

MEANING IN LIFE AND QUALITY OF LIFE AMONG PRE-RETIREMENT AGE

CHULALONGKORN UNIVERSITY STAFF, THAILAND



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จุฬาลงกรณ์มหาวิทยาลัย
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ศุภณัฐ ศรีอุทัยสุข : ความหมายในชีวิตและคุณภาพชีวิตในบุคลากรวัยก่อนเกษียณอายุของจุฬาลงกรณ์มหาวิทยาลัย ประเทศไทย. (MEANING IN LIFE AND QUALITY OF LIFE AMONG PRE-RETIREMENT AGE CHULALONGKORN UNIVERSITY STAFF, 80 หน้า.

การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อศึกษาความสัมพันธ์ระหว่างความหมายในชีวิต (ประกอบไปด้วย การมีความหมาย และการค้นหาความหมายในชีวิต) และ คุณภาพชีวิตในบุคลากรวัยก่อนเกษียณอายุของจุฬาลงกรณ์มหาวิทยาลัย แบบสอบถามในการวิจัยประกอบไปด้วย 1) คำถามเกี่ยวกับข้อมูลทั่วไป 2) มาตรวัดความหมายในชีวิต และ 3) มาตรวัดคุณภาพชีวิต กลุ่มตัวอย่างในชั้นวิเคราะห์ข้อมูลมีทั้งสิ้น 296 คน ถูกสุ่มด้วยวิธีสุ่มตัวอย่างแบบแบ่งชั้น โดยใช้การวิเคราะห์ค่าสถิติเบื้องต้น และการวิเคราะห์ด้วยการหาค่าสหสัมพันธ์ เพื่อหาผลการวิจัย

ผลการวิจัยพบว่า กว่าครึ่งของบุคลากรวัยก่อนเกษียณอายุของจุฬาลงกรณ์มหาวิทยาลัย มีคุณภาพชีวิตในระดับสูง และไม่มีบุคลากรคนใดที่จัดอยู่ในกลุ่มต่ำ และจากการวิเคราะห์ความหมายในชีวิตของกลุ่มตัวอย่างพบว่า กลุ่มตัวอย่างส่วนใหญ่ค้นพบความหมายในชีวิต และยังคงค้นหาความหมายในชีวิต การวิเคราะห์ค่าสหสัมพันธ์พบว่าการมีความหมายในชีวิตมีสหสัมพันธ์ทางบวกกับคุณภาพชีวิตอย่างมีนัยสำคัญทางสถิติ ($r = 0.532, p < 0.001$) และการค้นหาความหมายในชีวิตมีสหสัมพันธ์ทางลบกับคุณภาพชีวิตอย่างมีนัยสำคัญทางสถิติ ($r = -0.197, p < 0.001$)

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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 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 were classified as having a good quality of life, while none of them was classified as poor. Moreover, almost all of the sample have found their purpose and continued searching for further meaning. The results from correlational methods 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 ($r = -0.197, p < 0.001$).

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CHAPTER I

INTRODUCTION

1.1 Background and rationale

Most developed and developing countries will encounter an aging society in the early 21st century, when the population of elders will be the highest in recorded history. Also Thailand will be "aging" societies, especially after 2020, because of baby-boomers reaching old age, falling fertility rates, and increases in longevity (Hurd and Yashiro, 1997 cited in Takeda, 2000). The situation of aging population in Thailand has been increasing in every year since 1990 (11.5%) until 2010 (15.3%). There is a tendency that aging population will increase in the future with a prediction of around 15.3% in 2020 (Somrongthong and Yamarat, 2011 cited in Harutaichun, 2012). Moreover, by 2050, according to the UN's World Population Ageing: 1950-2050, the number of elderly Thais is projected to reach 22.5 million (27.3%). 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 baby boom generation is going to affect quality of life of future generation given the growing number of social ills facing modern societies.

Meaning in life is a primary psychological construct, but it is difficult to define because there is no universal meaning that can fit everyone's life (Frankl, 1963), each person have to create meaning in his or her own life (Battista & Almond, 1973 cited in Steger, Frazier, Oishi, & Kaler, 2006). Many research studies found relationships between meaning in life and health (e.g. Reker, Peacock, & Wong, 1987; Skrabski, Kopp, Rózsa, Réthelyi, & Rahe, 2005). People without meaning in their life tend to have higher stress, depression, and risk behaviors (Brassai, Piko, & Steger, 2011). 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 life, and decreased quality of life.

On the other hand, people with meaning in life have higher sense of belonging, happiness, and healthy behaviors (Brassai et al., 2011; Howell, Kern, & Lyubomirsky, 2007). 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 (Crumbaugh & Maholick, 1964; Frankl, 1985; Ryff, 1989). 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 (Bower, Kemeny, Taylor, & Fahey, 2003). In addition, older people with a higher meaning in life are less likely to die than those who do have lower sense of meaning (Boyle, Barnes, Buchman, & Bennett, 2009; Krause, 2009).

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 determinant, not many research studies have been published in Asia, or Thais' pre-aging population. So, purpose of this research is to focus on the association between meaning in life and quality of life among Thais university's staff at pre-retirement age.

1.2 Research Questions

- 1.2.1 Is there any relationship between meaning in life and quality of life?
- 1.2.2 What is the level of quality of life among pre-retirement age Chulalongkorn University staff?
- 1.2.3 What is the level of meaning in life among pre-retirement age Chulalongkorn University staff?
- 1.2.4 Is there any relationship between socio-demographic characteristics, meaning in life, and quality of life?

1.3 Hypotheses

- 1.3.1 There are relationships between socio-demographic characteristics and meaning in life.
- 1.3.2 There are relationships between socio-demographic characteristics and quality of life.
- 1.3.3 There is a positive relationship between presence of meaning in life and quality of life.
- 1.3.4 There is a negative relationship between search for meaning in life and quality of life.

1.4 Objectives

- 1.4.1 To explore the relationship between quality of life and meaning in life.
- 1.4.2 To describe quality of life of pre-retirement age Chulalongkorn University staff.
- 1.4.3 To describe meaning in life of pre-retirement age Chulalongkorn University staff.
- 1.4.4 To identify demographic characteristics related to quality of life and meaning in life.

1.5 Conceptual Framework

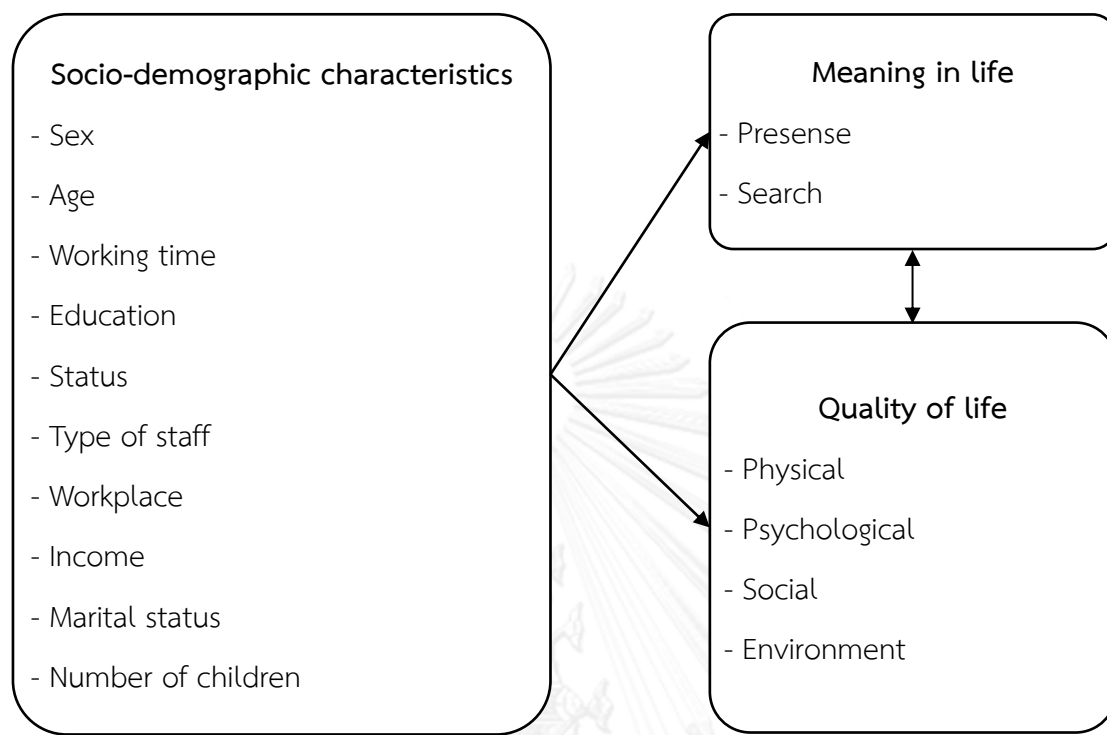


Figure 1 The relationship between socio-demographic characteristics, meaning in and quality of life

1.6 Operational Definitions

1.6.1 Meaning in Life is defined as how much an individual has sense of purpose. In this study meaning in life was collected by the Meaning in Life Questionnaire which was separated into 2 subscales.

1.6.1.1 Presence of Meaning is how much meaning that an individual has already found.

1.6.1.2 Search for Meaning is how much an individual want to find meaning.

1.6.2 Quality of Life is defined as a complete state of physical, mental, and social well-being which measured by WHOQOL-BREF-THAI questionnaire.

1.6.3 Pre-retirement aged is defined as people aged 50 to 60 years old who have not been stopped employing completely from Chulalongkorn University.

1.6.4 Chulalongkorn University staff is pre-retirement aged staff who are employed as a civil servant or a university employee, and working as an academic or a supporting staff.

CHAPTER II

LITERATURE REVIEW

There are 5 sections of chapter two (review of literatures)

Section 1 Definitions

Section 2 Quality of Life Measures

Section 3 Meaning in Life Measures

Section 4 Related Theories

Section 5 Related Literatures



2.1 Definitions

2.1.1 Definition of quality of life

Many of words can express the term of quality of life. Well-being, life satisfaction, happiness are among those words. World health Organization definition of health can also define quality of life. Health is “a state of complete physical, mental, and social well-being not merely the absence of disease or infirmity” (World Health Organization, 1948). However, definition of quality of life still varies by the field of study.

In this study, quality of life, based on World health Organization, means "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”

2.1.2 Definition of meaning in life

Frankl (1963) first investigated the psychological implications of finding meaning in life. From his existentialist perspective, Frankl determined that "there is nothing in the world, I venture to say, that would so effectively help one to survive even the worst conditions as the knowledge that there is meaning in one's life". A growing body of research supports Frankl's hypothesis.

There are many definitions of meaning in life. According to Frankl (1963) people should find will to meaning or life purpose some said that meaning in life defined as knowing one life's goal or purpose to life, giving value on both past and future and seeing values that has passed in one's life (Ryff, 1989) or “the ontological significance of life from the point of view of the experiencing individual” (Crumbaugh & Maholick, 1964) or “the sense made of, and significance felt regarding, the nature of one's being and existence” (Steger et al., 2006).

In this study, meaning in Life means “the sense made of, and significance felt regarding, the nature of one's being and existence”.

2.1.3 Definition of pre-retirement

Thailand's retirement age has been fixed at 60 years since 1941, when Thais' life expectancy was just 52. Now, life expectancy is 72. In this study, pre-retirement age is people between 50 and 60 years old (Harutaichun, 2012). In country where retirement age is 65, for example the UK, pre-retirement age is ranging from 50 to 65 (Stockdale & MacLeod, 2013).



2.2 Quality of Life Measures

2.2.1 The QualityMetrics's Short Form (SF)

One of the most common quality of life assessments is the SF. The first version, SF-36, was published in 1988 by Ware, J. E., Jr. (Maruish & Turner-Bowker, 2009). It was designed to measure the self-reported health-related quality of life among clinical and non-clinical adults. Since the first publication, one revised version of the SF-36 and many abbreviated SF surveys which are comparable have been developed and published (Maruish & Turner-Bowker, 2009).

2.2.1.1 The SF-36v2

The SF-36v2 (Ware, 2000), a five-choice response scales, is a revised version of the SF-36 (Ware & Sherbourne, 1992) which contains 36 items measuring 8 domains of health-related quality of life: Physical Functioning, Role-Physical (role limitations due to physical health), Bodily Pain, General Health, Vitality, Social Functioning, Role-Emotional (role limitations due to mental/emotional health), and Mental Health. These domains could be categorized into two summary measures.

2.2.1.1.1 The Physical Component Summary (PCS) measure

2.2.1.1.2 The Mental Component Summary (MCS) measure

2.2.1.2 The SF-12v2

The SF-12v2 (Ware, Kosinski, & Keller, 1996) is the abbreviation of SF-36v2. Its 12 items were taken directly from the SF-36v2 and remained all 8 domains; Thus, the improvements found in the SF-12v2 are similar to the improvements made to the SF-36v2 (Maruish & Turner-Bowker, 2009). Because of its shorter form, it has become a popular measure in population surveys and in studies that combine the instruments with other surveys.

