

MEANING IN LIFE AND QUALITY OF LIFE AMONG PRE-RETIREMENT AGE CHULALONGKORN UNIVERSITY STAFF, THAILAND

Suppanut Sriutaisuk*

College of Public Health Sciences, Chulalongkorn University, Bangkok 10330, Thailand

ABSTRACT: Meaning in life is a primary psychological construct; people with meaning in life have higher sense of belonging, healthy behaviors, and happiness. Although meaning in life is important health determinate, not many studies have been published. The purposes of this study were to describe and find the relationship between meaning in life and quality of life among pre-retirement age. The sample consisted of randomly chosen 296 ageing Chulalongkorn University (CU) staff. A questionnaire composed of 3 parts; 1) socio-demographic characteristics, 2) the Meaning in life questionnaire including the presence of meaning (MLQP) and the search for meaning (MLQS), and 3) the WHO Quality of Life-BREF-THAI (QOL). Data were analyzed by descriptive statistics, and correlational methods. The study found that half of aging CU staff was classified as having high quality of life, while none of them was classified as low. Moreover, almost all of the sample have found their purpose and continued searching for further meaning. The results from correlational method showed that there was a significant positive relationship between MLQP and QOL ($r = 0.532, p < 0.001$) and MLQS was significantly negatively related to QOL ($r = -0.197, p < 0.001$).

Keywords: Meaning in life, Purpose in life, Quality of life, Thailand

INTRODUCTION

The proportion of ageing in Thailand has increased each year because of baby-boomers reaching old age, falling fertility rates, and increases in longevity. As people age, vulnerability to meaninglessness may increase relative to losses, disability, chronic illness, and physiological changes associated with aging. As a result, the aging population will affect quality of life given the growing number of social ills facing modern societies.

Meaning in life is a primary psychological construct. Many research studies found relationships between meaning in life and health [1, 2]. People without meaning in their life tend to have higher stress, depression, and risk behaviors [3]. It has been hypothesized as older adults become less valued by society; they often attribute less value to themselves. This decrease in feelings of value and usefulness may then result in decreased activity level, poor interpersonal relations (especially between elderly

individuals and their younger family members), decreased meaning in and quality of life.

On the other hand, people with meaning in life have higher sense of belonging, happiness, and healthy behaviors [3, 4]. In addition to being positively correlated to well-being, meaning in life has been identified as both a mechanism of action in adaptive coping and as an outcome of therapeutic growth [5-7]. Recent research revealed that meaning in life would be directly associated with physiological changes in the body. The study indicated that individuals who reported positive changes in meaning in life over the study period also showed increases in natural killer cell cytotoxicity, which is an important marker of successful immune functioning [8]. In addition, older people with a higher meaning in life are less likely to die than those who do have lower sense of meaning [9].

It is likely that if your life has meaning, you are much more likely to be happy, healthy, and enjoy your life. Although meaning or purpose in life is one of very important health determinate, not many research studies have been published. So, purpose of this research is to focus on the association between

* Correspondence to: Suppanut Sriutaisuk
E-mail: tamz_155@msn.com

Cite this article as:

Sriutaisuk S. Meaning in life and quality of life among pre-retirement age Chulalongkorn University staff, Thailand. *J Health Res.* 2014; 28(Suppl.): S107-12.

presence of and search for meaning and quality of life among Thais university's staff at pre-retirement age.

MATERIALS AND METHODS

This study was a cross-sectional study within Chulalongkorn University. In the present study, stratified random sampling was conducted. Firstly, population was stratified by university faculties and departments which categorized into 6 groups; Office of the university, Health Sciences, Technology Sciences, Humanities, Social Sciences, and other organizations. Secondly, using simple random was used to select sub-groups among groups. Then, subjects were picked randomly. Finally, civil servant or university employees who were academic or supporting staff aged 50 to 60 years and working at Chulalongkorn University more than 1 year were recruited into the study. The sample size in this study was 232 calculated from the formula for n in sampling for proportions [10]. There were 296 participants data complete for analysis.

Measurement tools

Socio-demographic characteristics asking 10 general questions about participants' characteristics which were (1) Sex (2) Age (3) Working duration (4) Education (5) Employed status (6) Type of staff (7) Belonged faculty/department (8) Income (9) Marital status and (10) Number of children.

