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A Comparison of the Enneagram Personality Triads based on SCL_90 Patterns in Nurses

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Researchers found that one of the factors affecting nurses experiencing occupational stress was the difference in their enneagram personality triads. The aim of the present research was to investigate the psychic profile of nurses' enneagram personality triads based on the psychological components of the SCL-90. The method of this study was descriptive-correlational. The statistical population of this research comprised all of the nurses working in Shiraz public hospitals in 2017. 270 people were selected from this population through multistage random sampling based on Krejcie, & Morgan sample size table. The results showed that there was a significant difference between a nurses' instinct and thinking triads in terms of obsession, aggression and psychosis. There was also a significant difference between the instinct and feeling triads of the nurses in terms of obsession and aggression. Meanwhile, there was no significant difference between personality triads in terms of other psychological components. Some enneagram personality triads in nurses were prone to the occurrence or absence of mental symptoms. Although the findings explain only a 19% variance, hospital managers should consider the nurses' personality triads in order to improve their performance.

Keywords: enneagram, nurses, personality triads, psychic profile, SCL-90

Nursing is considered to be a stressful occupation, and the psychological stresses caused by the stressors in this profession have adverse effects both on nurses' responsive behaviors and on the health organization and the consequences may directly affect the patients (Keykaleh et al, 2018; Norouzi, Dargahi, Aeyadi & Sarhaddi, 2018). Researchers found that one of the factors affecting nurses experiencing occupational stress was the difference in their personality triads (Valiei, Rezaei & Rezaei, 2013; Aghli, Ahi & Mansouri, 2018; Cervone, D., & Pervin, 2015). According to personality psychology, just like anything else in the universe, humans are unique in their own right (Guntrip, 2018). If personality is defined as a set of relatively stable psychological characteristics that lead to the occurrence of current behaviors, the psychological symptom of the extremes spectrum is the personality triads that occur due to environmental triggers, including workplace stress. In other words, the psychological syndrome is the other side of personality triads. For example, if a person is disciplined, precise, a perfectionist, adorned and responsible, in a pathological status, "precision" becomes "sickly check" and "adornment" turns into "long and stereotypical bathing" which are symptoms of obsessive-compulsive disorder. Hence, it can be said that these two psychological approaches make a continuum, on one side of which there are personality triads and on the other, there are psychiatric syndromes (Haghshenas, 2010). Identifying a personality type and its dynamics may in particular provide an effective approach to the unconscious, psychological trauma,

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compensatory mechanisms, and ultimately transformation and healing of the individuals' pains (Riso, 1993). Since the beginning of psychology, several theories have been devoted to the classification and description of different personality types, but the Enneagram personality theory is one of the newest personality theories and personality typing tests show when it is most likely that an individual's personality has been mistakenly identified. The mistake involves self-destruction and many stereotypical and unnecessary reactions and behaviors. The goal of the Enneagram is to help people understand the mechanism involved in their personality, to help them free themselves from the limitations of their personality (Daniels, Saracino, Fraley, Christian & Pardo, 2018; Komasi, S., Soroush, Nazeie, Saeidi & Zakiei, 2016; Simmons & Johnstone, 2018). Therefore, the Enneagram not only describes each personality trait, but also provides insights into the habitual systems of behaviors, emotions, and ideas of each personality (Riso and Hudson[b], 1999; Stabile, 2018; Matise, 2019; Alexander & Schnipke, 2020). An enneagram (pronounced "any-a-gram" and named after the Greek words for "nine" and "something written or drawn") is a nine-pointed star shape drawn inside a circle as indicated in Figure 1 (Lapi-Bogda, 2007). Each of the nine points is said to refer to a certain personality type, such as "The Challenger," "The Achiever," "The Individualist," and so on. Enneagram is a powerful personality system based on a perceptual filter and the stimulating feeling energy associated with it (Daniels and Price, 2009). Enneagram is a three-part geometric figure that depicts an individual's nine main personality types and their complex relations. The first part is a circle which is located outside and symbolizes unity. The second part is an inner triangle symbolizing the triple power of nature for creativity and existing

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identity. The third part is an irregular hexagonal within the circle, symbolizing the "law of seven" on natural relations and reflecting the evolution of life events over time. The combination of these three elements (circle, triangle, and hexagon) makes the Enneagram (Stabile, 2018).