2.2.1.3 The SF-8

The SF-8 contains 8 items. Although the SF-8 items are not a direct subset of SF-36v2 items, both the SF-8 and the SF-36v2 measure the same eight health domains. However, it is not a popular measure compared to other longer versions because it has only one question for each domain making its scores generally cover a narrower range of the measured constructs and less precise (Maruish & Turner-Bowker, 2009).

2.2.2 The World Health Organization Quality of Life (WHOQOL)

Another most widely used instrument of quality of life. WHOQOL was an international cross-culturally comparable quality of life assessment instrument. It assessed the individual's perceptions in the context of their culture and value systems, and their personal goals, standards and concerns. The WHOQOL instruments were developed collaboratively in a number of centers worldwide, and have been widely field-tested.

World Health Organization (1997) defines Quality of Life as “individuals' perception 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. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment”.

2.2.2.1 The WHOQOL-100

The WHOQOL-100, a 100 item with 5-point Likert scale, consists of 6 domains with 24 facets of quality of life.

2.2.2.1.1 Physical health domain contains 3 facets (Energy and fatigue, Pain and discomfort, and Sleep and rest).

2.2.2.1.2 Psychological domain contains 5 facets (Bodily image and appearance, Negative feelings, Positive feelings, Self-esteem, and Thinking, learning, memory and concentration).

2.2.2.1.3 Level of Independence domain contains 4 facets (Mobility, Activities of daily living, Dependence on medicinal substances and medical aids, and Work Capacity).

2.2.2.1.4 Social relationships domain contains 3 facets (Personal relationships, Social support, and Sexual activity).

2.2.2.1.5 Environment domain contains 8 facets (Financial resources, Freedom, physical safety and security, Health and social care: accessibility and quality, Home environment, Opportunities for acquiring new information and skills, Participation in and opportunities for recreation/leisure, Physical environment, and Transport)

2.2.2.1.6 Spirituality/Religion/Personal beliefs domain contains 1 facet (Religion/Spirituality/Personal beliefs).

2.2.2.2 The WHOQOL-BREF

The WHOQOL-BREF is an abbreviated version of the WHOQOL-100. Its contains 24 items (facets) from each domain of the previous version and 2 additional item asking general quality of life and general health (Skevington, Lotfy, & O'Connell, 2004). Although the WHOQOL-100 has 6 domains, the WHOQOL-BREF grouped facets into 4 domains.

2.2.2.2.1 Physical health domain contains 7 facets (Activities of daily living, Dependence on medicinal substances and medical aids, Energy and fatigue, Mobility, Pain and discomfort, Sleep and rest, and Work capacity).

2.2.2.2.2 Psychological domain contains 6 facets (Bodily image and appearance, Negative feelings, Positive feelings, Self-esteem, Spirituality/religion/personal beliefs, and Thinking, learning, memory and concentration).

2.2.2.2.3 Social relationships domain contains 3 facets (Personal relationships, Social support, and Sexual activity)

2.2.2.2.4 Environment domain contains 8 facets (Financial resources, Freedom, physical safety and security, Health and social care, Home environment, Opportunities for acquiring new information and skills, Participation in and opportunities for recreation/leisure activities, Physical environment, and Transportation)

2.3 Meaning in Life Measures

2.3.1 The Purpose in Life Test (PIL)

The PIL was developed by Crumbaugh and Maholick (1964) motivated by Frankl's logotherapy. It is a 20 item with 7-point Likert scale and has been used by numerous of research since published. The PIL, a unidimensional attitude scale, was specially designed to measure the degree to which the individual experienced meaning in life.

2.3.2 The Life Regard Index (LRI)

The LRI, a 28 item with a 3-point Likert scale ranging from 1 (agree) to 3 (disagree), was developed by Battista and Almond (1973) to measure positive life regard. It is composed of two subscales, Framework and Fulfillment.

2.3.2.1 Framework (FR) is developed to measure the degree to which an individual can see his/her life within some perspective and to have derived a set of life-goals, meaning in life, or life views from them.

2.3.2.2 Fulfillment (FU), which measures the degree to which an individual sees himself/herself as having fulfilled or as being in the process of fulfilling his framework or life-goals.

2.3.3 The Life Attitude Profile (LAP)

The LAP, a 56 item with 7-point Likert scale, is a multidimensional measure of meaning in life. Reker and Peacock (1981) divided meaning in life into 7 factors and developed a measure according to those factors.

2.3.3.1 Life Purpose (LP) is a zest for life, fulfillment, and satisfaction.

2.3.3.2 Existential Vacuum (EV) is a lack of meaning in life, lack of goals, and free-floating anxiety.

2.3.3.3 Life Control (LC) is the freedom to make all life choices, the exercise of personal responsibility, and the perception of internal control of life events.

2.3.3.4 Death Acceptance (DA) is an absence of fear and anxiety about death.

2.3.3.5 Will to Meaning (WM) is the striving to find concrete meaning in personal existence, a search for ideals and values, and an appreciation of life beyond the present.

2.3.3.6 Goal Seeking (GS) is the desire to achieve new goals, to search for new and different experiences, and to be on the move.

2.3.3.7 Future Meaning (FM) is a future fulfillment, the acceptance of future potentialities, and positive expectations concerning oneself and one's future life.

2.3.4 The Meaning in Life Questionnaire (MLQ)

The MLQ, a 10 item with 7-point Likert scale, was developed by Steger et al. (2006) to assess how much an individual has sense of purpose.

There are 2 subscales of the MLQ, the Presence of Meaning and the Presence of Meaning.

2.3.4.1 The Presence of Meaning is how much meaning that an individual has already found.

2.3.4.2 The Presence of Meaning is how much an individual want to find meaning.

The MLQ provides several improvements over other meaning in life instruments, including no item overlap with depression scales, a stable factor structure, improved discriminant validity, a shorter format, and the ability to assess the degree to which the individual search for meaning in life.

2.4 Related theories

2.4.1 Erikson's stages of life model

Erikson divided the human life cycle into eight stages that a healthily developing human should pass from infancy to late adulthood. The following human lifecycle developmental model includes:

Stage 1 Trust versus Mistrust (infancy)

Stage 2 Autonomy versus Shame and Doubt (early childhood)

Stage 3 Initiative versus Guilt (preschool)

Stage 4 Industry versus Inferiority (school age)

Stage 5 Identity versus Role Confusion (adolescence)

Stage 6 Intimacy versus Isolation (young adulthood)

Stage 7 Generativity versus Stagnation (middle adulthood)

Stage 8 Ego Integrity versus Despair (old age)

This study focused on middle adulthood or stage 7 of the model. Erikson defines middle adulthood as between 40 and 65. Generativity “is primarily the concern in establishing and guiding the next generation”. In this stage, adults need to create or nurture things that will outlast them, often by having children or creating a positive change that benefits other people. Success leads to feelings of usefulness and accomplishment, while failure results in shallow involvement in the world. Important events of this stage are work and parenthood. Working and participating in the community are two ways that people forge a sense of purpose during this period of development.

Although the word generativity was conceived at the same time as the idea of identity crises and has been around for more than a half century

generativity is not as well known, understood, or researched (Stockman, 2008).

2.4.2 Maslow's hierarchy of needs and its relation with quality of life

Maslow (1943) said that everyone is motivated to achieve certain needs. When one need is fulfilled, then, a person seeks to fulfill the next one, and so forth. Maslow's hierarchy of needs include 4 domains; physical, psychological, social, and environment. Also, consist of 5 stages which are (1) physiological needs (2) safety needs (3) love and belonging (4) esteem and (5) self-actualization.

2.4.2.1 Physiological needs (air, food, drink, shelter, warmth, sex, sleep) are the basic needs that are vital to survival. If these requirements are not met, the human body cannot function properly. Physiological needs are the most important needs.

2.4.2.2 Safety needs (personal, financial, health and well-being security) are also important for survival, but they are not as important as the physiological needs.

2.4.2.3 Social needs or love and belonging (work group, family, affection, and relationships) are described as less basic than physiological and security needs. When physiological needs and safety needs are taken care of, a third layer starts to show up. People begin to feel the need for friends, a sweetheart, children, affectionate relationships in general, even a sense of community.

2.4.2.4 Esteem needs (self-esteem, achievement, mastery, independence, status, dominance, prestige, and managerial responsibility) are the senses that humans feel respected; this includes the need to have self-esteem and self-respect.

2.4.2.5 Self-actualization (realizing personal potential, self-fulfillment, seeking personal growth and peak experiences) is the highest level of

Maslow's hierarchy of needs. Self-actualizing people are self-aware, concerned with personal growth, less concerned with the opinions of others, and interested in fulfilling their potential.

First 4 stages of Maslow's hierarchy of needs have to be fulfilled otherwise a person will be stressed, and if a person can achieve stage 5, he or she will be happy as Maslow described this level as the desire to accomplish everything that one can, to become the most that one can be. Maslow's hierarchy of needs also can be categorized roughly into 4 domains of quality of life. Physiological needs are related to physical health, safety needs are associated with environment, social needs link to social relationships, esteem needs and self-actualization based mainly on psychological health.

2.4.3 Logotherapy: the meaning in life concept

Logotherapy, which was developed by Viktor Frankl, is a therapy through finding meaning. Logotherapy is a term derived from a Greek word "logos" that translates as "meaning". The theory is founded on the belief that nature of human is motivated by the search for a life purpose. Frankl's theories were heavily influenced by his belief in religious, personal experiences of suffering, and loss in Nazi concentration camps. Frankl's approach is based on three philosophical and psychological concepts; (1) Freedom of Will (2) Will to Meaning, and (3) Meaning in Life

2.4.3.1 Freedom of Will

Freedom of Will is the human freedom to decide and choose without any conditions, such as, sociological, biological, or psychological determinants. As spiritual beings, humans no longer merely react, but are primarily beings who act and shape their lives. People have freedom under all circumstances to activate the will to meaning.

2.4.3.2 Will to Meaning

Will to Meaning is the primary and strongest motivation for living. Human beings are not only free, but they are free to find meaning even in suffering. Frankl said "life holds a meaning for each and every individual". "Even tragic and negative aspects of life can be turned into a human achievement through the attitude which man adopts toward his predicament". The frustration of the existential need for meaningful goals will give rise to aggression, addiction, depression and suicide, and it may engender or increase psychosomatic maladies and neurotic disorders.

2.4.3.3 Meaning in Life

There is no situation in life that would really be meaningless. Life has meaning regardless of the circumstances, from joy to utter despair. Meaningfulness cannot, should not, and will not be restricted to positive circumstances

2.5 Related literature

Reker et al. (1987) studied 300 men and women at different aged groups. The research found that meaning and purpose in life were related with physical and psychological health. Also, meaning in life increased with age.

Steger, Oishi, and Kashdan (2009) confirmed the relationship between meaning in life and age. Results from 8,756 internet users found that older people generally reported a greater presence of meaning in their lives, while younger reported higher levels of searching for meaning. Although correlations illustrated that the presence of meaning has same relations to well-being across life stages, searching for meaning is more strongly associated with elderly lack of well-being.

Corless et al. (2006) studied the effect of meaning in life and life goals on adherence among persons receiving anti-tuberculosis therapy in South Africa, and the relationships between meaning in life and adherence in individuals diagnosed with tuberculosis. First, analysis of variance revealed that higher meaning in life ratings were significantly related with older age. Then, found a significant relationship between higher life goals and adherence to tuberculosis treatment.

Similar research studied on adherence to medications in HIV-infected women (Westling, Garcia, & Mann, 2007) also found the same result. After intervention women who had discovered meaning in their life showed significantly greater adherence to their medical regimens. Westling et al. (2007) explained that present of meaning may result in positive health outcomes by leading individuals to engage in healthier behaviors.

Brassai et al. (2011) found that in Romanian adolescents, meaning in life is a protective factor against health risk behaviors. In male meaning in life was found to be correlated to drug and sedative use, while binge drinking, unsafe sex, lack of exercise, and lack of diet control were correlated with meaning in life in female. Moreover, adolescents who had high level of meaning in life also had higher level of quality of life than another.

Park, Malone, Suresh, Bliss, and Rosen (2008) studied the relationship between coping, meaning in life, and quality of life in congestive heart failure (CHF) patients. The study was survey 2 times (baseline and after 6 month). With 155 subjects, the study showed positive relationship between coping and meaning in life. Further, good coping leads to higher meaning in life over time. Also, meaning in life has positive relationship with quality of life. However, coping was partially related to quality of life and its effects were not mediated by meaning in life.

Similar study with a sample of 12,640 Hungarian participants, after controlling for gender, age, and education, life meaning scores showed strong correlations with absence of depression, disability and health (Skrabski et al., 2005).