The Meaning in Life Questionnaire (MLQ) in this study was a 5-point Likert scale asking 10 questions to measure purpose in life. Respondents rated their degree of agreement or disagreement ranging from (1) "untrue" to (5) "true". There were 2 subscales of the MLQ, Presence and Search. The Presence subscale (MLQ-P) measures the existence of meaning in one's life and the Search subscale (MLQ-S) measures an individual's search for meaning in life [11]. The present study used the translated version of the MLQ by Chomchoed [12] showed Cronbach's alpha coefficient of the MLQ-Presence = 0.78 and the MLQ-Search = 0.85. In this study, participants were classified as low, moderate or high meaning when the sum of each scale ranged from 5-11, 12-18 or 19-25 respectively.

WHO Quality of Life-BREF (WHOQOL-BREF) was the short version of WHOQOL-100 which was an international cross-culturally comparable quality of life assessment instrument. The WHOQOL-BREF had 26 questions with a five point Likert scale ranging from (1) "Not at all" to (5) "Completely". It was translated into Thai by

experts [13]. In this study, Cronbach's alpha coefficient of the WHOQOL-BREF (overall) = 0.92. Physical health domain alpha = 0.76, psychological domain alpha = 0.82, social relationships domain alpha = 0.5, and environment domain alpha = 0.82. The present study used a criteria from a previous study [13]. The quality of life was determined by dividing the scores into three groups; low, moderate, and high.

Data collection

Permission request letters from the College of Public Health Sciences, Chulalongkorn University were sent by the investigator to faculties and departments which were selected. Names of participant and questionnaires which consisted of three parts and additional 2 papers which were participant information sheet (cover page) and postal address (back page) were sent with the letters. The total of 1036 questionnaires were sent to faculties/departments' staff and given to participants by faculties/departments' staff. The information related directly to the sample was kept confidential. The study period was within March, 2014. While most returned questionnaires were sent back by the university's post to the College of Public Health Sciences, some were picked up by the investigator at the participants' workplaces. The investigator had checked and entered data on an Excel spreadsheet. There were 403 questionnaires, 39%, which were sent back to the investigator at the College of Public Health Sciences, and 296 (73% of the response rate) were completed for data analysis. A complete questionnaire was a questionnaire that had no missing data on part one, two and three. A complete data set was analyzed by SPSS Statistics for Windows (University's license) and reported by descriptive statistics and correlational methods.

Ethical consideration

The research protocol was approved by the Ethics Review Committee for Research Involving Human Research Subjects, Health Science Group, Chulalongkorn University COA No. 021/2014.

RESULTS

Demographic characteristics

There were 296 subjects aged between 50 and 60 years in the present study. Female participants (65.9%) was notably higher than male (34.1%). Almost 90% of staff had worked at Chulalongkorn University for more than 20 years. Their educations were varies from high school (14.2%) to PhD (23.6%), the largest proportion was Bachelor's degree (31.8%). Since they had worked for a long

Table 1 The relationships between socio-demographic characteristics and MLQP, MLQS and QOL ($N = 296$)

List	n(%)	MLQP	MLQS	QOL
		<i>p-value, Mean±SD</i>		
Sex		0.871	0.01	0.974
Female	195(65.9)	20.64±3.36	15.7±5.19	95.69±12.35
Male	101(34.1)	20.57±3.35	17.36±5.34	95.64±12.13
Age (years)		0.086	0.311	0.046
50-55	159(53.7)	20.31±3.42	16.55±5.24	94.36±13.13
56-60	137(46.3)	20.98±3.24	15.93±5.35	97.2±11
Working period (years)		0.444	0.654	0.92
1-20	38(12.8)	20.74±2.9	16.39±5.05	95.29±10.5
21-30	121(40.9)	20.32±3.66	15.93±5.42	95.45±13.91
Over 30	137(46.3)	20.85±3.17	16.53±5.26	95.99±11.16
Education		0.024	0.001	<0.001
Lower than bachelor	56(18.9)	19.95±3.33	18.39±4.73	90.75±10.49
Bachelor	94(31.8)	20.33±3.4	16.8±4.84	94.36±13.47
Master	76(25.7)	20.54±3.43	14.97±5.13	95.8±10.46
PhD	70(23.6)	21.63±3.02	15.24±5.89	101.24±11.72
Status		0.59	0.327	0.641
University employee	234(79.1)	20.56±3.24	16.42±5.23	95.5±12.21
Civil servant	62(20.9)	20.82±3.75	15.68±5.5	96.32±12.5
Type of staff		0.001	<0.001	<0.001
Supporting staff	191(64.5)	20.15±3.41	17.15±4.91	92.94±12.1
Academic staff	105(35.5)	21.47±3.07	14.66±5.59	100.65±10.92
Group (belonged department/faculty)		0.014	0.001	0.009
Office of the University	21(7.1)	21.52±3.53	13.95±5	91.9±12.1
Health Sciences	106(35.8)	20.42±3.7	15.09±5.82	97.84±12.75
Technology Sciences	82(27.7)	20.72±2.8	17.95±4.53	94.74±10.59
Humanities	29(9.8)	22.24±2.65	15.62±5.67	100.14±12.14
Social Sciences	34(11.5)	20.06±2.93	16.97±3.93	93.44±12.35
Other organizations	24(8.1)	19.21±3.87	17.46±5.04	90.38±12.77
Income (Baht)		0.002	<0.001	<0.001
< 25000	44(14.9)	19.18±3.38	17.93±4.56	90.64±10.11
25001 - 40000	70(23.6)	20.61±3.22	17.67±5.15	93.56±12.77
40001 - 60000	92(31.1)	20.36±3.37	16.37±4.85	94.96±12.8
60001 - 100000	70(23.6)	21.49±3.34	14.2±5.65	99.7±11.03
> 100000	20(6.8)	21.95±2.4	14.4±5.43	103.4±8.98
Marital status		0.898	0.067	0.151
Single	87(29.4)	20.64±3.56	15.29±5.35	97.75±13.7
Married	182(61.5)	20.65±3.21	16.52±5.27	94.98±11.45
Widowed/divorced/separated	27(9.1)	20.33±3.66	17.7±4.87	93.7±12.18
Number of children		0.245	0.119	0.004
None	107(36.1)	20.48±3.66	15.49±5.3	97.2±13.39
1 child	74(25)	20.55±3.27	16.51±5.26	93.38±11.41
2 children	90(30.4)	20.48±3.13	17.2±4.9	93.93±10.81
More than 2 children	25(8.4)	21.92±2.8	15.48±6.3	102.24±11.9

