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Meaning in Life Among Urban Palliative Patients in Thailand

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ABSTRACT

Objective: Explore the prevalence and factors influencing the sense of meaning in life among palliative care patients.

Materials and Methods: A mixed method study was conducted using the Meaning in Life Questionnaire to assess the presence and search for meaning among palliative patients. Demographic data, including age, sex, and medical history, were descriptively analyzed. In-depth interviews were performed to explore the personal interpretations of the meaning of life of the patients, and qualitative data was analyzed using content analysis.

Results: A total of 107 palliative care patients participated in the study, comprising 41.1% males and 58.9% females. The findings revealed that 76.6% of the participants reported experiencing a sense of meaning in life, which was highly individualized. Although the concept of life's meaning varies from person to person, commonalities can still be observed. Through content analysis, these personal interpretations were categorized into eight key themes: family (77.6%), occupation (21.5%), society (15.9%), religion (11.2%), health (9.3%), finance (6.5%), education (4.7%), and specific life issues (16.8%).

Conclusion: A sense of meaning in life is integral to the well-being of palliative patients, and the family is the most influential factor. Holistic and person-centered palliative care interventions must integrate spiritual and existential dimensions to improve the quality of life of patients during their final stages.

Keywords: meaning in life, mixed methods study, palliative care, quality of life, spirituality

INTRODUCTION

The elucidation of the concept of meaning in life poses a profound intellectual challenge. Viktor Emil Frankl, lauded as the progenitor of logotherapy, stated in "The Unheard Cry for Meaning (1985)" that the meaning of life is "an individual's response to life's call in a specific situation". Moreover, he argued that the essence of meaning in life lies in an individual's subjective evaluation of elements that hold significance within their existence. This essence serves as a potent motivator for life's endeavors, cultivating mental fortitude that acts as an essential bulwark in the face of adversity. Of paramount importance is the understanding that meaning in life is an intensely personal and idiosyncratic phenomenon, unique to each individual.[1]

Within the palliative care domain, the concept of spirituality has been meticulously analyzed. In this context, meaning in life emerges as an intrinsic component of spirituality.[2] Understanding the profound meaning in life acts as a catalyst for the cultivation of psychological resilience and an enhanced quality of life.[3] Consequently, people who grasp the essence of meaning in their lives are substantially more inclined to enrich their existence fully and participate in a more profound end-of-life experience. This stands in stark contrast to those who grapple with the void left by the absence of such understanding.[4,5]

Urbanization has significantly altered lifestyles, requiring people to adapt their values to fit modern society. Rapid urban growth has introduced new challenges and problems that affect quality of life through physical, economic, and social changes.[6] Because this study was conducted at the Siriraj Palliative Care Center, located in Bangkok, and thus represents an urban population, certain contextual differences may exist when compared to rural populations, for example, differences in access to healthcare services, family structure, cultural values, and social support systems. Therefore, the findings of this study are mainly representative of patients in an urban setting.

Since there have been limited studies in Thailand examining the incidence and nature of meaning in life among palliative care patients especially within the context of urban society, this study is designed to address this knowledge gap for the aim of 1) determining the prevalence of palliative care patients who have found meaning in their lives and 2) exploring the various ways in which each individual understands this deeply personal aspect of life. Based on consultations with experts in palliative care, we hypothesize that approximately 50% of this patient population derive meaning primarily through family, socioeconomic status, or education. We hope that this understanding will help healthcare teams provide personalized support and guidance, assisting patients in finding peace and dignity as they near the end of their lives. Additionally, the detailed findings about meaning in life can serve as a helpful guide for others who are still searching for their own sense of purpose and significance.

METERIALS AND METHODS

This study used a convergent parallel mixed methods design, integrating quantitative and qualitative methodologies to comprehensively explore meaning in life among palliative patients. Conducted at Siriraj Palliative Care Center between September 2021 and September 2022, the research was approved by the Institutional Review Board of Siriraj Hospital, Mahidol University (COA: Si 682/2021). Written informed consent was obtained from all participants before data collection.

The study focused on individuals aged 18 years or older with medically diagnosed incurable chronic diseases, a life expectancy of one year or less, and good communication skills, which means the ability to understand the meaning of others and to express one's own thoughts and feelings clearly to ensure meaningful participation. The research was conducted in a hospital-based palliative care center in an urban setting, where patients received comprehensive palliative care services. These services included outpatient and inpatient care, ward consultations, and home visits, all provided by a multidisciplinary team comprising palliative care specialists, nurses, psychologists, music therapists, and traditional Thai medicine practitioners. The care was delivered in accordance with established standards, integrating both clinical expertise and holistic approaches which may differ from rural settings where services are often incomplete, for example, the absence of a dedicated palliative care ward or the lack of specialist physicians and a multidisciplinary care team.