Krause (2010) found that people who have strong sense of religious believe are more likely to find meaning in their life and be more optimistic than people who do not have a strong sense of religious believe. Further, people who are optimistic and who have a strong sense of meaning in life will rate their health more favorably over time than individuals who are not optimistic, as well as individuals who have not found a sense of meaning in life.

Bower et al. (2003) revealed that meaning in life would be directly associated with physiological changes in the body. The study indicated that women 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.

Boyle et al. (2009) studied the relationship between meaning in life as an important health determinant and mortality among 1,238 elderly persons. The study found that the greater sense of meaning was related with a lower risk of death. The result persisted after adjusted for several confounders, i.e. disability, age, sex, education, race, income, personality, depression.

CHAPTER III

RESEARCH METHODOLOGY

3.1 Research design

This study conducted a cross-sectional survey study about meaning in life and quality of life of Chulalongkorn University staff aged between 50 and 60 years old. The data collection period was on March, 2014.

3.2 Study area

This study studied at Chulalongkorn University, Bangkok, Thailand.

3.3 Study population

There were 1,754 staff of Chulalongkorn University with pre-retirement aged from 50 to 60 years (based on the data from the office of human resources management received on February 11, 2014, however, 480 staff, for example, security guards and temporary working were not included in the number).

3.4 Sampling Technique

In this study, stratified random sampling was used as sampling technique to select subjects. Firstly, population was stratified by university faculties and departments which categorized into 6 groups listed below:

(1) Office of the university

(2) Health Sciences include Faculty of Psychology, Faculty of Dentistry, Faculty of Nursing, Faculty of Medicine, Faculty of Pharmaceutical Sciences, Faculty of Allied Health Sciences, Faculty of Veterinary Science, Faculty of Sports Science, and College of Public Health Sciences.

(3) Technology Sciences include Faculty of Science, Faculty of Engineering, Faculty of Architecture, The Petroleum and Petrochemical College, The Petroleum and Petrochemical College, The Institute of Biotechnology and Genetic Engineering, Aquatic Resources Research Institute, Energy Research Institute, Metallurgy and

Materials Science Research Institute, Environment Research Institute, The Office of the Commission on Agricultural Resource Education, and Transportation Institute.

(4) Humanities include Faculty of Fine and Applied Arts, Faculty of Arts, and Chulalongkorn University Language Institute.

(5) Social Sciences include Faculty of Education, Faculty of Law, Faculty of Communication Arts, Faculty of Commerce and Accountancy, Faculty of Political Science, Faculty of Economics, College of Population Studies, Social Research Institute, Institute of Thai Studies, and Institute of Asian Studies

(6) Other organizations include Office of The Register, Graduate School, Center of Academic Resources, and Scientific, and Technological Research Equipment Centre.

Secondly, simple random was used to select sub-groups among groups. Then, simple random was used again to pick subjects randomly from the name list received from the office of human resources management, Chulalongkorn University. Finally, staff who met the criteria were recruited into the study.

The principle of simple random in this study was that subjects had the same chance of being chosen. For example, every subjects was given a number in the range from 1 to N (number of population), and random numbers were generated electronically until the number of subjects met the required size (the chosen numbers were identify as subjects).

3.4.1 Inclusion criteria

3.5.1.1 Working at Chulalongkorn University more than 1 year

3.5.1.2 Aged 50 to 60 years old

3.5.1.3 Civil servant or University employee

3.5.1.4 Academic or supporting staff

3.4.2 Exclusion criteria

3.5.2.1 Unwilling to participate

3.5.2.2 Temporary employee

3.5.2.3 Could not understand Thai

3.5 Sample size

The sample size in this study was calculated from the formula for n in sampling for proportions (Cochran, 1977). Equation 1 was used to estimate sample size, then the number of sample was corrected for finite population in equation 2.

$$n_0 = \frac{t^2 p(1-p)}{d^2} \quad (1)$$

$$n = \frac{n_0}{1+(n_0-1)/N} \quad (2)$$

Where:

t = t value

p = percentage picking a choice, expressed as decimal

d = confidence interval, expressed as decimal

N = population

When $t = 1.96$ (95% confidence level), $p = 0.50$ (50%), and $d = 0.06$ (6%), $n_0 = 267$. There were 1,754 staff. As a result, sample size (n) = 232.

Adding 10% in case of incomplete data, $n = 256$. In previous study (Tailanandana, 2010), the response rate of Chulalongkorn University staff was around 25% or $\frac{1}{4}$ (depending on department or faculty). So, approximately 1024 subjects (256 times 4) was an appropriate number to meet the return of 232 subjects

3.6 Measurement tools

The questionnaire using in this study composed of 3 parts (APPENDIX C) as follows:

3.6.1 Socio-demographic characteristics

It included 10 general questions about participants' characteristics which were (1) Sex (2) Age (3) Working duration (4) Education (5) Status (6) Type of staff (7) Workplace or belonged faculty/department (8) Income (9) Marital status and (10) Number of children

3.6.2 Meaning in Life Questionnaire

The Meaning in Life Questionnaire (MLQ) was used in this study because other tools that could measure sense of meaning had a problem for being confounded, for example, the Purpose in Life questionnaire (PIL) which is well-known meaning measure contains items such as "My life is filled only with despair" and "Life to me seems always exciting". These items could tap many figure for constructs aside from meaning. So, in order to fix the problem Steger et al. (2006) developed the MLQ.

The MLQ English version had 10 questions. It was a self-report questionnaire designed to measure meaning in life (Steger et al., 2006). Using a 7-point Likert scale, respondents rated their degree of agreement or disagreement ranging from (1) "absolutely untrue" to (7) "absolutely true". Although Thai version of the MLQ has a 5-point Likert scale ranging from (1) "untrue" to (2) "true", English and Thai version were comparable (Colman, Morris, & Preston, 1997; Dawes, 2008).

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.

Sample items include "I understand my life's meaning" and "I am looking for something that makes my life feel meaningful."

3.6.2.1 Scoring

The total score of MLQ-Presence and MLQ-Search scale ranging from 5 to 25 each. There was no criterion (norm) for the MLQ. However, in this study, participants were classified as low, moderate or high meaning when sum of each scale ranged from 5-11, 12-18 or 19-25 respectively.

The MLQ-Presence includes question number 1, 4, 5, 6, and 9(reverse). While, the MLQ-Search includes question number 2, 3, 7, 8, and 10.

3.6.2.2 Validity and reliability

The MLQ has good test-retest reliability for a one-month period ranging from $r = .70$ (Presence-scale) to $r = .73$ (Search-scale), moderate stability over a 13-month period, and a stable factor structure (Steger et al., 2006). Initial validity also showed as the MLQ's relationship to the Purpose in Life test and the Life Regard Index (Steger et al., 2006).

The MLQ Thai version which was used in this study was translated and developed from English version by Chomchoed (2009). The Thai version had content validity and Cronbach's alpha coefficient equaled 0.85 (Presence-scale) and 0.89 (Search-scale) among a sample of any age which 95% were aged 20 to 60 years old (Chomchoed, 2009).

The present study showed Cronbach's alpha coefficient of the MLQ-Presence = 0.82 and MLQ-Search = 0.86 ($N = 60$)

3.6.3 WHO Quality of Life-BREF-THAI

WHO Quality of Life-BREF (WHOQOL-BREF) was the short version of WHOQOL-100 which consisted of 100 questions in 24 facets. The developers (Skevington et al., 2004) selected a question from each facet of WHOQOL-100, and added 2 questions which measured general quality of life and general health in order to make the short form.

The WHOQOL-BREF-THAI has 26 questions. It was a self-report questionnaire using a five point Likert scale ranging from "Not at all" (1) to "Completely" (5). The possible scores ranged between 26 and 130 points.

Compared to other quality of life tools, WHOQOL-BREF was better in many ways. First, Thai version of WHOQOL-BREF was developed for Thai context. Second, it had criteria for Thais which could separate respondents into 3 different levels of quality of life groups. Finally, the tool had been used with people under 60 years old who covered the sample age of this study (50-60 years old).

Sample items include "How well are you able to concentrate?" and "Do you have enough energy for everyday life?"

3.6.3.1 Scoring

The study used a criteria from Mahatnirunkul, Tuntipivatanakul, Pumpisanchai, Wongsuwan, and Pornmanajirankul (1998). The quality of life was determined by dividing the scores into three groups; poor (low), normal (moderate), and good (high).

Physical health domain includes question number 2 (reverse), 3, 4, 10, 11 (reverse), 12, and 24

Psychological domain includes question number 5, 6, 7, 8, 9 (reverse), and 23

Social relationships domain includes question number 13, 14, and 25

Environment domain includes question number 15, 16, 17, 18, 19, 20, 21, and 22

Table 1 Scoring of WHOQOL-BREF (Mahatnirunkul et al., 1998)

QOL Domains	Low	Moderate	High
1. Physical health	7-16	17-26	27-35
2. Psychological	6-14	15-22	23-30
3. Social relationships	3-7	8-11	12-15
4. Environment	8-18	19-29	30-40
Total	26-60	61-95	96-130

3.6.3.2 Validity and reliability

Cronbach's alphas of WHOQOL-BREF were acceptable for physical health 0.82, psychological 0.81, environment 0.80, but marginal for social relationships 0.68. Discriminant validity and construct validity through confirmatory factor analysis indicate that the WHOQOL-BREF had good to excellent psychometric properties of reliability and performs well in preliminary tests of validity (Skevington et al., 2004).

WHOQOL-BREF was translated into Thai by experts. Validity showed by comparing with WHOQOL-100-THAI ($r = 0.65$). Cronbach's alpha coefficient of WHOQOL-BREF-THAI (overall) equaled 0.84 (Mahatnirunkul et al., 1998)

In this study, with 60 participants, Cronbach's alpha coefficient of the WHOQOL-BREF (overall) = 0.93

3.7 Data collection

There are many steps of data collection as follows

3.7.1 Requesting letters (memorandum) from the College of Public Health Sciences.

3.7.1.1

The first letter was for requesting names and total number of elderly staff in Chulalongkorn University which was sent to the director of the Office of Human Resources Management (5th floor

Chamchuri 5 Building). The requested information included full name with title, workplace, type of staff, and age.

3.7.1.2 Other letters were requested in order to ask permission of participation.

3.7.2 Letters were sent by the investigator to faculties and departments which were selected. Names of participant and questionnaires were sent with letters. The questionnaire consisted of three parts including (1) socio-demographic characteristics (2) the Meaning in Life Questionnaire and (3) the WHO Quality of Life-BREF. Every questionnaire consisted of additional 2 parts which were participant information sheet (cover page) and postal address (back page). Total of 1036 questionnaires were sent to faculties/departments' staff.

3.7.3 The questionnaires were given to the subjects by faculties/departments' staff. The information related directly to the samples was kept confidential.

3.7.4 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 subject's workplaces.

3.7.5 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 (see Table 2 for more information).

Table 2 Number of questionnaires, response rate and complete rate.

Group	Sent (copies)	Response rate (%)	Complete (%)
1. Office of the university	59	36 (61.0)	21 (35.6)
2. Health Sciences	311	134 (43.1)	106 (34.1)
3. Technology Sciences	339	112 (33.0)	82 (24.2)
4. Humanities	97	41 (42.3)	29 (29.9)
5. Social Sciences	192	45 (23.4)	34 (17.7)
6. Other organizations	38	34 (89.5)	24 (63.2)
Total	1036	403* (38.9)	296 (28.6)

*include 1 missing group data

3.8 Data analysis

Although 403 questionnaires were sent back, 296 were complete or had no missing data. However, the data was a good representative of the population because it shared almost the same characteristics (APPENDIX D).

A complete data set was analyzed by SPSS Statistics for Windows and reported by descriptive statistics and inferential statistics.

3.8.1 Descriptive statistics

Descriptive statistics including Percentage (%), Mean, Standard deviation (*SD*), Minimum (MIN), Maximum (MAX), Skewness (SK), and Kurtosis (KU) were used to present degree of quality of life and meaning in life. Characteristics of variables were presented by some of statistics above.

Participants were categorized into 3 groups (low, moderate, high) to determine meaning in life and quality of life of the population.

3.8.2. Inferential statistics

Inferential statistics was utilized for hypotheses testing. Correlational methods were used to identify the relationship between socio-demographic characteristics, meaning in life and quality of life. Bivariate correlation was

conducted to find the relationship between (1) the presence of meaning and quality of life, and (2) search for meaning and quality of life.

3.9 Ethical Consideration

The research protocol (No.002.1/57) was approved by the Ethics Review Committee for Research Involving Human Research Subjects, Health Science Group, Chulalongkorn University on February 11, 2014 COA No. 021/2014 (APPENDIX C).