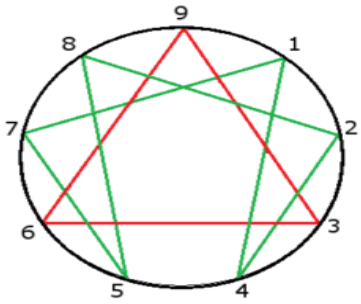

Figure 1. Nine Personality Types

Each type is a set of perceptions, emotions, mental engagements, values and attitude of the individual towards life (Riso and Hudson, 2003; Ho, 2018; Lyons, 2019). The main components in the Enneagram are the nine personality types. Every individual has one dominant personality type over the other eight. However, their personality contains all the nine types (Riso and Hudson[b], 1999;; Tastan, 2019). Riso and Hudson (2010) named the nine enneagram personality types as the following: reformer (type-one), helper (type-two), achiever (type-three), individualist (type-four), investigator (type-five), loyalist (type-six), enthusiast (type-seven), challenger (type-eight), and peacemaker (type-nine).

Each three adjacent personality types form a single unit called a triad. The triads show the main different issues of our ego and blocked or distorted functions. Three types are included in the

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feeling triad (types 2, 3 and 4), three are in the instinctive triad (types 1, 8 and 9) and three types are included in the thinking triad (types 5, 6 and 7). The feeling triad types are related to sensitive-centered information processing, and tend to “be with others”. The thinking triad types are associated with mind-centered information processing and “withdrawal from others”. The instinct triad types are related to body-centered information processing, and tend to “disregard others” or “pretend to sleep” (Palmer, 2008).

Each personality type has its own special coping method against the dominant emotion of its own. In the instinctive triad, the fundamental emotion is anger. However, the fundamental emotions in the feeling and thinking triads are shame and fear, respectively. For example, people with a Type 1 personality control or dissolve their anger, those with Type 8 outrage them, and people with Type 9 in the same triad deny their anger (Kim & Chung, 2009; Lee & Kim, 2016). Meanwhile, each triad has its own performance. For instance, if a person's personality type is in the feeling triad, they do not necessarily have more intense emotions than those of other triads (Riso and Hudson, 2003). Each type is prone to certain diseases. For example, the personality type 4 is more likely to get depressed or addicted, but type 2 is more likely to be affected by dependent personality disorder. The personality type 3 is well prepared for getting personality type A, followed by heart diseases. Compulsoriness of personality triads can cause particular problems for each type. Awareness of personality types may be a contributing factor in the prevention of such problems. Thus, one of the goals of Enneagram is to promote awareness, and then to cause personality development and perfection (Darabi, 2009). Wagner (2012) compared the nine Enneagram styles and Millon's eight

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patterns, and concluded that type 1 people have streaks of extreme perfectionism, obsessive-compulsive disorder, and moralization, is law-abiding, and streaks of extreme righteousness. Individuals of type 2 have streaks of a passive-dependent personality, the threes have signs of severe dependency and pure obedience, and the fours have streaks of bipolar disorder and mainly a manic phase and a sensitive personality. People of type 5 have streaks of feeling humiliated and rejected as well as being impulsive, individuals of type 6 sometimes showed symptoms such as vulnerability, scariness, sensitivity and irritability, and people of type 7 had streaks of suspicion, lack of trust, impulsiveness, agitation, aggression and narcissism. Type 8 people suffer from suspicion, aggression and impulsiveness, and nines showed signs of hostility, fear of rejection by others, and isolation. In their research in Korea entitled "Enneagram personality types, nursing professional attitudes and job satisfaction of nurses", Soo, Jung-Hee and Nam-Young (2004) showed that the most common Enneagram personality type among nurses was type 6, and types 5 and 8 did not exist. The enneagram triads consisted of thinking triad (40.9%), feeling triad (39.8%), and instinctive triad (19.3%). Furthermore, nursing professional attitudes and job satisfaction of the nurses were positive. The highest and the lowest nursing professional attitudes were found in type 2 and type 9, respectively. Also job satisfaction was the highest in type 1 and the lowest in type 2.

Enneagram system has been used in schools to assess career strengths and obstacles for at-risk students. The Enneagram system is also being used in educational situations to assess self-awareness in students, parents, teachers, and administrators (Newgent, Parr & Newman, 2004). But no research has been

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carried out on the mental state of nurses based on the nine personality types in Iran. In the present research an attempt was made to find out whether there was any difference between the psychic profiles of each personality triad in nurses based on the psychological components of SCL-90?