Based on expert estimates that approximately 50% of patients in this population have a profound understanding of life's meaning, the sample size was determined using a 95% confidence level with an acceptable error margin of 0.1. Accounting for a 10% safety margin for potential participant attrition, the final required sample size was 107 individuals.

This study integrated quantitative survey data and qualitative interview data to provide a holistic understanding of patients' experiences. The quantitative component used the Meaning in Life Questionnaire (MLQ), originally developed by Steger et al., to assess two dimensions of meaning in life: (1) Presence of Meaning, the extent to which individuals perceive their lives as meaningful and (2) Search for Meaning, the extent to which individuals actively seek meaning in life. The MLQ is a 10-item self-report instrument scored on a 7-point Likert scale (ranging from 1 = 'Absolutely Untrue' to 7 = 'Absolutely True'). It has been validated in more than 30 languages, including Thai,[7] demonstrating high reliability ($\alpha = 0.75$), discrimination values ranging from 0.39 to 0.73, and

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strong convergent validity with other psychological measures. A total score greater than 25 on the presence of meaning subscale is considered indicative of having meaning in life.[8]

To complement the survey data, semi-structured in-depth interviews were conducted. These interviews included all 10 items from the MLQ, supplemented by open-ended questions about what ‘meaning in life’ personally means to the participants, and asked them to rank the importance of each aspect. The aim was to explore participants’ personal interpretations and experiences regarding meaning in life.

The interviews were recorded on audio tape, transcribed verbatim, and analyzed using thematic content analysis. Two independent researchers (XX and YY) systematically coded the interview transcripts. Any discrepancies in coding were resolved through discussion until consensus was reached, with a third senior researcher available for adjudication if necessary. Manual coding was performed without the use of specialized qualitative software.

Quantitative data were analyzed using descriptive statistics, including frequencies and percentages, to describe the prevalence and distribution of variables. All statistical analyses were conducted using IBM SPSS Statistics, version 28. This process ensured methodological rigor and enhanced the credibility of both quantitative and qualitative findings.

RESULTS

In this study, 107 palliative patients were examined using both quantitative and qualitative methods. The patient population consisted of 41.1% men and 58.9% women, with a mean age of 61 years. and diagnosed with cancer (98.1%). Most participants had a Palliative Performance Scale score of 40-60 (59.8%). Socioeconomic issues were relatively uncommon, with the majority reporting no problems (72.9%); however, financial burden (17.8%) was the most frequently reported issue. Regarding occupation, participants were diverse, with the largest groups being private business owners (20.6%) and contract workers (17.8%), while 13.1% were government officers and 14.0% retired. The majority practiced Buddhism (98.1%), with a small proportion identifying as Muslim (1.9%). Details are presented in **Table 1.**

Table 1 Demographic Characteristics of Participants (n = 107)

Variable	Category	Number	%
Gender			
	Male	44	41.1
	Female	63	58.9
Age			
	22-60 years	49	45.8
	61-89 years	58	54.2
Diagnosis			
	Cancer	105	98.1
	Non-cancer	2	1.9
Palliative Performance Scale (PPS score)			
	Group 1 (10-30)	18	16.8
	Group 2 (40-60)	64	59.8
	Group 3 (70-100)	25	23.4
Socioeconomic Issues			
	Caregiver burden	3	2.8
	Family conflict	3	2.8
	Financial burden	19	17.8
	No caregiver	3	2.8
	Multiple problems	1	0.9
	None	78	72.9
Occupation			
	Government officer	14	13.1
	State enterprise employee	3	2.8
	Private employee	6	5.6
	Private business	22	20.6
	Retired	15	14.0
	Farmer/Gardener	5	4.7
	Freelancer	3	2.8
	Contract worker	19	17.8
	Student	1	0.9
	Housewife	7	6.5
	None/Unemployed	12	11.2
Religion			
	Buddhism	105	98.1
	Islam	2	1.9

Table 2 presents the descriptive statistics of each item of the Meaning in Life Questionnaire (MLQ) items. The mean scores and standard deviations are

Table 2 Descriptive Statistics of Each Meaning in Life Questionnaire (MLQ) Items (n = 107)