Chapter IV

RESULTS

The results were categorized into 4 sections as follows

Section 1 Demographic information of participants and questionnaires

Section 2 Describe meaning in life of Chulalongkorn University elderly staff

Section 3 Describe quality of life of Chulalongkorn University elderly staff

Section 4 Hypothesis testing



4.1 Demographic information of participants and questionnaires

There were 296 subjects aged between 50 and 60 years in this study. Most of them were 55 years old (11.1%) which slightly different from proportions of other ages. The percentage of female (65.9%) was notably higher than male (34.1%). Majority staff worked in Chulalongkorn University for more than 30 years and from 21 to 30 years, 40.9% and 46.3% respectively. Only 12.8% worked at the university less than or equal 20 years. Their educations varied 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 period, almost everyone was civil servant and changed status after new policy. At the moment, 79.1% of the sample was university employee and 20.9% remained the status. 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% were Office of the university, Health Sciences, Technology Sciences, Humanities, Social Sciences and Other organizations staff respectively. They had different incomes, on average (31.1%) between 40,001 and 60,000 baht per month, 23.6% earned 25,001 to 40,000 bath, another 23.6% received 60,001 to 100,000 bath, others were below 25,000 (14.9%) or higher than 100,000 baht per month (6.8%). 61.5% of the staff were married, 29.4% were single and 9.1% were widowed, divorced or separated. Most of them had descendants, 25% had 1 child, 30.4% had 2 children, 8.4% had more than 2 children, and 36.1% did not have any (Table 3).

Table 3 Number and percentage of demographic information (*N* = 296)

List	Number (person)	Percentage (%)
1. Sex		
Male	101	34.1
Female	195	65.9
2. Age (years)		
50-55	159	53.7
56-60	137	46.3
3. Working period (years)		
1-20	38	12.8
21-30	121	40.9
Over 30	137	46.3
4. Education		
High school	42	14.2
Diploma	14	4.7
Bachelor	94	31.8
Master	76	25.7
PhD	70	23.6
5. Status (Employ)		
Civil servant	62	20.9
University employee	234	79.1
6. Type of staff		
Academic staff	105	35.5
Supporting staff	191	64.5

Table 3 Number and percentage of demographic information (N = 296) (continue)

List	Number (person)	Percentage (%)
7. Group		
Office of the University	21	7.1
Health Sciences	106	35.8
Technology Sciences	82	27.7
Humanities	29	9.8
Social Sciences	34	11.5
Other organizations	24	8.1
8. Income		
< 15000	8	2.7
15000 - 25000	36	12.2
25001 - 40000	70	23.6
40001 - 60000	92	31.1
60001 - 100000	70	23.6
> 100000	20	6.8
9. Marital status		
Single	87	29.4
Married	182	61.5
Widowed/divorced/separated	27	9.1
10. Number of children		
None	107	36.1
1 child	74	25.0
2 children	90	30.4
More than 2 children	25	8.4

Apart from demographic characteristics that were presented above, there were 2 parts of the questionnaire (Thai version); the MLQ and the WHOQOL-BREF. First, meaning measure was separated into 2 subscales; the presence of meaning (MLQP) and the search for meaning (MLQS). For quality of life (QOL), the investigator mainly interpreted with overall score. The averages were presented in mean, median and mode respectively.

The averages of MLQP were 20.62, 21 and 25 with SD of 3.35. The score ranged from 9 to 25. The distribution of the score showed the frequent scores were clustered at the higher end (SK=-4.04) with a little flatter than normal distribution (KU=-0.36). The averages of MLQS were 16.26, 17 and 20 with SD of 5.29. The score ranged from 5 to 25. The distribution of the score showed a negative skew (SK=-3.09) with a negative kurtosis or had light tails (KU=-2.46). The averages of QOL were 95.68, 95 and 92 with SD of 12.25. The score ranged between 62 and 130. The score was a normal distribution (SK=0.96, KU=0.17). The information is shown in Table 4.

Table 4 Descriptive information of each questionnaires

	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 of meaning, MLQS = search for meaning,
QOL = quality of life.

4.2 Describe meaning in life of Chulalongkorn University elderly staff

The presence of meaning and search for meaning were shown in 3 levels; low, moderate or high. There were 296 participants in this study. Only 3 participants or 1 percent had low presence of meaning in life, while 73 (24.7%) and 220 (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. Less than half (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 level. However, the majority of the sample still continued searching for their meaning.

The results showed that only a quarter of pre-retirement age Chulalongkorn University staff did not know their meaning. Most of them know their purpose in life and keep on looking for meaning.

Table 5 Level of meaning in life (*N* = 296)

Meaning in life	Number (person)	Percentage (%)
The presence of meaning		
Low (5-11)	3	1.0
Moderate (12-18)	73	24.7
High (19-25)	220	74.3
The search for meaning		
Low (5-11)	62	20.9
Moderate (12-18)	109	36.8
High (19-25)	125	42.2

4.3 Describe quality of life of Chulalongkorn University elderly staff

Quality of life were grouped into 4 domains (physical health, psychological health, social relationships, and environmental) plus overall score of the WHOQOL-BREF. Quality of life is shown in 3 levels (low, moderate, high).

There were 296 participants in this study. 146 participants or 49.3% had high, 50.7% had moderate, and none of them had low overall quality of life. The same trend occurred in each domain. For physical health domain, 47%, 52.4%, and 0.7% had high, moderate and low respectively. No one had low psychological health, while 36.1% and 63.9% of participants had moderate and high mental health. Majority (63.2%) of the sample had moderate level of social relationships domain. 3.4% had low relations, by contrast, 33.4% had high social. Lastly, environmental domain had 36.8%, 62.2%, and 1% of the sample categorized in high, moderate and low. The information is shown in table 6.

Table 6 Level of quality of life ($N = 296$)

Level of quality of life	Number (person)	Percentage (%)
Overall Quality of life		
Low (26-60)	0	0
Moderate (61-95)	150	50.7
High (96-130)	146	49.3
Physical health domain		
Low (7-16)	2	0.7
Moderate (17-26)	155	52.4
High (27-35)	139	47
Psychological health domain		
Low (6-14)	0	0
Moderate (15-22)	107	36.1
High (23-30)	189	63.9

Table 6 Level of quality of life (*N* = 296) (Continue)

Level of quality of life	Number (person)	Percentage (%)
Social relationships domain		
Low (3-7)	10	3.4
Moderate (8-11)	187	63.2
High (12-15)	99	33.4
Environmental domain		
Low (8-18)	3	1
Moderate (19-29)	184	62.2
High (30-40)	109	36.8

4.4 Hypothesis testing

The relationships between 10 socio-demographic characteristics and meaning in life and quality of life were analyzed by unpaired *t*-test and Analysis of variance (ANOVA). Finally, Pearson's correlation was used to find the relationship between meaning in life and quality of life. The total number of sample was 296 on every statistical test.

4.4.1 Factors related presence of meaning

The investigator found that average score of female was 20.64 ($SD = 3.36$, $n = 195$), while 20.57 ($SD = 3.35$, $n = 101$) on male. There was no statistically significant difference between sexes on the MLQP score, $t(294) = 0.16$, $p = 0.871$.

Ages were categorized into 2 groups; 50 to 55 and 56 to 60. The mean of the younger group was 20.31 ($SD = 3.42$, $n = 159$) and 20.98 ($SD = 3.24$, $n = 137$) for another group. There was no statistically significant difference between ages on the MLQP score, $t(294) = -1.72$, $p = 0.086$.

Working period or working years at Chulalongkorn University were categorized into 3 groups; 1 to 20 years, 21 to 30 years and Over 30 years. The mean of the first group was 20.74 ($SD = 2.90$, $n = 38$) and 20.32 ($SD = 3.66$, $n = 121$) for the second group and 20.85 ($SD = 3.17$, $n = 137$) for the group of staff who had worked over 30 years. There was no statistically significant difference between groups on the MLQP score, $F(2,293) = 0.82$, $p = 0.444$.

Educations of staff were showed in 4 levels with statistically significant, $F(3,292) = 3.20$, $p = 0.024$. The mean of MLQP score of under bachelor's degree group was 19.95 ($SD = 3.33$, $n = 56$). Staff who received bachelor's degree had the average of 20.33 ($SD = 3.40$, $n = 94$), while master degree and PhD staff had higher score at the average of 20.54 ($SD = 3.43$, $n = 76$) and 21.63 ($SD = 3.02$, $n = 70$) respectively.

The average score of university employee was 20.56 ($SD = 3.24$, $n = 234$), while civil servant was 20.82 ($SD = 3.75$, $n = 62$). There was no statistically significant difference between status on the MLQP score, $t(294) = -0.54$, $p = 0.590$.

The average score of supporting staff or non-lecturer was 20.15 ($SD = 3.41$, $n = 191$) and academic staff or lecturer was 21.47 ($SD = 3.07$, $n = 105$). There was statistically significant difference between types of staff on the MLQP score, $t(294) = -3.29$, $p = 0.001$.

Staffs were grouped by belonged department or faculty. The average MLQP score of the Office of the University, Health Sciences, Technology Sciences, Humanities, Social Sciences, and Other organizations were 21.52 ($SD = 3.53$, $n = 21$), 20.41 ($SD = 3.70$, $n = 106$), 20.72 ($SD = 2.80$, $n = 82$), 22.24 ($SD = 2.65$, $n = 29$), 20.06 ($SD = 2.93$, $n = 34$), and 19.21 ($SD = 3.87$, $n = 24$) respectively. The test showed statistically significant between the groups, $F(5,290) = 2.897$, $p = 0.014$.

Incomes of staff were categorized into 5 groups. The average MLQP score of staff who earned less than 25000, 25001 to 40000, 40001 to 60000, 60001 to 100000, and over 100000 baht a month were 19.18 ($SD = 3.38$, $n = 44$), 20.61 ($SD = 3.22$, $n = 70$), 20.36 ($SD = 3.37$, $n = 92$), 21.49 ($SD = 3.34$, $n = 70$) and 21.95 ($SD = 2.40$, $n = 20$) respectively. There was at least one statistically significant difference between groups, $F(4,291) = 4.32$, $p = 0.002$.

The average MLQP score between marital status groups did not have statistically significant difference, $F(2,293) = 0.107$, $p = 0.90$. Single staff had average score of 20.64 ($SD = 3.56$, $n = 87$), while married staff had average score of 20.65 ($SD = 3.21$, $n = 182$) and Widowed/divorced/separated staff had average score of 20.33 ($SD = 3.66$, $n = 27$).

Finally, number of children did not related MLQP score, $F(3,292) = 1.39$, $p = 0.245$. Staff without offspring had average score of 20.48 ($SD = 3.66$, $n = 107$). Staff who had one child, two children or three children had average score of 20.55 ($SD = 3.67$, $n = 74$), 20.48 ($SD = 3.13$, $n = 90$), or 21.92 ($SD = 2.798$, $n = 25$) respectively.

Table 7 The relationships between socio-demographic characteristics and MLQP

List	<i>N</i>	Mean	<i>SD</i>	<i>F</i> or <i>t</i> value	p-value
1. Sex				<i>t</i> = 0.162	0.871
Female	195	20.64	3.36		
Male	101	20.57	3.35		
2. Age (years)				<i>t</i> = -1.723	0.086
50-55	159	20.31	3.42		
56-60	137	20.98	3.24		
3. Working period (years)				<i>F</i> = 0.815	0.444
1-20	38	20.74	2.90		
21-30	121	20.32	3.66		
Over 30	137	20.85	3.17		
4. Education				<i>F</i> = 3.196	0.024
Lower than Bachelor	56	19.95	3.33		
Bachelor	94	20.33	3.40		
Master	76	20.54	3.43		
PhD	70	21.63	3.02		
5. Status				<i>t</i> = -0.540	0.590
University employee	234	20.56	3.24		
Civil servant	62	20.82	3.75		
6. Type of staff				<i>t</i> = -3.287	0.001
Supporting staff	191	20.15	3.41		
Academic staff	105	21.47	3.07		

Table 7 The relationships between socio-demographic characteristics and MLQP
(continue)

List	<i>N</i>	Mean	<i>SD</i>	<i>F</i> or <i>t</i> value	<i>p</i> - value
7. Group (belonged department/faculty)				<i>F</i> = 2.897	0.014
Office of the University	21	21.52	3.53		
Health Sciences	106	20.42	3.70		
Technology Sciences	82	20.72	2.80		
Humanities	29	22.24	2.65		
Social Sciences	34	20.06	2.93		
Other organizations	24	19.21	3.87		
8. Income (Baht)				<i>F</i> = 4.319	0.002
< 25000	44	19.18	3.38		
25001 - 40000	70	20.61	3.22		
40001 - 60000	92	20.36	3.37		
60001 - 100000	70	21.49	3.34		
> 100000	20	21.95	2.40		
9. Marital status				<i>F</i> = 0.107	0.898
Single	87	20.64	3.56		
Married	182	20.65	3.21		
Widowed/divorced/separated	27	20.33	3.66		
10. Number of children				<i>F</i> = 1.392	0.245
None	107	20.48	3.66		
1 child	74	20.55	3.27		
2 children	90	20.48	3.13		
More than 2 children	25	21.92	2.80		

Note: *t*-statistics compare 2 means, *F*-statistics compare more than 2 means.