period, almost everyone was civil servant and changed their status to university employee after the new policy in 2008. At the moment, 79.1% of the samples were university employee and 20.9% remained civil servant. There were 2 types of staff which 64.5% were supporting staff (non-lecturer) and other 35.5% were academic staff (lecturer). Staff were categorized by where they worked into 6 groups; 7.1%, 35.8%, 27.7%, 9.8%, 11.5%, 8.1% of the sample worked in the Office of the University, Health Sciences, Technology Sciences,

Humanities, Social Sciences and other organizations respectively. They had different incomes, on average (31.1%) between 40001 and 60000 baht per month, 23.6% earned 25001 to 40000 baht, another 23.6% received 60001 to 100000 baht, others were below 25,000 (14.9%) or higher than 100000 baht per month (6.8%). 61.5% of the staff were married, 29.4% of them were single and other 9.1% were widowed, divorced or separated. Most of the sample had descendants, 25% had 1 child, 30.4% had 2 children, 8.4% had

Table 2 Descriptive information of each questionnaires ($N = 296$)

	Mean	Median	Mode	SD	Range	SK	KU
MLQP	20.62	21	25	3.35	9-25	-4.04	-0.36
MLQS	16.26	17	20	5.29	5-25	-3.09	-2.46
QOL	95.68	95	92	12.25	62-130	0.96	0.17

Note: MLQP = presence subscale, MLQS = search subscale, QOL = quality of life, SD = standard deviation, SK = skewness, KU = kurtosis

Table 3 Degree of meaning in life and quality of life ($N = 296$)

Meaning in life	Number (person)	Percentage (%)
The presence of meaning		
Low	3	1
Moderate	73	24.7
High	220	74.3
The search for meaning		
Low	62	20.9
Moderate	109	36.8
High	125	42.2
Overall quality of life		
Low	0	0
Moderate	150	50.7
High	146	49.3

Table 4 The relationships between MLQP, MLQS, and QOL ($N = 296$)

	MLQP	MLQS	QOL
MLQP	-		
MLQS	-0.069	-	
QOL	0.532***	-0.197***	-

*** $p < 0.001$

more than 2 children, and 36.1% did not have any. The study found some characteristics that made the average score of the participant on the questionnaire different. Those factors were age, sex, type of staff, education, group, income, number of children (Table 1).

The mean score of MLQP was 20.62 ± 3.35 . The score ranged from 9 to 25. The distribution of the score showed the frequent scores were clustered at the higher end with a little flatter than normal distribution. The mean score of MLQS was 16.26 ± 5.29 . The score ranged from 5 to 25. The distribution of the score showed a negative skew with a light tails. The mean score of QOL was 95.68 ± 12.25 . The scores ranged between 62 and 130. It forms a normal distribution. The information is shown in Table 2.