Method

In the present causal-comparative study, multi-stage cluster sampling was used to randomly select four hospitals from among all the public hospitals in Shiraz. The statistical population consisted of all 900 nurses working in Shiraz public hospitals in 2017. All the nurses employed in emergency departments (ED), intensive care units (ICU), neonatal intensive care units (NICU), oncology units, and medical-surgical units were invited to participate in the study and complete the questionnaires. The inclusion criteria were as follows: (a) working at least 8 hours a week, interacting directly with patients for at least 8 hours a week, and (c) having at least 1 year of experience. The rationale for including a minimum of 1 year of experience and working at least 8 hours a week was the consideration of sufficiently being in the specific conditions of the nursing job (such as dealing with various patients and related stresses based on a sample size table of Krejcie & Morgan (1970), 269 persons were deemed suitable for the research, but for the control of the response rate, the sample size was increased to 300, and finally, after the deletion of misleading questionnaires, 270 questionnaires were filled and used for analysis.

Once the approval of the hospitals' ethics committees was obtained, the department's chief nurses were asked to advertise the study among the nurses in their service and deliver and receive the questionnaire packet from those who agreed to participate.

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The questionnaire included an information sheet explaining the study objectives, the importance of participation, and confidentiality. The nurses were evaluated using the following tools.

Instruments

The Symptom CheckList-90-Revised

Developed in 1976 by Derogatis, Rickels & Rock (1976), the SCL-90-R was used to evaluate the psychic profile of the nurses. It was a self-report instrument containing 90 items, designed to measure nine current psychiatric symptoms as well as psychological distress. The SCL-90-R subscales assessed the following psychiatric symptoms: somatization, obsessive compulsive disorder, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Each item had five response categories as follows: 0= not at all, 1= little, 2= some, 3= very, 4= severe (Tomioka et al., 2008). The highest correlation coefficient for depression was .95 and the lowest for psychosis was .77. The correlation coefficients of various dimensions of the questionnaire were reported to be .36 to .73 using the dimensions of the Minnesota Multidimensional Personality Questionnaire (MMPI), all of which were significant. In Iran, the results of the study by Modabernia et al. (2010) indicated that there was a significant correlation between the 9 scales of the SCL-90 and MMPI, the highest were among anxiety and depression in SCL-90 with neurasthenia in MMPI, .59 and obsessive symptoms and psychosis in SCL-90 with schizophrenia in MMPI was .58. Also, the highest coefficient of validity in depression was .85 using

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Cronbach's alpha. In this study the Cronbach's alpha for the SCL-90-R scales ranged from .89 to .88.

Riso-Hudson Enneagram Type Indicator

The Riso-Hudson type indicator was used to evaluate the personality triads in this study. It is comprised of 144 paired statements (A and B) and a forced-choice personality test. It was developed by Riso & Hudson in 1999 to identify the nine personality types (Reformer, Helper, Achiever, Individualist, Investigator, Loyalist, Enthusiast, Challenger, and Peacemaker) and the three personality triads (instinct, feeling, and thinking) (Riso and Hudson[a], 1999). It has good validity and reliability and well identifies 56% to 82% of an individual's dominant or principal personality type. The questionnaire is scored with 0 and 1, and the individual's total score for each personality triad is obtained by adding up all the scores. The highest score a person obtains for each personality type will show their main type. The internal consistency coefficients were reported .56 (for types 3 and 5) to .82 (for type 2) using the Cronbach's alpha for the nine types. This spectrum of coefficients indicates very high results for a "paired statements" test (Newgent et al., 2004). Hoseinian et al. (2012) also obtained the reliability coefficients of .67 to .81 for the nine types using the internal consistency of Cronbach's alpha, and .95 to .98 using the test-retest method. Also, they found suitable adaptation with the three main triads of the questionnaire. Moreover, in this study the scale showed good internal consistency (Cronbach alpha=.63 to .85) and adequate test-retest reliability (.89 to .93 over a two-week period) for the nine type personality.

The data were collected and analyzed through multivariate analysis of variance and SPSS-22 software.

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Ethical Considerations

The authors declared no conflict of interest. The study was approved by the hospitals' ethics committees. In line with the ethical requirements, it was emphasized that the participants cooperated voluntarily and their answers were kept confidential and were told that they would be used only for the purpose of the present study. All of the participants provided their written informed consent.