4.4.2 Factors related search for meaning

This study found that average score of female was 15.7 ($SD = 5.19$, $n = 195$), while mean of 17.36 ($SD = 5.34$, $n = 101$) for male. There was statistically significant difference between male and female on the MLQS score, $t(294) = -2.58$, $p = 0.01$.

Ages were categorized into 2 groups; 50 to 55 and 56 to 60. The mean of the younger group was 16.55 ($SD = 5.24$, $n = 159$) and 15.93 ($SD = 5.35$, $n = 137$) for older group. There was no statistically significant difference between ages on the MLQS score, $t(294) = 1.02$, $p = 0.311$.

Working period or working years at Chulalongkorn University were categorized into 3 groups; 1 to 20 years, 21 to 30 years and over 30 years. The mean of the first group was 16.39 ($SD = 5.05$, $n = 38$) and 15.93 ($SD = 5.42$, $n = 121$) for the second group and 16.53 ($SD = 5.26$, $n = 137$) for the group of staff who had worked over 30 years. There was no statistically significant difference between groups on the MLQS score, $F(2,293) = 0.42$, $p = 0.654$.

Educations of staff were showed in 4 levels with statistically significant, $F(3,292) = 6.01$, $p = 0.001$. The mean of MLQS score of under bachelor's degree group was 18.39 ($SD = 4.73$, $n = 56$). Staff who received bachelor's degree had the average of 16.80 ($SD = 4.84$, $n = 94$), while master degree and PhD staff had lower score at the average of 14.97 ($SD = 5.13$, $n = 76$) and 15.24 ($SD = 5.89$, $n = 70$) respectively.

The average score of university employment was 16.42 ($SD = 5.23$, $n = 234$), while civil servant was 15.68 ($SD = 5.50$, $n = 62$). There was no statistically significant difference between status on the MLQS score, $t(294) = 0.98$, $p = 0.327$.

The average score of supporting staff or non-lecturer was 17.15 ($SD = 4.91$, $n = 191$) and academic staff or lecturer was 14.66 ($SD = 5.59$, $n = 105$). There was statistically significant difference between types of staff on the MLQS score, $t(294) = 3.97$, $p < 0.001$.

Staffs were grouped by belonged department or faculty. The average MLQS score of the Office of the University, Health Sciences, Technology Sciences, Humanities, Social Sciences, and Other organizations were 13.95 ($SD = 5.00, n = 21$), 15.09 ($SD = 5.82, n = 106$), 17.95 ($SD = 4.53, n = 82$), 15.62 ($SD = 5.67, n = 29$), 16.97 ($SD = 3.93, n = 34$), and 17.46 ($SD = 5.04, n = 24$) respectively. The test showed statistically significant between the groups, $F(5,290) = 4.170, p = 0.001$.

Incomes of staff were categorized into 5 groups. The average MLQS score of staff who earned less than 25000, 25001 to 40000, 40001 to 60000, 60001 to 100000, and over 100000 baht a month were 17.93 ($SD = 4.56, n = 44$), 17.67 ($SD = 5.15, n = 70$), 16.37 ($SD = 4.85, n = 92$), 14.20 ($SD = 5.65, n = 70$) and 14.40 ($SD = 5.43, n = 20$) respectively. There was statistically significant difference between groups, $F(4,291) = 6.01, p < 0.001$.

The average MLQS score between marital status groups did not have statistically significant difference, $F(2,293) = 2.72, p = 0.067$. Single staff had average score of 15.29 ($SD = 5.35, n = 87$), while married staff had average score of 16.52 ($SD = 5.27, n = 182$) and Widowed/divorced/separated staff had average score of 17.70 ($SD = 4.87, n = 27$).

Finally, number of children did not related MLQS score, $F(3,292) = 1.97, p = 0.119$. Staff without offspring had average score of 15.49 ($SD = 5.3, n = 107$). Staff who had one child, two children or three children had average score of 16.51 ($SD = 5.26, n = 74$), 17.20 ($SD = 4.90, n = 90$), or 15.48 ($SD = 6.3, n = 25$) respectively. Overall details relationships between socio-demographic characteristics and MLQS are showed in Table 8.

Table 8 The relationships between socio-demographic characteristics and MLQS

List	<i>N</i>	Mean	<i>SD</i>	<i>F</i> or <i>t</i> value	p-value
1. Sex				<i>t</i> = -2.582	0.010
Female	195	15.70	5.19		
Male	101	17.36	5.34		
2. Age (years)				<i>t</i> = 1.016	0.311
50-55	159	16.55	5.24		
56-60	137	15.93	5.35		
3. Working period (years)				<i>F</i> = 0.425	0.654
1-20	38	16.39	5.05		
21-30	121	15.93	5.42		
Over 30	137	16.53	5.26		
4. Education				<i>F</i> = 4.170	0.001
Lower than Bachelor	56	18.39	4.73		
Bachelor	94	16.80	4.84		
Master	76	14.97	5.13		
PhD	70	15.24	5.89		
5. Status				<i>t</i> = 0.981	0.327
University employee	234	16.42	5.23		
Civil servant	62	15.68	5.50		
6. Type of staff				<i>t</i> = 3.969	0.001
Supporting staff	191	17.15	4.91		
Academic staff	105	14.66	5.59		

Table 8 The relationships between socio-demographic characteristics and MLQS
(continue)

List	<i>N</i>	Mean	<i>SD</i>	<i>F</i> or <i>t</i> Statistic	p-value
7. Group (belonged department/faculty)				<i>F</i> = 4.170	0.001
Office of the University	21	13.95	5.00		
Health Sciences	106	15.09	5.82		
Technology Sciences	82	17.95	4.53		
Humanities	29	15.62	5.67		
Social Sciences	34	16.97	3.93		
Other organizations	24	17.46	5.04		
8. Income (Baht)				<i>F</i> = 6.007	0.001
< 25000	44	17.93	4.56		
25001 - 40000	70	17.67	5.15		
40001 - 60000	92	16.37	4.85		
60001 - 100000	70	14.20	5.65		
> 100000	20	14.40	5.43		
9. Marital status				<i>F</i> = 2.721	0.067
Single	87	15.29	5.35		
Married	182	16.52	5.27		
Widowed/divorced/separated	27	17.70	4.87		
10. Number of children				<i>F</i> = 1.967	0.119
None	107	15.49	5.30		
1 child	74	16.51	5.26		
2 children	90	17.20	4.90		
More than 2 children	25	15.48	6.30		

4.4.3 Factors related to quality of life

This study found that average QOL score of female was 95.69 ($SD = 12.35$, $n = 195$), while mean of 95.64 ($SD = 12.13$, $n = 101$) for male. There was no statistically significant difference between male and female on QOL score, $t(294) = 0.03$, $p = 0.974$.

Ages were categorized into 2 groups; 50 to 55 and 56 to 60. The mean of the younger group was 94.36 ($SD = 13.13$, $n = 159$) and 97.20 ($SD = 11.00$, $n = 137$) for older group. There was statistically significant difference between ages on the QOL score, $t(294) = -2.00$, $p = 0.046$.

Working period or working years at Chulalongkorn University were categorized into 3 groups; 1 to 20 years, 21 to 30 years and over 30 years. The mean of the first group was 95.29 ($SD = 10.50$, $n = 38$) and 95.45 ($SD = 13.91$, $n = 121$) for the second group and 95.99 ($SD = 11.16$, $n = 137$) for the group of staff who had worked over 30 years. There was no statistically significant difference between groups on the QOL score, $F(2,293) = 0.08$, $p = 0.920$.

Educations of staff were showed in 4 levels with statistically significant, $F(3,292) = 8.85$, $p < 0.001$. The mean of QOL score of under bachelor's degree group was 90.75 ($SD = 10.49$, $n = 56$). Staff who received bachelor's degree had the average of 94.36 ($SD = 13.47$, $n = 94$), while master degree and PhD staff had higher score at the average of 95.80 ($SD = 10.46$, $n = 76$) and 101.24 ($SD = 11.72$, $n = 70$) respectively.

The average score of university employment was 95.5 ($SD = 12.21$, $n = 234$), while civil servant was 96.32 ($SD = 12.50$, $n = 62$). There was no statistically significant difference between status on QOL score, $t(294) = -0.47$, $p = 0.641$.

The average score of supporting staff or non-lecturer was 92.94 ($SD = 12.10$, $n = 191$) and academic staff or lecturer was 100.65 ($SD = 10.92$, $n = 105$). There was statistically significant difference between types of staff on QOL score, $t(294) = -5.42$, $p < 0.001$.

Staffs were grouped by belonged department or faculty. The average QOL score of the Office of the University, Health Sciences, Technology Sciences, Humanities, Social Sciences, and Other organizations were 91.9 ($SD = 12.10$, $n = 21$), 97.84 ($SD = 12.75$, $n = 106$), 94.74 ($SD = 10.59$, $n = 82$), 100.14 ($SD = 12.14$, $n = 29$), 93.44 ($SD = 12.35$, $n = 34$), and 90.38 ($SD = 12.77$, $n = 24$) respectively. There was statistically significant difference between groups, $F(5,290) = 3.16$, $p = 0.009$.

Incomes of staff were categorized into 5 groups. The average QOL score of staff who earned less than 25000, 25001 to 40000, 40001 to 60000, 60001 to 100000, and over 100000 baht a month were 90.64 ($SD = 10.11$, $n = 44$), 93.56 ($SD = 12.77$, $n = 70$), 94.96 ($SD = 12.8$, $n = 92$), 99.7 ($SD = 11.03$, $n = 70$) and 103.40 ($SD = 8.98$, $n = 20$) respectively. There was statistically significant difference between groups, $F(4,291) = 6.84$, $p < 0.001$.

The average QOL score between marital status groups did not have statistically significant difference, $F(2,293) = 1.90$, $p = 0.151$. Single staff had average score of 97.75 ($SD = 13.70$, $n = 87$), while married staff had average score of 94.98 ($SD = 11.45$, $n = 182$) and Widowed/divorced/separated staff had average score of 93.70 ($SD = 12.18$, $n = 27$).

Finally, number of children had relationship with QOL score, $F(3,292) = 4.58$, $p = 0.004$. Staff without offspring had average score of 97.2 ($SD = 13.39$, $n = 107$). Staff who had one child, two children or three children had average score of 93.38 ($SD = 11.41$, $n = 74$), 93.93 ($SD = 10.81$, $n = 90$), or 102.24 ($SD = 11.90$, $n = 25$) respectively. Overall details relationships between socio-demographic characteristics and QOL are showed in Table 9.

Table 9 The relationships between socio-demographic characteristics and QOL

List	<i>n</i>	Mean	<i>SD</i>	<i>F</i> or <i>t</i> value	p-value
1. Sex				<i>t</i> = 0.032	0.974
Female	195	95.69	12.35		
Male	101	95.64	12.13		
2. Age (years)				<i>t</i> = -2.003	0.046
50-55	159	94.36	13.13		
56-60	137	97.20	11.00		
3. Working period (years)				<i>F</i> = 0.083	0.920
1-20	38	95.29	10.50		
21-30	121	95.45	13.91		
Over 30	137	95.99	11.16		
4. Education				<i>F</i> = 8.853	0.001
Lower than Bachelor	56	90.75	10.49		
Bachelor	94	94.36	13.47		
Master	76	95.80	10.46		
PhD	70	101.24	11.72		
5. Status				<i>t</i> = -0.467	0.641
University employee	234	95.50	12.21		
Civil servant	62	96.32	12.50		
6. Type of staff				<i>t</i> = -5.420	0.001
Supporting staff	191	92.94	12.10		
Academic staff	105	100.65	10.92		

Table 9 The relationships between socio-demographic characteristics and QOL
(continue)

List	<i>N</i>	Mean	<i>SD</i>	<i>F</i> or <i>t</i> Statistic	p-value
7. Group (belonged department/faculty)				<i>F</i> = 3.160	0.009
Office of the University	21	91.90	12.10		
Health Sciences	106	97.84	12.75		
Technology Sciences	82	94.74	10.59		
Humanities	29	100.14	12.14		
Social Sciences	34	93.44	12.35		
Other organizations	24	90.38	12.77		
8. Income (Baht)				<i>F</i> = 6.841	0.001
< 25000	44	90.64	10.11		
25001 - 40000	70	93.56	12.77		
40001 - 60000	92	94.96	12.80		
60001 - 100000	70	99.70	11.03		
> 100000	20	103.40	8.98		
9. Marital status				<i>F</i> = 1.900	0.151
Single	87	97.75	13.70		
Married	182	94.98	11.45		
Widowed/divorced/separated	27	93.70	12.18		
10. Number of children				<i>F</i> = 4.576	0.004
None	107	97.20	13.39		
1 child	74	93.38	11.41		
2 children	90	93.93	10.81		
More than 2 children	25	102.24	11.90		

4.4.4 The relationships between the presence of meaning, the search for meaning, and quality of life.

This study found 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 ($r = 0.532$, $p < 0.001$) and MLQS was significantly negatively related to QOL ($r = -0.197$, $p < 0.001$). The information is showed in Table 10.