Items	Mean	SD
1. I understand my life's meaning.	5.89	1.57
2. I am looking for something that makes my life feel meaningful.	3.27	2.33
3. I am always searching for something that makes my life feel significant.	3.21	2.25
4. I have a good sense of what makes my life meaningful.	6.08	1.35
5. I have discovered a satisfying life purpose.	5.69	1.63
6. My life has a clear sense of purpose.	5.27	2.06
7. I am searching for meaning in my life.	3.23	2.36
8. I am seeking a purpose or mission for my life.	3.05	2.32
9. My life has no clear purpose. (reverse coded)	5.12	2.03
10. I am always looking to find my life's purpose.	3.45	2.10

Abbreviation: SD, standard deviation

reported to reflect the degree of agreement with each statement among participants. Higher mean scores indicate stronger agreement, whereas larger standard deviations reflect greater variability in responses.

Among the participants, 76.6% reported experiencing a profound sense of meaning in life, while 23.4% did not report a significant sense of meaning. The highest mean score was observed for the item "I have a good sense of what makes my life meaningful" (M = 6.08, SD = 1.35), suggesting that most participants were able to clearly identify factors that make their lives meaningful. Similarly, items related to presence of meaning, such as "I have discovered a satisfying life purpose" (M = 5.69, SD = 1.63) and "My life has a clear sense of purpose" (M = 5.27, SD = 2.06), also demonstrated high scores. This suggests that a majority of palliative patients find meaning in their lives despite their terminal illness. When examining the desire to seek meaning, the data indicated that 68.2% of the participants did not express a desire to actively search for meaning. However, 31.8% of the participants indicated an ongoing interest in seeking deeper meaning, demonstrating a dynamic relationship between the presence of meaning and the active pursuit of purpose, even at the end of life.

Qualitative analysis, which involved content analysis of in-depth interviews, uncovered eight major themes that were central to the patients' sense of meaning in life. Illustrative dialogues for each theme are presented in **Table 3**. These themes were as follows: Family: 77.6% of the participants identified family as a significant source of meaning, emphasizing the importance of taking care of loved ones, nurturing family bonds and ensuring family members' happiness and wellbeing. Occupation: 21.5% of the participants highlighted their work, professional life, or past occupation as an important source of meaning. For some, the act of providing for others, pursuing meaningful careers, or continuing to contribute to their work until the end of life was significant. Society: 15.9% of the participants derived meaning from social connections and the role they played in society. This included participating in community activities, helping others, and feeling a sense of belonging. Religion: 11.2% of the patients placed importance on spiritual and religious practices, including prayer, attending religious services, and seeking comfort in their faith during their illness. Health: 9.3% of the patients expressed that their health, or the effort to maintain it, was an important factor in the meaning of their lives, emphasizing the significance of physical well-being and self-care. Financial aspects: 6.5% of the patients identified financial stability as a key concern, with thoughts of ensuring the financial security of their families or dealing with the financial challenges posed by their illness. Education: 4.7% noted that education, either through their own experiences or

Table 3 Examples of Participants' Dialogues across Different Groups

Theme	%	Example Dialogues
Family	77.6	Ensuring that family members live together happily and enjoy a good quality of life.
		Spending time with family members.
Occupation	21.5	Having the opportunity to do work that one loves.
		Occupying a managerial or supervisory role.
Society	15.9	Doing good deeds and not causing trouble or harm to others in society.
		Having the opportunity to give back to and help the community.
Religion	11.2	Practicing Dharma, chanting, and observing moral precepts.
		Understanding the principles of birth, aging, sickness, and death.
Health	9.3	Having a healthy body, being able to take care of oneself, and not being a burden to others.
		Regaining the ability to walk.
Financial	6.5	Having enough money, living comfortably, and being debt-free.
		Building wealth and achieving a lifestyle that includes owning a house and a car.
Education	4.7	Pursuing further studies in philosophy.
		Continuously seeking knowledge and pursuing further education in fields of personal interest.
Specific issues	16.8	Having the opportunity to travel to various places.
		Sharing life experiences and teaching others to help them avoid wasting time.

Multiple responses allowed.

through the education of their children, provided a source of meaning and fulfillment. Specific Personal Concerns: 16.8% of the participants identified personal life experiences or challenges, such as overcoming adversity, savoring simple pleasures like good food, or reflecting on the impact of their lives on others. These themes were expressed differently between individuals, highlighting the personal and individualized nature of meaning.

Family was by far the most frequently mentioned and emotional theme, indicating that the connections people share with their loved ones remain a core source of meaning even in the face of terminal illness. Through the combination of survey data and in-depth qualitative insights, this study presents a multifaceted understanding of meaning in life among palliative patients, providing valuable insight into how they derive purpose and significance from different aspects of their lives.