Results

The present study was conducted with the participation of 270 nurses (188 females and 82 males). The mean and standard deviation of the nurses' age was 30.42 ± 6.27. 115 nurses were single and 155 were married. To answer the research question as to whether there was any difference between the psychic profiles of each personality triad in the nurses based on psychological components of SCL-90, the multivariate analysis of variance (MANOVA) was used. In this multivariate analysis of variance, 3 dependent variables were continuously evaluated with 9 independent categories of variables. The dimensions of the psychological profiles of the nurses based on scl-90 and their enneagram personality triads were included in the variance analysis as dependent and independent variables, respectively. To follow descriptive tables are reported to further clarify the findings; Table 1 shows the mean, standard deviation, minimum and maximum scores of the participants based on the triads dimensions.

Table 1

Mean, Standard Deviation, Minimum and Maximum Scores of Samples in Enneagram Personality Triads (N= 270)

Dimensions	Mean ± SD	Min	Max	N (%)
Feeling (type 2, 3, 4)	48.76 ± 5.49	26	62	99 (36.66)
the helper				60 (22.22)
the achiever				25 (9.25)
the individualist				14 (5.18)
Thinking (type 5, 6, 7)	45.75 ± 4.74	27	57	67 (24.81)
the investigator				15 (5.55)
the loyalist				19 (7.03)
the enthusiast				33 (12.22)
Instinct ((type 8, 9, 1)	47.46 ± 5.81	28	64	94 (34.81)
the challenger				14 (5.18)
the peacemaker				68 (25.18)
the reformer				23 (8.51)

As can be seen in Table 1, the highest mean score was that of the feeling dimension (M= 48.7) and the lowest was that of the thinking one (M= 47.46). Furthermore, among individual personality types, type 2, 7, and 9 more common, while type 4,5 and 8 were the least common. Subsequently, descriptive indexes of SCL-90 subscales are shown in Table 2.

As shown in Table 2, the highest mean score was for paranoia subscale (M = 1.53) and the lowest was for psychosis (M = 1.04) and phobia (M = 1.04) subscales. Table 3 shows the mean and standard deviation of each enneagram personality triad in the SCL-90 subscales.

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Table 2

Mean, Standard Deviation, Minimum and Maximum Scores of Samples in SCL-90 Subscales

Mental disorder	Mean	SD	Min	Max
Obsession	1.40	.76	0	1.40
Paranoia	1.53	.80	0	1.53
Phobia	1.04	.80	0	1.04
Somatization	1.40	.79	0	1.40
Interpersonal Sensitivity	1.34	.76	0	1.34
Aggression	1.18	.75	0	1.18
Psychosis	1.04	.73	0	3.60
Anxiety	1.29	.79	0	3.80
Depression	1.43	.78	0	4.00
Extra questions	1.35	.76	0	3.57

Table 3

The Mean and Standard Deviation Scores Obtained by each Triad in the Subscales of SCL-90

	Obsession		Paranoia		Phobia		Somatization		Interpersonal Sensitivity	
	Mean	**SD**	**Mean**	**SD**	**Mean**	**SD**	**Mean**	**SD**	**Mean**	**SD**
Feeling	1.23	.71	1.62	.80	.90	.76	1.38	.79	1.24	.76
Thinking	1.48	.83	1.48	.84	1.10	.82	1.41	.81	1.38	.81
Instinct	1.58	.66	1.56	.69	1.20	.79	1.45	.67	1.49	.64
	Aggression		**Psychosis**		**Anxiety**		**Depression**		**Extra questions**	
	Mean	**SD**	**Mean**	**SD**	**Mean**	**SD**	**Mean**	**SD**	**Mean**	**SD**
Feeling	1.00	.68	1.09	.66	1.15	.77	1.38	.80	1.28	.77
Thinking	1.22	.80	.89	.80	1.32	.85	1.45	.81	1.34	.78
Instinct	1.45	.68	1.25	.65	1.48	.62	1.55	.68	1.52	.64

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According to Table 3, the highest and lowest mean scores for all three personality triads of nurses belonged to the paranoia and psychosis subscales in SCL-90, respectively.

Prior to multivariate analysis of covariance, its presuppositions were first examined. The BOX's M test showed the equality of the covariance matrices (P= .47, F= 1.64, MBOX's= 25.3). Based on the results of the Levene's test and its insignificance for all variables, the equality condition of the intergroup variances was observed. Accordingly, the use of MANCOVA was allowed in this research. The results of multivariate analysis of variance are shown in Table 4.