The results showed that the presence of meaning in life can account for 28.3% of the variation in quality of life, while the search for meaning in life can explain about 4% of the variation in quality of life.

Table 10 The relationships between MLQP, MLQS, and QOL ($N = 296$)

	1	2	3
1. MLQP	-		
2. MLQS	-0.069	-	
3. QOL	0.532***	-0.197***	-

*** $p < 0.001$

CHAPTER V

DISCUSSION

5.1 Factors related to meaning in life and quality of life

Only bivariate analyses were used to find the relationship between socio-demographic characteristics and meaning in life and quality of life because the study wanted to explore the effect of each factors toward meaning in life and quality of life. According to Table 7, 8 and 9, there were 3 variables that did not related to MLQP, MLQS, or QOL. Those variables were status (civil servant or university employee), marital status, and working time (how long staff had worked in CU). It was reasonable that employed status did not effect on meaning in and quality of life because most of participants were university employee that changed status from civil servant due to the policy of the university which just applied less than a decade (Tailanandana, 2010). It could say that staff who had worked at CU before 2008 could have both statuses. The reasons that marital status and working time did not show a significant result might be that most staff worked at Chulalongkorn University more than 10 years, so working time did not affect much on this sample. For marital status, the status alone did not make the different, however, when a couple has a child it could affect their quality of life because he/she has to spend time and a lot of care for his/her kid.

Some socio-demographic characteristics related to both meaning in life and quality of life. These factors were education, type of staff (academic/supporting staff), group (where they work) and income. These factors also related to each other and other factors. For example, Chulalongkorn University recruited academic staff who had at least master's degree, and academic staff tend to have higher salary, but it also depend on which school or department they work. Because of these important factors (job, money and education), people might have different meaning and quality of life. When people age, their physical capacity decline, but the study found that older staff in the sample had higher quality of life. The reason might be that they earn more money and has less work.

5.2 The relationship between meaning in life and quality of life

First, there was no relationship between MLQP and MLQS ($r = -0.069$, $p = 0.118$). With the result, the study could not confirm the relationship between 2 subscales of the MLQ. As Steger and Kashdan (2007) stated that search for meaning in life could differ by cultures, many studies in western countries found a negative relationship between the two sub-scales; however, a study in Japan found a positive relationship suggesting that culture affects how people construe the search for meaning, casting it in a negative light in America and in a positive light in Japan (Steger, Kawabata, Shimai, & Otake, 2008). The present study suggested that there is a marginal negative relationship between MLQP and MLQS among the sample.

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. (1987) 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. (2009) 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 2000 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 (Krause, 2007). Next, meaning in life is also related with lifestyle factors that advance health. For example, exercised more regularly (Homan & Boyatzis, 2010). 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 (Bower et al., 2003). It also related to the soluble receptor for IL-6, which plays an important role in immune response (Ryff, Singer, & Dienberg Love, 2004).

Consistent with several previous studies, the present study found a negative relationship between MLQS and QOL ($r = -0.197, p < 0.001$). Many research showed that MLQS positively associated with negative outcomes and negatively related to positive outcomes. Steger et al. (2009) 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 (Steger et al., 2006), an explanation of the relationship between MLQS and QOL might be that searchers seem more curious about their life. Steger, Kashdan, Sullivan, and Lorentz (2008) 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.

To sum up, this study confirmed the importance of presence of meaning in life and its positive relation with positive outcomes. By contrast, search for meaning was confirmed with the negative relation with positive outcomes.

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

The present study also wanted to describe the level of meaning in life and quality of life. The average score of MLQP was 20.62. The frequent scores were clustered at the higher end, while the averages score of MLQS was 16.26. The distribution of the score showed a negative skew. These mean that pre-retirement age Chulalongkorn University staff had reported both presence of and search for meaning further from the midpoint (toward the higher end). When categorized scores into 3 groups found that 74.3% of participants had high, 24.7% had moderate, and only 1% had low presence of meaning. Although most staff had high presence of meaning, they had lower search for meaning. 42.2%, 36.8%, and 20.9% of participants were grouped as high, moderate, and low search for 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.

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 (Steger et al., 2009). Although older people seem to have high meaning, they have lower degree of search for meaning (Steger et al., 2009). 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 (i.e. Erikson, 1968). 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.

The average score of overall quality of life were 95.68 (out of 130). The score of participants ranged between 62 and 130. 49.3% of participants had high, 50.7% had moderate, and none of them had low overall quality of life. 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 could have 2 statuses (civil servant and university employment) or changed to become university employee from civil servant.

To be precise, each domain was analyzed. 63.2% of the sample had moderate level on social relationships domain. 3.4% had low relations, by contrast, 33.4% had high. Environmental domain had 36.8%, 62.2%, and 1% of the sample categorized in high, moderate and low. For physical health domain, 47%, 52.4%, and 0.7% of participants had high, moderate and low in the domain respectively. In physical health domain, the result was surprised because senior staff should have lower physical capacity than the criterion. However, because the questionnaire was a self-report, so only perceived quality of life was measured. This could explain that even if they have poor physical health or disabilities, they can still have a certain level of quality of life depending on what they think of themselves. Finally, no one had low psychological health, while 36.1% and 63.9% of participants had moderate and high mental health. These results suggested that of all domains, the staff showed highest in psychological health. It means that most staff enjoyed their lives, and had low negative feelings (such as blue mood, despair, anxiety, depression).

The previous study (Mahatnirunkul et al., 1998) 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 many 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. It might be better to use another QOL measure (WHOQOL-OLD) to avoid the question, however WHOQOL-BREF was developed for people under 60 which was match and more appropriate for the present study.

5.4 Limitations

5.5.1 This study is cross-sectional design. We cannot make sure the direction of relationship whether meaning in life lead to quality of life or vice versa.

5.5.2 Unidentified variables could possibly affect both meaning in life and quality of life (i.e. religiosity, personality).

5.5.3 This study is only a survey research. Only self-rated meaning in life and quality of life can be measured. The results might be over or under report.

5.5.4 Unable to analyze all questionnaires and low response rate. As a result, it probably has little biases.

5.5.5 The present study assessed only pre-retirement age Chulalongkorn University staff; hence, these results may not generalize to other population.

5.5 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 meaningful 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.

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APPENDIX

จุฬาลงกรณ์มหาวิทยาลัย
CHULALONGKORN UNIVERSITY

APPENDIX A
Time schedule

	Timeline	Time Frame (Month)									
		2013					2014				
		8	9	10	11	12	1	2	3	4	5
1	Literature review	■	■	■	■	■					
2	Proposal examination					■					
3	Ethical consideration						■	■			
4	Data collection								■		
5	Analysis & discussion									■	
6	Thesis examination										■
7	Thesis submission										■

APPENDIX B

Budget

No	List	Price (Baht)
1	Participants expenditure including questionnaire (1,100 persons x 10 baht)	11,000
2	Logistics	2,000
3	Xerox and printing (2000 pages)	1,000
4	Travel	2,500
	Total	16,500

APPENDIX C

Certificate of Approval & the Questionnaire

AF 02-12



**The Ethics Review Committee for Research Involving Human Research Subjects,
Health Science Group, Chulalongkorn University**
Institute Building 2, 4 Floor, Soi Chulalongkorn 62, Phyat hai Rd., Bangkok 10330, Thailand,
Tel: 0-2218-8147 Fax: 0-2218-8147 E-mail: eccu@chula.ac.th

COA No. 021/2014

Certificate of Approval

Study Title No.002.1/57 : **MEANING IN LIFE AND QUALITY OF LIFE AMONG PRE-RETIREMENT AGE CHULALONGKORN UNIVERSITY STAFF, THAILAND**

Principal Investigator : MR. SUPPANUT SRIUTAIK

Place of Proposed Study/Institution : College of Public Health Sciences,
Chulalongkorn University

The Ethics Review Committee for Research Involving Human Research Subjects, Health Science Group, Chulalongkorn University, Thailand, has approved constituted in accordance with the International Conference on Harmonization – Good Clinical Practice (ICH-GCP) and/or Code of Conduct in Animal Use of NRCT version 2000.

Signature: *Prida Tasanapradit* Signature: *Nuntaree Chaichanawongsaraj*
(Associate Professor Prida Tasanapradit, M.D.) (Assistant Professor Dr. Nuntaree Chaichanawongsaraj)
Chairman Secretary

Date of Approval : 11 February 2014

Approval Expire date : 10 February 2015

The approval documents including

- 1) Research proposal
- 2) Patient/Participant Information Sheet
- 3) Researcher
- 4) Questionnaire



Protocol No. 002.1/57
Date of Approval 11 FEB 2014
Approval Expire Date 10 FEB 2015

The approved investigator must comply with the following conditions:

1. The research/project activities must end on the approval expired date of the Ethics Review Committee for Research Involving Human Research Subjects, Health Science Group, Chulalongkorn University (ECCU). In case the research/project is unable to complete within that date, the project extension can be applied one month prior to the ECCU approval expired date.
2. Strictly conduct the research/project activities as written in the proposal.
3. Using only the documents that bearing the ECCU's seal of approval with the subjects/volunteers (including subject information sheet, consent form, invitation letter for project/research participation (if available)).
4. Report to the ECCU for any serious adverse events within 5 working days
5. Report to the ECCU for any change of the research/project activities prior to conduct the activities.
6. Final report (AF 03-12) and abstract is required for a one year (or less) research/project and report within 30 days after the completion of the research/project. For thesis, abstract is required and report within 30 days after the completion of the research/project.
7. Annual progress report is needed for a two-year (or more) research/project and submit the progress report before the expire date of certificate. After the completion of the research/project processes as No. 6.

ข้อมูลสำหรับกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัย

ชื่อโครงการวิจัย ความหมายในชีวิตและคุณภาพชีวิตในบุคลกรวัยก่อนเกษียณอายุของจุฬาลงกรณ์มหาวิทยาลัย ประเทศไทย

ชื่อผู้วิจัย นายสุภณัฐ ศรีอุทัยสุข ตำแหน่ง นิสิตระดับมหาบัณฑิต สาขาสถาธนะศาสตรวิทยาลัยวิทยาศาสตร์สาธนะสุข จุฬาลงกรณ์มหาวิทยาลัย

สถานที่ติดต่อผู้วิจัย

(ที่ทำงาน) วิทยาลัยวิทยาศาสตร์สาธนะสุข อาคารสถาบัน 2 ซ.จุฬาลงกรณ์ 62 ถนนพญาไท แขวงวังใหม่ เขตปทุมวัน กรุงเทพฯ 10330

(ที่บ้าน) 54/202 หมู่ที่ 2 ต.บางตลาด อ.ปากเกร็ด นนทบุรี 11120

โทรศัพท์ (ที่ทำงาน) - โทรศัพท์ที่บ้าน 025833988

โทรศัพท์มือถือ 0867772822 E-mail : suppanut.sri@gmail.com

1. ขอเรียนเชิญท่านเข้าร่วมในการวิจัยก่อนที่ท่านจะตัดสินใจเข้าร่วมในการวิจัย มีความจำเป็นที่ท่านควรทำความเข้าใจว่างานวิจัยนี้ทำเพราะเหตุใด และเกี่ยวข้องกับอะไร กรุณาใช้เวลาในการอ่านข้อมูลต่อไปนี้อย่างละเอียดรอบคอบ และสอบถามข้อมูลเพิ่มเติมหรือข้อมูลที่ไมชัดเจนได้ตลอดเวลา

2. โครงการนี้คืองานวิจัยเรื่อง “ความหมายในชีวิตและคุณภาพชีวิตในบุคลกรวัยก่อนเกษียณอายุของจุฬาลงกรณ์มหาวิทยาลัย ประเทศไทย” มีวัตถุประสงค์เพื่อวัดระดับความหมายในชีวิตและคุณภาพชีวิตในบุคลกรของจุฬาลงกรณ์มหาวิทยาลัยวัย 50-60 ปี และหาความสัมพันธ์ระหว่างความหมายในชีวิตและคุณภาพชีวิต

3. ผู้มีส่วนร่วมในการวิจัย คือ บุคลกรของจุฬาลงกรณ์มหาวิทยาลัย ที่มีคุณสมบัติตามเกณฑ์ดังต่อไปนี้

เกณฑ์การคัดเลือกเข้า

1. อายุระหว่าง 50 ถึง 60 ปี
2. มีอายุการทำงานที่จุฬาลงกรณ์มหาวิทยาลัยมากกว่า 1 ปี
3. เป็นข้าราชการหรือพนักงานมหาวิทยาลัย
4. ทำงานวิชาการหรือปฏิบัติการ

