	5.871	32.05	5.713	.229
Extraversion	32.66	5.790	31.34	5.023	2.109*
Conscientiousness	32.19	6.691	32.09	6.283	.142

*p<0.05

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Table 3 illustrates the result obtained in independent sample t-test for QoL, Resilience and Domains of Personality across gender. The results indicated that there was a statistically significant difference among both the genders in Quality of life ($t= 2.322, p<0.05$), with males reporting a high quality of life ($M=105.1$) than females ($M=100.42$), there was also a significant difference in agreeableness ($t=2.268, p<0.05$), with females scoring higher ($M=26.62$) than males ($M=24.71$) and there was a significant difference in extraversion ($t= -2.109, p<0.05$), where males have scored higher ($M=32.66$) than females ($M=32.09$).

DISCUSSION

In this section the researcher tries to explain the findings from the analysis. The major objective was to find relationship between quality of life and resilience and understand the how personality factors influence the quality of life in an individual.

The results from Pearson's correlation analysis leads to evidences to accept the first hypotheses which states that there is a relation between resilience, personality and quality of life. It is seen that there is a significantly high correlation between quality of life and resilience, which is because having a high resilience factors such as remaining balance in the face of adversity and not getting burdened by negative emotions during a stressful event, allows an individual to overcome any negative experience or emotion that they have experienced and help them move towards achieving positive emotions and also allowing them to overcome any negative experience and moving forward with daily life events especially at the age of emerging adulthood where an individual is faced with so many challenges such as starting with colleges or jobs, marriage and moving across cities. (Terriquez & Gurantz, 2014). Similar findings were found by Becona (2007) which said that having resilience allows individuals to not dwell upon negative emotions and carry on with their normal routine functioning (Neenan, 2009). This in turn allows an individual to view their life in a favourable manner and thus improving their quality of life. The result of the study is in line with the study conducted by Yazdi-Ravandi and colleagues (2013) which found that there was a significant correlation between resilience and quality of life among patients with pain disorder because resilience has negative relationship with psychological distress which in turn increased quality of life. In another study researchers found a direct relationship between resilience and quality of life as they found resilience appeared to play an important role in mental health recovery of patients (Zhang, Zhao, Cao, & Ren, 2017).

A significantly high correlation between personality factors and quality of life is found. It found that neuroticism and quality of life were strongly negatively correlated, it is because people with neuroticism display signs of being moody and show more negative emotions such as jealousy, anxiety and fear which may lead to an adverse effect on an individual's quality of life as they are dominated by these emotions. The results of another study also show that individual with high neuroticism have a lower quality of life as they show a poor coping mechanism and difficulty in impulse control (Costa & McCrae, 1992). A significantly strong positive relationship between quality of life and extraversion is found, it is because people who are extroverts have better social personality such as having more people around them and being around where action is which helps them in getting along better with the people around them, a study found that more the individual was extroverted the better adjusted which had a direct impact on their happiness and well-being (Costa & McCrae, 1990), which is in line with the results from the present study supporting the high correlation. The third component of personality is openness which showed a moderate positive correlation with quality of life, if an individual is more open to the different changes which happen in their life and more accepting towards them, they would report with a higher

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quality of life. Stephan (2009) concluded that there is a high positive relationship between quality of life and openness as it led to experiencing of new things which would in turn facilitate the well-being of the individual. There was a significant correlation between quality of life and agreeableness, it is because people who are agreeable are less likely to get into fights with others and are liked by people around them, which also plays a role in their social support. This result is in line with another study which says that being agreeable allows individuals to engage in better teamwork and support which in turn help increase individuals life satisfaction (Chen, Lu & Wang, 2008), which is also be true for emerging adults i.e. if they are more agreeable they more likely to have a better social support which in turn increases their quality of life. There is also a significantly high positive relationship between conscientiousness and quality of life, if an adult is more diligent and careful towards their work they are more likely to have it organized which will in turn reduce the negative feelings they have associated with their work, it will also allow them to careful plan better leading to a higher quality of life.

