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The notion that personality might influence health continues to attract widespread attention. Numerous research efforts have been devoted to understand the role of personality in health and disease adaptation. These research efforts provided important insights into why certain individuals thrive and achieve good health, whereas others find themselves on a complex pathway to disease [1]. Extensive research has linked Type A (characterized by hostility, time-urgency, and competitiveness) and Type D personality (characterized by negative affect and social inhibition) to mortality and adverse health outcomes in patient groups with acquired cardiovascular pathologies [2,3]. However, this kind of research is virtually non-existent in individuals with congenital heart disease.

Congenital heart disease, comprising a wide spectrum of lesions of simple, moderate, and complex severity, is the most common birth defect. Over the past decades, life expectancy has increased substantially due to advances in pediatric cardiology and cardiac surgery, with 90% of patients surviving into adulthood [4]. In addition to their continuing medical needs, some individuals with congenital heart disease struggle with the psychosocial and behavioral challenges of their disease such as activity restrictions, difficulties with body image, feeling different from healthy peers, and restricted employment opportunities [5]. We believe that certain personality characteristics could enable patients to deal with these disease-related challenges, playing favorably into their disease adaptation. Conversely, certain personality characteristics (e.g., the tendency to experience negative affect) may put adolescents at risk for poor adaptation. In addition, personality is believed to predict morbidity and mortality in these patients, both directly through its influence on physiological processes and indirectly through its relation with coping, disease perceptions, health-threatening behavior (such as substance abuse), and treatment adherence (including adhering to regular follow-up) [1]. As individuals with congenital heart disease remain prone to complications such as arrhythmias

and heart failure, life-long follow-up care and appropriate health-seeking behaviour are strongly required.

In the current issue of the *European Journal of Cardiovascular Nursing*, the first study to demonstrate the importance of personality in individuals with congenital heart disease was published [6]. Schoormans and colleagues found patients with Type D personality to feel more functionally impaired, to report poorer health status and a lower quality of life, and to use less health care. This study provided important insights into the association between personality and health outcomes, thereby laying the foundation for future personality research in congenital heart disease. However, we are convinced that personality research in cardiac disorders in general, and in congenital heart disease in specific, should be expanded beyond Type D personality.

A very recent study [7] has demonstrated that the Big Five of personality provides a valuable framework for examining linkages between personality and health in individuals with congenital heart disease. This framework assumes that personality characteristics can be subsumed in five broad traits [8]: Extraversion (i.e., the tendency to engage in social behaviors and to experience frequent positive moods), Agreeableness (i.e., tendencies toward sociability, empathy, and cooperativeness), Conscientiousness (i.e., organizational and motivational aspects of a person's behavior), Emotional Stability (i.e., the ability to deal with negative emotions), and Openness to Experience (i.e., the way an individual seeks for and deals with new information). Several domains of perceived health (such as physical symptoms, difficulties with physical appearance, treatment anxiety, and cognitive problems) were found to relate mainly to Emotional Stability. However, traits such as Agreeableness and Conscientiousness also contributed to other domains of perceived health (such as emotional, social, and school-related functioning) and patients' quality of life. Therefore, future research efforts should not rely exclusively on rather narrow personality perspectives such as Type D

personality but should include more encompassing personality frameworks such as the Big Five personality traits.

Admittedly, an individual's personality cannot be captured fully by these Big Five traits. People do more than merely act in more-or-less consistent ways as determined by these relatively enduring personality traits. As agents of their own development, people make motivated identity choices, plan their lives, and strive for certain goals that serve as guideposts for individual development-in-context and capture individuals' adaptation to the social world [9]. Therefore, future research should also focus on self-representations, which may contribute to patients' disease adaptation and health outcomes as well. For instance, a recent study found that adolescents with congenital heart disease who struggled with achieving a strong sense of self reported more depressive symptoms and loneliness, lower quality of life, and poorer perceived health [10].

Provided that continued research efforts identify personality as an important determinant of prognosis and disease adaptation in individuals with congenital heart disease, these findings can have important practical implications. That is, individualized intervention programs can be developed which take into account the personality of the individual patient. By assessing the personality of patients (e.g., through short self-reported questionnaires), health professionals are not only provided with a context for understanding the problems that patients report, but it can also help them to approach patients in a manner that fits their personality [11]. Hence, personality assessment enables health professionals to have a view on the enduring dispositions of the patient, which places them in a much better position to select appropriate interventions and to frame these interventions to the patient.

In sum, expanding our knowledge base on the links between personality and health can make a difference in the daily lives of individuals with congenital heart disease. More specifically, such knowledge can inform intervention efforts targeting psychosocial

functioning, disease adaptation, and treatment adherence in these patients. Therefore, cardiovascular nurse researchers and allied professionals are to be instigated to start contributing to the important, yet understudied, topic of personality in individuals with congenital heart disease. By doing so, they can contribute to gaining insight in psychosocial issues, which is one of the priorities on the research agenda for congenital heart disease [12].

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