เกณฑ์การคัดออก

1. เป็นลูกจ้างชั่วคราว
2. ไม่สามารถเข้าใจภาษาไทย
4. กระบวนการวิจัย
 1. ผู้วิจัยทำบันทึกเสนอถึงวิทยาลัยสาธนะสุข เพื่อขอหนังสือขอความอนุเคราะห์ข้อมูลจากรองอธิการบดีผู้กำกับสำนักบริหารทรัพยากรมนุษย์ จุฬาลงกรณ์มหาวิทยาลัย เกี่ยวกับจำนวนและรายชื่อของข้าราชการและพนักงานมหาวิทยาลัยอายุระหว่าง 50-60 ปี จำนวนตามส่วนงานของจุฬาลงกรณ์มหาวิทยาลัย



เลขที่โครงการวิจัย 002.1/57
วันที่รับรอง 11 ก.พ. 2557
วันหมดอายุ 10 ก.พ. 2558

2. ผู้วิจัยทำบันทึกเสนอถึงวิทยาลัยสารานุกรม เพื่อขอหนังสือราชการที่เรียนถึงส่วนงานต่างๆของจุฬาลงกรณ์มหาวิทยาลัยที่เป็นกลุ่มตัวอย่าง เพื่อขอความร่วมมือในการทำวิจัย ซึ่งผู้วิจัยได้แนบรายชื่อของกลุ่มตัวอย่างในสังกัดที่เป็นหน่วยตัวอย่างในการศึกษาไปกับหนังสือราชการดังกล่าว
3. ผู้วิจัยนำหนังสือราชการไปติดต่อกับส่วนงานต่างๆของจุฬาลงกรณ์มหาวิทยาลัยด้วยตนเอง โดยขอความร่วมมือจากเจ้าหน้าที่ประสานงานนั้นๆ เป็นผู้ดำเนินการแจกแบบสอบถามให้กับท่าน
4. แบบสอบถามในงานวิจัยประกอบด้วย (1) แบบสอบถามข้อมูลทั่วไป จำนวน 10 ข้อ คำถาม (2) มาตรวัดความหมายในชีวิต จำนวน 10 ข้อคำถาม และ (3) มาตรวัดคุณภาพชีวิต จำนวน 26 ข้อคำถาม
5. การเก็บรวบรวมแบบสอบถาม ท่านสามารถส่งแบบสอบถามที่ทำเสร็จเรียบร้อยแล้วให้กับเจ้าหน้าที่ประสานงานในหน่วยงานที่สังกัดโดยท่านไม่ต้องไม่ระบุชื่อลงในแบบสอบถาม
6. ผู้วิจัยจะไปรับแบบสอบถามคืนด้วยตนเองตามวันและเวลาที่นัดหมายกับเจ้าหน้าที่ประสานงาน
7. ระยะเวลาเก็บรวบรวมข้อมูลคือ เดือนมีนาคม 2557
5. งานวิจัยนี้ใช้เวลาประมาณ 5 - 10 นาทีในการตอบแบบสอบถาม ถ้าหากท่านเกิดความไม่สบายใจหรือไม่สะดวกในขณะที่ตอบแบบสอบถามท่านมีสิทธิ์ที่จะไม่ตอบคำถามใดๆที่ไม่ต้องการตอบได้
6. ประโยชน์ในการเข้าร่วมวิจัยของท่าน คือ ท่านสามารถทราบถึงคุณภาพชีวิตและความหมายในชีวิตในภาพรวมของสถานที่ทำงานของท่าน และเป็นประโยชน์ในการศึกษาวิจัยเกี่ยวกับความหมายในชีวิตและคุณภาพชีวิต ซึ่งสามารถนำไปใช้พัฒนากระบวนการพัฒนาชุมชนต่อไป
7. การเข้าร่วมในการวิจัยของท่านเป็นโดยสมัครใจ และสามารถปฏิเสธที่จะเข้าร่วมหรือถอนตัวจากการวิจัยได้ทุกขณะ โดยไม่ต้องให้เหตุผลและจะไม่มีผลกระทบใดๆต่อท่านทั้งสิ้น
8. ผู้วิจัยได้แนบคำชี้แจงไว้กับแบบสอบถาม เพื่อเป็นการให้ข้อมูล หากท่านมีข้อสงสัยให้สอบถามเพิ่มเติมได้โดยสามารถติดต่อผู้วิจัยได้ตามสถานที่ และเบอร์โทรศัพท์ที่ระบุไว้ข้างต้น
9. ข้อมูลที่เกี่ยวข้องกับท่านจะถูกเก็บไว้เป็นความลับ หากมีการเสนอผลการวิจัยจะเสนอเป็นภาพรวม และไม่มีข้อมูลใดที่สามารถระบุถึงตัวท่านได้ในรายงาน
10. หากท่านไม่ได้รับการปฏิบัติตามข้อมูลดังกล่าวสามารถร้องเรียนได้ที่ คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย ชั้น 4 อาคารสถาบัน 2 ซอยจุฬาลงกรณ์ 62 ถนนพญาไท เขตปทุมวัน กรุงเทพฯ 10330 โทรศัพท์ 0-2218-8147 หรือ 0-2218-8141 โทรสาร 0-2218-8147 E-mail: eccu@chula.ac.th



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ส่วนที่ 1 ข้อมูลทั่วไป

คำชี้แจง โปรดเขียนเครื่องหมาย ✓ ลงในช่อง หรือ กรอกข้อความลงในช่องว่างให้ตรงกับความเป็นจริงเกี่ยวกับตัวท่าน

1. เพศ 1) ชาย 2) หญิง

2. อายุปีเต็ม

3. ระยะเวลาที่ทำงานปีเต็ม

4. ระดับการศึกษา

- 1) มัธยมศึกษาตอนปลาย/ประกาศนียบัตรวิชาชีพ 4)ปริญญาโทหรือเทียบเท่า
 2) ประกาศนียบัตรวิชาชีพชั้นสูง/อนุปริญญา 5) ปริญญาเอกหรือเทียบเท่า
 3) ปริญญาตรีหรือเทียบเท่า

5. สถานภาพ 1) ข้าราชการ 2) พนักงานมหาวิทยาลัย 3) อื่นๆ โปรดระบุ.....

6. ประเภท 1) วิชาการ 2) ปฏิบัติการ 3) อื่นๆ โปรดระบุ.....

7. ส่วนงานที่สังกัด

- 1) สำนักงานมหาวิทยาลัย
- สำนักบริหารการเงิน การบัญชี และการพัสดุ สำนักบริหารระบบกายภาพ
 สำนักบริหารวิรัชกิจและเครือข่ายนานาชาติ สำนักบริหารวิจัย
 สำนักบริหารทรัพยากรมนุษย์ สำนักบริหารวิชาการ
 สำนักบริหารเทคโนโลยีสารสนเทศ สำนักบริหารกิจการนิสิต
 สำนักบริหารยุทธศาสตร์และการงบประมาณ สำนักบริหารศิลปวัฒนธรรม
 อื่นๆ โปรดระบุ.....



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- 2) กลุ่มสาขาวิชาวิทยาศาสตร์สุขภาพ
- | | |
|--|---|
| <input type="checkbox"/> คณะจิตวิทยา | <input type="checkbox"/> คณะวิทยาศาสตร์การกีฬา |
| <input type="checkbox"/> คณะทันตแพทยศาสตร์ | <input type="checkbox"/> คณะสหเวชศาสตร์ |
| <input type="checkbox"/> คณะพยาบาลศาสตร์ | <input type="checkbox"/> คณะสัตวแพทยศาสตร์ |
| <input type="checkbox"/> คณะแพทยศาสตร์ | <input type="checkbox"/> วิทยาลัยวิทยาศาสตร์สาธารณสุข |
| <input type="checkbox"/> คณะเภสัชศาสตร์ | |
- 3) กลุ่มสาขาวิชาวิทยาศาสตร์และเทคโนโลยี
- | | |
|---|--|
| <input type="checkbox"/> คณะวิศวกรรมศาสตร์ | <input type="checkbox"/> สถาบันวิจัยทรัพยากรทางน้ำ |
| <input type="checkbox"/> คณะสถาปัตยกรรมศาสตร์ | <input type="checkbox"/> คณะวิทยาศาสตร์ |
| <input type="checkbox"/> วิทยาลัยปิโตรเลียมและปิโตรเคมี | <input type="checkbox"/> สถาบันวิจัยโลหะและวัสดุ |
| <input type="checkbox"/> สถาบันการขนส่ง | <input type="checkbox"/> สถาบันวิจัยสภาวะแวดล้อม |
| <input type="checkbox"/> สถาบันวิจัยพลังงาน | <input type="checkbox"/> สถาบันเทคโนโลยีชีวภาพและวิศวกรรมพันธุศาสตร์ |
- 4) กลุ่มสาขาวิชามนุษยศาสตร์
- | | |
|--|-------------------------------------|
| <input type="checkbox"/> คณะศิลปกรรมศาสตร์ | <input type="checkbox"/> สถาบันภาษา |
| <input type="checkbox"/> คณะอักษรศาสตร์ | |
- 5) กลุ่มสาขาวิชาสังคมศาสตร์
- | | |
|---|--|
| <input type="checkbox"/> คณะครุศาสตร์ | <input type="checkbox"/> คณะเศรษฐศาสตร์ |
| <input type="checkbox"/> คณะนิติศาสตร์ | <input type="checkbox"/> วิทยาลัยประชากรศาสตร์ |
| <input type="checkbox"/> คณะนิเทศศาสตร์ | <input type="checkbox"/> สถาบันวิจัยสังคม |
| <input type="checkbox"/> คณะพาณิชยศาสตร์และการบัญชี | <input type="checkbox"/> สถาบันเอเชียศึกษา |
| <input type="checkbox"/> คณะรัฐศาสตร์ | |
- 6) ส่วนงานที่เรียกชื่ออย่างอื่น
- | | |
|---|---|
| <input type="checkbox"/> บัณฑิตวิทยาลัย | <input type="checkbox"/> สำนักงานการทะเบียน |
| <input type="checkbox"/> สถาบันภาษา | <input type="checkbox"/> สำนักงานวิทยทรัพยากร |
- 7) อื่นๆ โปรดระบุ



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8. เงินเดือนและเงินประจำตำแหน่ง (ถ้ามี)

- 1) น้อยกว่า 15,000 บาท 4) 40,001 – 60,000 บาท
 2) 15,000 – 25,000 บาท 5) 60,001 – 100,000 บาท
 3) 25,001 – 40,000 บาท 6) มากกว่า 100,000 บาท

9. สถานภาพสมรส

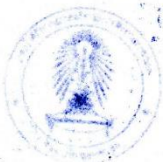
- 1) โสด 2) สมรส 3) หม้าย/หย่า/แยกกันอยู่

10. จำนวนบุตร

- 1) ไม่มีบุตร 3) 2 คน
 2) 1 คน 4) อื่นๆ โปรดระบุ.....คน



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ส่วนที่ 2 มาตราวัดความหมายในชีวิต จำนวน 10 ข้อคำถาม

คำชี้แจง โปรดทำเครื่องหมาย ✓ ในช่องว่าง ที่ตรงกับความรู้สึกของท่านเกี่ยวกับความเข้าใจถึง

ความหมายในชีวิตและการค้นหาความหมายในชีวิต ตามความเป็นจริง

ไม่จริง หมายถึง ท่านไม่เคยรู้สึกเช่นนั้นเลย

ค่อนข้างไม่จริง หมายถึง ความรู้สึกที่เกิดขึ้นนั้นค่อนข้างไม่จริง

ไม่แน่ใจ หมายถึง ท่านไม่แน่ใจกับความรู้สึกที่เกิดขึ้น

ค่อนข้างจริง หมายถึง ความรู้สึกที่เกิดขึ้นนั้นค่อนข้างจริง

จริง หมายถึง ท่านเกิดความรู้สึกเช่นนั้นจริง

ข้อความ	ความรู้สึกที่เกิดขึ้น				
	ไม่จริง	ค่อนข้าง ไม่จริง	ไม่แน่ใจ	ค่อนข้าง จริง	จริง
1. ฉันเข้าใจความหมายในชีวิตของฉัน	1	2	3	4	5
2. ฉันกำลังมองหาบางสิ่งบางอย่างที่ทำให้ชีวิต ของฉันมีความหมาย	1	2	3	4	5
3. ฉันมองหาเป้าหมายและจุดมุ่งหมายในชีวิต อยู่เสมอๆ	1	2	3	4	5
4. ชีวิตฉันมีจุดมุ่งหมายที่ชัดเจน	1	2	3	4	5
5. ฉันรู้ว่าสิ่งใดทำให้ชีวิตฉันมีความหมาย	1	2	3	4	5
6. ฉันค้นพบจุดมุ่งหมายในชีวิตที่น่าพึงพอใจ	1	2	3	4	5
7. ฉันกำลังค้นหาบางสิ่งที่ทำให้ชีวิตฉันมี ความหมายอยู่เสมอๆ	1	2	3	4	5
8. ฉันกำลังค้นหาจุดมุ่งหมายหรือภารกิจในชีวิต ของฉัน	1	2	3	4	5
9. ชีวิตฉันไม่มีจุดมุ่งหมายที่ชัดเจน	1	2	3	4	5
10. ฉันค้นหาความหมายในชีวิตของฉัน	1	2	3	4	5