Describe meaning in and quality of life of pre-retirement age Chulalongkorn University staff

Most of CU staff found meaning in their lives. Only 1% of participants had low presence of meaning in life, while 24.7% and 74.3% had moderate and high level of presence of meaning in life respectively. Although average of the sample had high presence of meaning, they had lower level

of finding meaning. 42.2% of the staff had high intention to search for their meaning, whereas 20.9% had low level of searching and 36.8% had moderate. For quality of life, 49.3% of the sample had high, 50.7% had moderate, and none of them had low quality of life (Table 3).

Analyze the relationship between meaning in life and quality of life

The present study showed that there was no relationship between MLQP and MLQS ($r = -0.069$, $p = 0.118$). However, there was a significant positive relationship between MLQP and QOL ($r = 0.532$, $p < 0.001$, one-tailed) and MLQS was significantly negatively related to QOL ($r = -0.197$, $p < 0.001$, one-tailed) (Table 4).

DISCUSSION

Meaning in life of pre-retirement age Chulalongkorn University staff

It could be seen that elderly CU staff had high meaning and the result was as expected because as people age they tend to know their meaning [14]. Although older people seem to have high meaning, they have lower degree of search for meaning [14].

It is clear that while the average score of MLQP was around 20 or 76% of the full score, the mean score of MLQS was only 16 or 57% of the full score.

Meaning in life is important to overall quality of life at pre-retirement age, and predictable from developmental theories. Many studies found that the presence of meaning are higher in later life, showing that in the face of changing roles, falling physical capacity, and accumulating interpersonal losses, aging people could make sense of their experiences and purpose in life. Even almost a half of the sample categorized as low search, another half of them continuing to search for their meaning. This is somewhat surprising among this stage of life. It could be suggested that pre-retire age continue to seek out new experience. A further reason is that aging staff may need to look for meaning in new roles after they retire.

Quality of life of pre-retirement age Chulalongkorn University staff

The results showed that none of pre-retirement age Chulalongkorn University staff had lower quality of life than the norm. It could be said that Chulalongkorn University provide a good working circumstances and opportunities (including salaries). As the sample were mostly senior staff, and had been worked at Chulalongkorn University before 2008, so a lot of them had 2 statuses (civil servant and university employment). With these statuses, they could maximize their benefits from both the university and the government.

The previous study [13] found that a question that asked about participant sex life (How satisfied are you with your sex life?), 5% of participants did not give an answer. Similar result was found on the present study and made a couple of returned questionnaires incomplete. The reason of this might be because of this topic is controversial or very sensitive in Thailand; many adults do not want to disclose their thought. Many people reported that they stop having sex for long due to the loss of their mate or they focused on religious than sexual behavior.

The relationship between meaning in life and quality of life

The present study found a significant positive relationship between MLQP and QOL ($r = 0.532, p < 0.001$). The result was similar to other studies that focused on related constructs. For example, Reker et al. [1] found that meaning and purpose in life were related with physical health ($r = 0.59, p < .001$) and psychological health ($r = 0.25, p < 0.05$) among elderly (50-64 years old). Steger et al. [14] found

significant relationship between the presence of meaning and many positive outcomes such as life satisfaction ($r = 0.56, p < 0.001$), happiness ($r = 0.59, p < 0.001$), positive affect ($r = 0.50, p < 0.001$) among people aged between 45 to 64 years.

This study suggests that several explanations exist for the demonstration of the presence of meaning and quality of life. First, a strong sense of meaning in life may enhance older people's ability to cope more effectively with stress [15]. Next, meaning in life is also related with lifestyle factors that advance health for example, exercised more regularly [16]. Finally, some research revealed that meaning in life would be directly associated with physiological changes in the body. Individuals reported positive changes in meaning in life also showed increases in natural killer cell cytotoxicity, which is an important marker of successful immune functioning [8]. It also related to the soluble receptor for IL-6, which plays an important role in immune response [17].

Consistent with several previous studies, the present study found a negative relationship between MLQS and QOL ($r = -0.197, p < 0.001$, one-tailed). Many research showed that MLQS positively associated with negative outcomes and negatively related to positive outcomes. Steger, Oishi (14) found that MLQS has positive relationship with depression ($r = 0.30, p < 0.001$) and negative relationship with positive affect ($r = -0.15, p < 0.001$) among adult before retire. Although evidence suggests that the search for meaning is not equivalent to the absence of meaning (11), an explanation of the relationship between MLQS and QOL might be that searchers seem more curious about their life. Steger et al. [18] suggested that perhaps it is this sense of hanging between an unhappy past and an unknown future that accounts for the lower well-being of people searching for meaning.