A prediction of quality of life by factors of resilience, agreeableness, openness, neuroticism, extraversion, conscientiousness was done, which found that the variables predicted quality of life to a high extent. Resilience is an individual's ability to bounce back from adversity, and if an individual is able to cope better with the problems faced it may cause them to report a higher quality of life as they will be able to adapt and move into healthy functioning of everyday life. In a study conducted on patients with breast cancer, researchers found that as resilience rose, quality of life among participants increased (Ha, Jung & Choi, 2014), similarly in a study done Wenzil and colleagues (2002), they found resilience to be a predictor of quality of life among gynaecology oncology group. The personality of an individual is formed by the time they reach the age of emerging adult and it is likely that personality will remain consistent, which includes the way an individual behaves and acts. This study found that personality factors played an important role in predicting quality of life. In a study it was found that personality factors played an important role in quality of life among women experiencing menopause and helps them be prepared for it in a psychosocial manner (Bal & Sahin, 2011), similarly it is possible that personality factors help emerging adults be prepared for the life challenges they face which in turn helps give a higher quality of life.

A gender difference among male and female participants in scores quality of life, resilience and personality factors was done, which indicated that there is a statistically significant difference only among quality of life, agreeableness, neuroticism and extraversion. Women reported a lower quality of life as compared to men. The lower score of quality of life among women may be because they tend to face a lot of stress and changes when they go through the age group of emerging adults in terms of the pressure faced by them in the Indian context to settle down and facing family pressure. This result is in line with various other studies conducted, for instance in the study "Gender Differences in Quality of Life of Patients with Rectal Cancer" by Schmidt and colleagues (2005), it was found that women tend to score low on quality of life over the span of 5 years as they had a lower physical condition and global health as compared to men. Another study done it was found that women with cardiac attacks reported a lower quality of life as compared to men which may be because women reported lower levels of belongingness and social support (Emery et. al. 2005). Men appeared to show a higher quality of life than female counterparts, as it was reflected in both total score and in the psychological and social domains of quality of life (Bonsaksen 2012). Men scored higher than women in extraversion which may be because in the Indian context men are expected to go out of the household and do majority of the task

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which may also shape their personality. This result is different as compared to the previous studies which say women score high on extraversion (Chapman et al., 2007; Weisberg, DeYoung & Hirsh, 2011) as Indian women are coming out of the patriarchal norms and entering into the social world therefore as compared to developed societies the results indicate a difference. However, another study found that men tend to score higher than women on extraversion in 30 out of 37 countries (Lynn & Terence, 1997).

A significant difference was found in levels of neuroticism and women scored higher than men, which is similar to a study done across 37 nations which found that women score higher on anxiety and stress may be due to genetic factors (Maccoby & Jacklin, 1994; Lynn & Terence, 1997). A study also found that levels of neuroticism among women tend to increase as they reach emerging adulthood (Soto et al., 2011). Women also scored higher than men on agreeableness, it may be because women tend to be more cooperative and considerate of others (Feingold, 1994; Costa et al., 2001). Similarly it was found that women are more polite and compassionate which makes them more likely to agree to others explaining the difference in the scores (Weisberg, DeYoung & Hirsh, 2011).

The study found no statistically significant difference among males and females in resilience, openness to experience and conscientiousness. This result is in line with other studies conducted, Portnoy and colleagues (2018) found that there was no significant difference in resilience among gender, it found trauma and its nature played an important role determining the resilience. There was also no difference found in openness to experience and conscientiousness which is similar to other literature available (Weisberg, DeYoung & Hirsh, 2011).

CONCLUSION

The results of this study found that there is a high correlation between quality of life, resilience and NEO-FFI personality factors. It was found that resilience, agreeableness, openness, neuroticism, extraversion, conscientiousness could significantly predict quality of life among emerging adults. There was a significant gender difference in quality of life, neuroticism, extraversion and agreeableness in the present sample.

Strengths and Limitations

The current study has added on to the literature of quality of life exploring its relationship with personality and quality of life among emerging adults in the current scenario. It explored how quality of life was related to resilience and personality and how well it could be predicted by these two variables. This study aimed to understand these variables among mentally and physically healthy participants which was not explored plenty by previous studies. It aims to find the gender differences in quality of life, resilience and personality domains which allows us to work better with interventions.

However, there are a few limitations to the present study, the sample size consisted of 300 participants from urban cities of India which make it difficult to generalize. Data collection was done from metro cities across India which may not provide with an accurate description across the country. Lastly, higher order analysis has not been done for the data, Implication In a counseling set up this research will allow to understand how quality of life can be improved among clients along with understanding the role of resilience and personality factors, and implementing suitable therapeutic interventions of the client. This research will help to identify the importance of inculcating resilience among emerging adults to help them to understand and adjust with day to day life adversities.

Future directions

The future studies can work in this area by covering a larger population belonging to different areas which will allow scope for generalization. A mixed method approach can also be used which will enrich the data by providing an individualistic view of quality of life and take into personal accounts of people.

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Conflict of Interest

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