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ส่วนที่ 3 มาตราวัดคุณภาพชีวิต จำนวน 26 ข้อคำถาม

คำชี้แจง ข้อคำถามต่อไปนี้จะถามถึงประสบการณ์อย่างใดอย่างหนึ่งของท่าน ในช่วง 2 สัปดาห์ที่ผ่านมาให้
ท่านสำรวจตัวท่านเอง และประเมินเหตุการณ์หรือความรู้สึกของท่าน แล้วทำเครื่องหมาย ✓ ในช่องคำตอบ
ที่เหมาะสมและเป็นจริงกับตัวท่านมากที่สุด

ไม่เลย หมายถึง ท่านไม่มีความรู้สึกเช่นนั้นเลย รู้สึกไม่พอใจมาก หรือรู้สึกแย่มาก

เล็กน้อย หมายถึง ท่านมีความรู้สึกเช่นนั้นนานๆครั้ง รู้สึกเช่นนั้นเล็กน้อย รู้สึกไม่พอใจ หรือรู้สึกแย

ปานกลาง หมายถึง ท่านมีความรู้สึกเช่นนั้นปานกลาง รู้สึกพอใจระดับกลางๆ หรือรู้สึกแยระดับกลางๆ

มาก หมายถึง ท่านมีความรู้สึกเช่นนั้นบ่อยๆ รู้สึกพอใจหรือรู้สึกดี

มากที่สุด หมายถึง ท่านมีความรู้สึกเช่นนั้นเสมอ รู้สึกเช่นนั้นมากที่สุด หรือรู้สึกว่าสมบูรณ์ รู้สึกพอใจมาก
รู้สึกดีมาก

ในช่วง 2 สัปดาห์ที่ผ่านมา	ไม่เลย	เล็กน้อย	ปานกลาง	มาก	มากที่สุด
1. ท่านพอใจกับสุขภาพของท่านในตอนนี้เพียงใด	1	2	3	4	5
2. การเจ็บปวดตามร่างกาย เช่น ปวดหัว ปวดท้อง ปวดตามตัว ทำให้ท่านไม่สามารถทำในสิ่งที่ ต้องการมากนักน้อยเพียงใด	1	2	3	4	5
3. ท่านมีกำลังเพียงพอที่จะทำสิ่งต่างๆ ในแต่ละ วันไหม (ทั้งเรื่องงาน หรือการดำเนิน ชีวิตประจำวัน)	1	2	3	4	5
4. ท่านพอใจกับการนอนหลับของท่านมากนักน้อย เพียงใด	1	2	3	4	5
5. ท่านรู้สึกพึงพอใจในชีวิต (เช่น มีความสุข ความ สงบ มีความหวัง) มากน้อยเพียงใด	1	2	3	4	5
6. ท่านมีสมาธิในการทำงานต่างๆ ดีเพียงใด	1	2	3	4	5
7. ท่านรู้สึกพอใจในตนเองมากนักน้อยแค่ไหน	1	2	3	4	5
8. ท่านยอมรับรูปร่างหน้าตาของตัวเองได้ไหม	1	2	3	4	5
9. ท่านมีความรู้สึกไม่ดี เช่น รู้สึกเหงา เศร้า หดหู่ สิ้นหวัง วิตกกังวล บ่อยแค่ไหน	1	2	3	4	5



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ในช่วง 2 สัปดาห์ที่ผ่านมา	ไม่เลย	เล็กน้อย	ปานกลาง	มาก	มากที่สุด
10. ท่านรู้สึกพอใจมากน้อยแค่ไหนที่สามารถทำอะไรๆผ่านไปได้ในแต่ละวัน	1	2	3	4	5
11. ท่านจำเป็นต้องไปรับการรักษาพยาบาลมากน้อยเพียงใดเพื่อที่จะทำงานหรือมีชีวิตอยู่ไปในแต่ละวัน	1	2	3	4	5
12. ท่านพอใจกับความสามารถในการทำงานได้อย่างที่เคยทำมาอย่างน้อยเพียงใด	1	2	3	4	5
13. ท่านพอใจต่อการผูกมิตรหรือเข้ากับคนอื่นอย่างที่ผ่านมาแค่ไหน	1	2	3	4	5
14. ท่านพอใจกับการช่วยเหลือที่เคยได้รับจากเพื่อนๆ แค่นั้น	1	2	3	4	5
15. ท่านรู้สึกว่าชีวิตมีความมั่นคงปลอดภัยดีไหมในแต่ละวัน	1	2	3	4	5
16. ท่านพอใจกับสภาพบ้านเรือนที่อยู่ตอนนี้มากน้อยเพียงใด	1	2	3	4	5
17. ท่านมีเงินพอใช้จ่ายตามความจำเป็นมากน้อยเพียงใด	1	2	3	4	5
18. ทำพอใจที่จะสามารถไปใช้บริการสาธารณสุขได้ตามความจำเป็นเพียงใด	1	2	3	4	5
19. ท่านได้รู้เรื่องราวข่าวสารที่จำเป็นในชีวิตแต่ละวันมากน้อยเพียงใด	1	2	3	4	5
20. ท่านมีโอกาสได้พักผ่อนคลายเครียดมากน้อยเพียงใด	1	2	3	4	5
21. สภาพแวดล้อมดีต่อสุขภาพของท่านมากน้อยเพียงใด	1	2	3	4	5
22. ท่านพอใจกับการเดินทางไปไหนมาไหนของท่าน (หมายถึงการคมนาคม) มากน้อยเพียงใด	1	2	3	4	5
23. ท่านรู้สึกว่าชีวิตท่านมีความหมายมากน้อยแค่ไหน	1	2	3	4	5



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ในช่วง 2 สัปดาห์ที่ผ่านมา	ไม่เคย	เล็กน้อย	ปานกลาง	มาก	มากที่สุด
24. ท่านสามารถไปไหนมาไหนด้วยตนเองได้ดีเพียงใด	1	2	3	4	5
25. ท่านพอใจในชีวิตทางเพศของท่านแค่ไหน? (ชีวิตทางเพศ หมายถึง เมื่อเกิดความรู้สึกทางเพศขึ้นแล้วท่านมีวิธีจัดการทำให้ผ่อนคลายลงได้ รวมถึง การช่วยตัวเองหรือการมีเพศสัมพันธ์)	1	2	3	4	5
26. ท่านคิดว่าท่านมีคุณภาพชีวิต (ชีวิตความเป็นอยู่) อยู่ในระดับใด	1	2	3	4	5

ขอขอบพระคุณเป็นอย่างยิ่งสำหรับความร่วมมือ



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APPENDIX D

Some characteristics of the sample compared to the population

Characteristics	Population (%)	Sample (%)
1. Sex		
Male	39.8	34.1
Female	60.2	65.9
2. Age		
50-55	57.6	53.7
56-60	42.4	46.3
3. Status		
Civil servant	22.1	20.9
University employee	77.9	79.1
4. Type of staff		
Academic staff	44.4	35.5
Supporting staff	55.6	64.5

APPENDIX E

Number and Percentage of Respondents by Questions

Number and percentage of respondents by each answer measured by MLQ (N = 296)

Meaning in life	Untrue (%)	Somewhat Untrue (%)	Can't Say (%)	Somewhat true (%)	True (%)
Presence					
1. I understand my life's meaning.	5 (1.7)	6 (2)	34 (11.5)	139 (47)	112 (37.8)
4. My life has a clear sense of purpose	3 (1)	6 (2)	52 (17.6)	126 (42.6)	109 (36.8)
5. I have a good sense of what makes my life meaningful.	3 (1)	4 (1.4)	39 (13.2)	131 (44.3)	119 (40.2)
6. I have discovered a satisfying life purpose	9 (3)	3 (1)	64 (21.6)	124 (41.9)	96 (32.4)
9. My life has no clear purpose	158 (53.4)	62 (20.9)	38 (12.8)	28 (9.5)	10 (3.4)
Search					
2. I am looking for something that makes my life feel meaningful.	56 (18.9)	39 (13.2)	38 (12.8)	100 (33.8)	63 (21.3)
3. I am always looking to find my life's purpose.	24 (8.1)	23 (7.8)	43 (14.5)	111 (37.5)	95 (32.1)
7. I am always searching for something that makes my life feel significant.	49 (16.6)	37 (12.5)	56 (18.9)	105 (35.5)	49 (16.6)
8. I am seeking a purpose or mission for my life.	65 (22)	40 (13.5)	55 (18.6)	96 (32.4)	40 (13.5)
10. I am searching for meaning in my life.	65 (22)	45 (15.2)	64 (21.6)	74 (25)	48 (16.2)

Number and percentage of respondents by level of quality of life measured by WHOQOL-BREF (N = 296)

	Quality of life	Not at all (%)	A little (%)	Modera tely (%)	Mostly (%)	Compl etely (%)
1	How satisfied are you with your health?	8 (2.7)	19 (6.4)	148 (50)	99 (33.4)	22 (7.4)
2	To what extent do you feel that physical pain prevents you from doing what you need to do?	43 (14.5)	114 (38.5)	107 (36.1)	29 (9.8)	3 (1)
3	How satisfied are you with your ability to perform your daily living activities?	2 (0.7)	5 (1.7)	78 (26.4)	161 (54.4)	50 (16.9)
4	How satisfied are you with your sleep?	7 (2.4)	19 (6.4)	106 (35.8)	116 (39.2)	48 (16.2)
5	How much do you enjoy life?	5 (1.7)	9 (3)	75 (25.3)	156 (52.7)	51 (17.2)
6	How well are you able to concentrate?	0 (0)	4 (1.4)	99 (33.4)	151 (51)	42 (14.2)
7	How satisfied are you with yourself?	0 (0)	4 (1.4)	74 (25)	161 (54.4)	57 (19.3)
8	Are you able to accept your bodily appearance?	1 (0.3)	5 (1.7)	74 (25)	146 (49.3)	70 (23.6)
9	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	75 (25.3)	145 (49)	55 (18.6)	18 (6.1)	3 (1)
10	Do you have enough energy for everyday life?	3 (1)	4 (1.4)	92 (31.1)	159 (53.7)	38 (12.8)

11	How much do you need any medical treatment to function in your daily life?	52 (17.6)	137 (46.3)	81 (27.4)	20 (6.8)	6 (2)
12	How satisfied are you with your capacity for work?	2 (0.7)	2 (0.7)	100 (33.8)	157 (53)	35 (11.8)
13	How satisfied are you with your personal relationships?	1 (0.3)	2 (0.7)	92 (31.1)	159 (53.7)	42 (14.2)
14	How satisfied are you with the support you get from your friends?	4 (1.4)	10 (3.4)	104 (35.1)	134 (45.3)	44 (14.9)
15	How safe do you feel in your daily life?	8 (2.7)	5 (1.7)	102 (34.5)	143 (48.3)	38 (12.8)
16	How satisfied are you with the conditions of your living place?	6 (2)	17 (5.7)	69 (23.3)	145 (49)	59 (19.9)
17	Have you enough money to meet your needs?	2 (0.7)	15 (5.1)	105 (35.5)	124 (41.9)	50 (16.9)
18	How satisfied are you with your access to health services?	14 (4.7)	30 (10.1)	131 (44.3)	102 (34.5)	19 (6.4)
19	How available to you is the information that you need in your day-to-day life?	2 (0.7)	12 (4.1)	145 (49)	114 (38.5)	23 (7.8)
20	To what extent do you have the opportunity for leisure activities?	5 (1.7)	45 (15.2)	145 (49)	80 (27)	21 (7.1)
21	How healthy is your physical environment?	0 (0)	16 (5.4)	127 (42.9)	123 (41.6)	30 (10.1)
22	How satisfied are you with your transport?	6 (2)	29 (9.8)	139 (47)	95 (32.1)	27 (9.1)
23	To what extent do you feel your life to be meaningful?	1 (0.3)	4 (1.4)	72 (24.3)	150 (50.7)	69 (23.3)

24	How well are you able to get around?	0 (0)	4 (1.4)	47 (15.9)	146 (49.3)	99 (33.4)
25	How satisfied are you with your sex life?	32 (10.8)	20 (6.8)	127 (42.9)	80 (27)	37 (12.5)
26	How would you rate your quality of life?	0 (0)	2 (0.7)	104 (35.1)	136 (45.9)	54 (18.2)



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