LIMITATIONS

First, due to low response rate and unable to analyze all returned questionnaires, it probably has little biases and affects generalizability. It possible that people with low meaning in life or low quality of life reject to answer the questionnaire. Next, this study is cross-sectional design, so we cannot make sure the direction of relationship whether meaning in life lead to quality of life or vice versa. Unidentified variables could possibly affect both meaning in life and quality of life (i.e. religiosity, personality). Last, this study is only a survey research. Only self-rated quality of life can be measured.

CONCLUSION

Meaning in life seems to be important to the quality of life of Chulalongkorn University elderly staff. Results from this study show that not only do a lot of staff report that they are more likely to feel their lives are purposeful than not, but the more meaning in life they reported, the greater quality of life they experienced. Furthermore, the finding that the presence of and the search for meaning in life are associated with quality of life might have critical public health implications. These findings suggested that interventions or specific behavioral strategies that help older persons identify their meaning may result in an increase in health, well-being, and quality of life that leads to successful aging.

ACKNOWLEDGEMENT

I would like to thank my thesis advisor, Prof. Peter Xenos, and the participants (CU staff) for the time and effort that they invested in this study. This publication was funded by Graduate School, Chulalongkorn University and the Ratchadaphiseksomphot Endowment Fund of Chulalongkorn University (RES560530243-AS).

REFERENCES

1. Reker GT, Peacock EJ, Wong PT. Meaning and purpose in life and well-being: a life-span perspective. *J Gerontol.* 1987 Jan; 42(1): 44-9.
2. Skrabski A, Kopp M, Rozsa S, Rethelyi J, Rahe RH. Life meaning: an important correlate of health in the Hungarian population. *Int J Behav Med.* 2005; 12(2): 78-85.
3. Brassai L, Piko BF, Steger MF. Meaning in life: is it a protective factor for adolescents' psychological health? *Int J Behav Med.* 2011 Mar; 18(1): 44-51.
4. Howell RT, Kern ML, Lyubomirsky S. Health benefits: Meta-analytically determining the impact of well-being on objective health outcomes. *Health Psychology Review.* 2007; 1(1): 83-136.
5. Crumbaugh JC, Maholick LT. An experimental study in existentialism: the psychometric approach to frankl's concept of noogenic neurosis. *J Clin Psychol.* 1964 Apr; 20: 200-7.
6. Frankl VE. *Man's search for meaning: an introduction to logotherapy.* New York: Simon & Schuster, 1985.
7. Ryff CD. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology.* 1989; 57(6): 1069-81.
8. Bower JE, Kemeny ME, Taylor SE, Fahey JL. Finding positive meaning and its association with natural killer cell cytotoxicity among participants in a bereavement-related disclosure intervention. *Ann Behav Med.* 2003 Spring; 25(2): 146-55.
9. Krause N. Meaning in life and mortality. *J Gerontol B Psychol Sci Soc Sci.* 2009 Jun; 64(4): 517-27.
10. Cochran WG. *Sampling Techniques.* 3rd ed. New York: Wiley; 1977.
11. Steger MF, Frazier P, Oishi S, Kaler M. The meaning in life questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology.* 2006; 53(1): 80-93.
12. Chomchoed O. Caregiving experiences, sense of coherence, and meaning in life among family caregivers of patients with invasive cancers. Master's thesis. Bangkok: Chulalongkorn University; 2009.
13. Mahatnirunkul S, Tuntipivatanakul W, Pumpisanchai W, Wongsuwan K, Pornmanajirankul R. Comparison of the WHOQOL-100 and the WHOQOL-BREF (26 items). *J Ment Health Thai.* 1998; 5: 4-15.
14. Steger MF, Oishi S, Kashdan TB. Meaning in life across the life span: Levels and correlates of meaning in life from emerging adulthood to older adulthood. *Journal of Positive Psychology.* 2009; 4(1): 43-52.
15. Krause N. Evaluating the stress-buffering function of meaning in life among older people. *J Aging Health.* 2007 Oct; 19(5): 792-812.
16. Homan KJ, Boyatzis CJ. Religiosity, sense of meaning, and health behavior in older adults. *The International Journal for the Psychology of Religion.* 2010; 20(3): 173-86.
17. Ryff CD, Singer BH, Dienberg Love G. Positive health: connecting well-being with biology. *Philos Trans R Soc Lond B Biol Sci.* 2004 Sep 29; 359(1449): 1383-94.
18. Steger MF, Kashdan TB, Sullivan BA, Lorentz D. Understanding the search for meaning in life: personality, cognitive style, and the dynamic between seeking and experiencing meaning. *J Pers.* 2008 Apr; 76(2): 199-228.