DISCUSSION

Palliative care plays a vital role in improving the quality of life for patients facing life-threatening illnesses, not only by addressing their physical symptoms but also by recognizing and responding to their psychological, social, and spiritual needs.[9,10] It is especially important for individuals dealing with advanced incurable conditions, where existential and spiritual distress may emerge, making the understanding of life's meaning crucial to their emotional and psychological resilience.[11-13] This study underscores the significance of spirituality in the context of palliative care, demonstrating its association with improved resilience, quality of life, and better coping mechanisms in patients near the end of life.

The findings of this study align with prior research that has explored the connection between spirituality and the concept of meaning in life. A robust sense of purpose has been shown to be protective against mental and emotional distress, including feelings of hopelessness, depression, and anxiety.[14,15] Furthermore, the presence of meaning in life among patients receiving palliative care is often related to the preservation of interpersonal relationships and a sense of belonging to a social or family unit.[16] Our study confirms that a significant portion of palliative patients in the Siriraj Palliative Care Center expressed having a profound sense of meaning, with family relationships emerging as a central theme. This finding reflects the broader literature, which highlights the importance of familial bonds as a source of meaning in life, particularly during the final stages of existence.[17,18] The role of family within an urban context, as shown in our findings, is consistent with previous research indicating that elderly individuals living in urban areas often define their purpose in life through maintaining physical and mental health to remain self-dependent, witnessing the success of the younger generation, and living in a way that benefits others.[19] However, this study differs in terms of its target population. Other study explained that this is because family significantly influences the sense of meaning in life, exerting both a direct effect on one's life meaning and an indirect effect through positive personality traits. Personality is associated with the sense of meaning in life, and this personality is fundamentally shaped by the family as one's initial life environment.[20] Moreover, one study from Philippines found that meaning in life had also moderate positive correlations with family closeness.[21]

Data from this study further illustrate that not all patients actively search for meaning in their lives, with 31.8% expressing a desire for it. This finding resonates with existing research suggesting that while some patients are actively engaged in spiritual or existential quests, others may find themselves in a state of resignation or lack of interest, especially in the face of physical decline and imminent mortality.[22] As revealed in the qualitative analysis, the sources of meaning for palliative patients are deeply personal and vary significantly from individual to individual. For some, occupation, health, and societal roles play central roles, while others may find meaning in religious or spiritual practices.[11,13,18]

Our study also reflects the findings of cross-cultural studies, where differences in perceived meaning of life were associated with various cultural, educational and psychosocial factors.[13,18] These studies demonstrate that meaning in life can be influenced by individual circumstances, such as the level of education, marital status, and even psychological distress caused by illness. Our findings confirm that the pursuit of meaning is not universal but is shaped by personal experiences and external circumstances.

Ultimately, our study reaffirms the critical role of meaning in life within the scope of palliative care. By recognizing the multifaceted and deeply personal nature of meaning, healthcare providers can offer more personalized care, ensuring that the spiritual and emotional needs of patients are addressed.

However, this scholarly inquiry, by the dint of its design and scope, has limitations. First, the inclusion criteria that circumscribed the participation of palliative patients may limit the generalizability of the findings to the broader population of individuals receiving palliative care. Moreover, the evidentiary foundation upon which this study rests emanates from a subset of patients who were capable of communication and self-reflection, potentially excluding those with cognitive impairments or more severe physical deterioration. As a result, the data may not comprehensively encapsulate the multitudinous facets of the existential spectrum encountered by all palliative patients. It is incumbent upon stakeholders to recognize these limitations while striving to optimize the pertinence and contributions of this research effort. Future studies should aim to include a more diverse range of patient profiles and care settings to enrich the understanding of meaning-making in end-of-life care.

CONCLUSION

Meaning in life is an important factor in the spiritual dimension and associated with enhancing people's quality of life. This study represents an urban population. It was observed that a significant proportion of patients reported experiencing a sense of meaning in life, primarily derived from family relationships. Other sources of life meaning such as occupation, society, religion, health, finance, and education were reported in declining frequency.

Conflict of Interest

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Author Contributions

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Formal analysis: P.C., T.N.

Funding acquisition: T.N.

Investigation: P.S., P.C.

Methodology: P.S., T.N.

Project administration: T.N.

Resources: -

Software: P.C.

Supervision: T.N.

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Visualization: -

Writing – original draft preparation: P.C.

Writing – review & editing: P.S., T.N.

Data Availability Statement

The data sets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

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