Table 4

Comparison of Triads based on Linear Combination of SCL-90 Components

Source of Comparison	Test	Value Observed	F-value	Df1	Df2	Sig.
Triads	Pillai's trace	.19	2.64	20	496	.01
	Wilks Lambda	.81	2.73	20	494	.01
	Hotelling's Trace	.23	2.82	20	492	.01
	Roy's Root	.21	5.17	10	248	.01

P≤ .01

According to table 4, the MANOVA test result was significantly lower than .05 for grouping (P= .01, F-value of Wilks Lambda= 2.73). This means that the three triads, tested at least in one of the components of SCL-90, had a significant difference. In other words, the linear composition of the SCL-90's psychological components were different in each triad. In order to extract these differences, it was necessary to find out which psychological components caused the observed difference between the triads (Table 5).

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Table 5

Investigating the Effects of Triads on Psychological Components of SCL-90 Scale

SCL-90 Components	Sum of Squares	Df	Mean of Squares	F-value	Sig.
Obsession	4.91	2	2.46	4.22	.05*
Paranoia	1.03	2	.52	.80	.46
Phobia	3.61	2	1.80	2.82	.06
Somatization	.18	2	.09	.15	.87
Interpersonal Sensitivity	2.22	2	1.11	1h.87	0.16
Aggression	6.79	2	3.40	6.20	.01*
Psychosis	4.54	2	2.27	4.24	.05*
Anxiety	3.61	2	1.80	2.90	.06
Depression	.87	2	.43	.70	.50
Extra questions	1.97	2	.98	1.72	0.19

* P≤ .01

Table 5 compares different triads in terms of SCL-90 components. As can be seen, any triads change in the psychic profile of the individuals affected the components such as obsession, aggression, and psychosis, and no difference was observed between the triads in other components. In the following table, the results of a two-by-two comparison of the psychological components in order to more accurately investigate the triads are reported in detail (Table 6).

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Table 6

Comparison of Triads in SCL-90 Psychological Components

Psychological Components	Comparison groups		Mean Difference	Sig.
Obsession	instinct	Feeling	- .25	.05*
		Thinking	- .34	.05*
	feeling	Thinking	- .09	.45
Aggression	instinct	Feeling	- .22	.05*
		Thinking	- .45	.05*
	feeling	Thinking	- .22	.08
Psychosis	instinct	Feeling	- .19	.06
		Thinking	- .36	.05*
	feeling	Thinking	- .16	.20

*P≤ .01

As observed in Table 6, there was a significant difference between the instinct and thinking triads in terms of obsession, phobia, aggression, psychosis and anxiety. There was also a significant difference between the instinct and feeling triads in terms of obsession and aggression, but no significant difference was found between other triads.

Discussion

This study examined the psychic profile of nurses by using the enneagram personality triads based on SCL-90. Regarding the research question on the difference between psychic profiles in terms of the instinct, feeling and thinking triads, the results showed that the triads changed in the components of psychic profiles such as obsession, aggression and psychosis in nurses. According to Table 6, the effect on obsession and aggression was shown to be significantly different from the effect on the instinct triad with feeling and thinking triads. In the case of psychosis,

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there was a significant difference between instinct triad and thinking triad of the nurses. In other words, according to Table 3 regarding the mean scores obtained by each triad in the subscales of SCL-90, this means that nurses with an instinctual personality triad had more obsession and aggression symptoms than nurses with two other personality triads. Also, these nurses (who had an instinctual personality triad) had more symptoms of psychosis than nurses with a thinking personality triad.

In order to justify the results of the current research based on triad differences in terms of obsession and aggression symptoms in nurses, according to Table 6, among the three triads, it is better to explain only the instinct triad involved in the scores of the nurses' obsession symptoms. To explain the instinct triad, it can be said that the only variable that could be called a mediator was the prevailing emotion of the instinct triad. The prevailing emotion in each triad was the way the emotion was expressed. All the three personality types of the instinct triad (challenger, reformer, and peacemaker) had a unique way of expressing their anger. When the challengers felt angry, they directly and physically showed aggression (Chung, 2006; Kam, 2019). This response style is consistent with the researcher's explanation of the mediating role that the prevailing emotion of the instinct triad had in preventing or inhibiting mental disorders. In other words, catharsis or proper and managed expression of aggression were used as a barrier against psychological stress. The reformers controlled or suppressed their aggression. Since control and suppression were done with relative awareness, it could be in line with the researcher’s explanation to some extent. The peacemakers completely denied their aggression and never experienced it, because they had learned that they would

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themselves be threatened by expressing their aggression (Bland, 2010; Yılmaz et al, 2014). This group of people would escape from their deeper emotions through idealizing their relationship with the environment. Thus, it is likely that, due to this personality triad, the peacemakers used the denial defense mechanism in completing the research questionnaire (Riso & Hudson, 2000). Therefore, the relationship between the personality instinct triad and obsession and aggression was negatively significant.

In particular, in order to justify the meaningful association of obsession and instinct triad, it can be pointed out that research suggests that these two variables have several features in common. For example, people who have instinct triad are typically described as persons on a mission, who live and pursue preferred standards and ethics, have a deep sense of purpose and can also be tempted by impatience and a lack of flexibility (Moodley, 2010). Undoubtedly, these features are abundant in people with obsession symptoms. As nursing is one of the routine activities that can lead to injury or death of people with various events and accidents, the presence of such events makes nurses susceptible to stress symptoms (Basaknejad and Davoodi, 2008; Maharaj, Lees & Lal, 2019). Research has shown that emotional stress from workplace stress can make nurses prone to depression, obsession and aggression (Yoshizawa et al, 2016; Desouky & Allam, 2017). As previous research has shown, among susceptible occupations, health care professionals have been identified as the group most likely to experience burnout because of their experiences of anxiety and stress, and this lead to emotional exhaustion. (Gómez-Urquiza et al, 2017). Also, since studies have shown that 30% of hospital complications are preventable and nurses have a very important responsibility in

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preventing mistakes (Unver et al., 2012), obsession symptoms in this group of people is predictable.

In order to explain the significant effect of instinct triad on aggression in nurses, it can be stated that the main emotion of this triad is directly related to anger (Riso & Hudson, 2000). Since nurses face a lot of stress in their work environment (Kendall-Tackett, 2010; Lee & Kim, 2016), those with personality instinct triad are more likely to get angry when experiencing stress in patients and seeing signs of aggression in them.

The findings also confirmed the significant difference between the instinct and thinking triads in terms of the rate of psychosis symptoms in nurses. According to Table 3, the nurses with a personality instinct triad had higher possibility of psychosis symptoms than those with a personality thinking triad. To justify this finding, it is better to refer to the common circle between the instinct triad and psychosis symptoms (Jung, 2015; Palmer, 2010). As previously mentioned, persons with personality instinct triad were related to body-centered information processing and tended to “disregard others” or “pretend to sleep” (Riso & Hudson, 2003). On the other hand, research has shown that individuals struggle to counteract stress. Interestingly, if their strategy is not effective, they will experience more stress that will ultimately cause psychological problems and disorders (Lin and Chen, 2010). Ineffective coping strategy leads to a decrease in the individuals' quality of life and negatively affects their interpersonal relationships (Barry and Farmer, 2002; Ribeiro et al, 2018; Burnos & Bargiel-Matusiewicz, 2018). The use of coping strategies such as avoiding problems, social withdrawal, self-criticism on performance, mental health has a negative effect and leads to psychological problems (Dyrbye et al., 2005). Now,

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if nurses with personality instinct triad deal with the stresses of their work environment using ineffective coping strategies because of their avoidance of others, they will gradually decrease their relevance to the surrounding reality and become reluctant to interact with others. These are the same signs of psychosis (Van Os and Reininghaus, 2016) that were clearly shown in the present study. Hence, the observation of this finding is not far-reaching.

Finally, the results of this study showed the importance of the mental health of nurses, who are one part of the health services delivery system, and the inadequacy of previous studies on the mental health of the nurses working in public hospitals. Although the results showed that there is a relationship between nurses' personality types and their psychological profile based on SCL-90 in each of the triads, however, this relationship is not statistically high, and the three triads predict only 19% of the variance in psychiatric symptoms, and this is probably significant because of the high sample of the study, which shows a negative correlation in some components.

Undoubtedly nurses' job performance is one of the important factors that should be considered in the development of medical community services. The correlation between nurses' personality traits and their job conditions plays a major role in their mental health and their quality of service to patients. According to the results of this study, it is suggested personality tests be given at the beginning of nursing volunteers' recruitment process so that the individuals with more mental health status are employed in this profession. The researchers encountered some problems and limitations while conducting the present study. Although many studies have shown that there is a significant relationship between personality traits and psychological symptoms, because in the present study, using the Enneagram indicator, this relationship

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was not shown to be very strong, it is better to repeat the research in another statistical population so that the results can be generalized with more confidence. Also, another important limitation of the study was the large number of items, which led to a probable reduction of accuracy and increased boredom. Additionally, as the present study was restricted to Shiraz, it may have been influenced by specific dominant types. The enneagram profile in other cities and countries may be different from those observed in the present study, owing to subcultural factors. Therefore, cultural considerations are necessary while interpreting the results of the Enneagram.

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