

MEANING, SATISFACTION, AND QUALITY OF LIFE IN OLDER ADULTHOOD: A COMPARATIVE STUDY BETWEEN ELDERS IN RESIDENTIAL CENTERS AND THOSE LIVING INDEPENDENTLY

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Abstract

Objectives. This study is relevant to understanding the quality of life (QOL) among elderly individuals in Romania. With an increasing aging population, it is crucial to examine the factors contributing to older adults' well-being and life satisfaction. By investigating the connections between the meaning of life, QOL, and life satisfaction, this study sheds light on the subjective experiences and perceptions of elderly individuals residing in private homes and institutions.

Material and Methods. The sample included 200 individuals aged sixty or older from Bucharest, evenly distributed between the two groups.

Regression analysis, using perceived social support as a mediator and life satisfaction as the dependent variable, utilized the "presence of meaning" subscale from Steger's Meaning in Life Questionnaire. IBM S.P.S.S. software facilitated data analysis, employing Kruskal-Wallis and Pearson correlation tests alongside descriptive statistics. Education, health, children count, and residence's impact on meaning in life were explored.

Results. A significant positive influence of "presence of meaning" and "perceived social support" on life satisfaction was found, explaining 44.8% of its variance. Sobel's mediator test confirmed the significant role of perceived social support in mediating the link between the presence of meaning and life satisfaction.

Meaning varied significantly across education levels, with higher education correlating with greater meaning. Institutionalized and childless individuals reported lower meaning compared to those at home and with children.

Furthermore, positive correlations emerged between meaning and self-rated health and the EQ Index reflecting health preferences. Stronger personal meaning related to better self-rated health and higher EQ Index scores.

Conclusions. This study underscores personal meaning's predictive value, the mediating role of perceived social support in life satisfaction, and the influence of education, living situation, children count, and perceived quality of life on meaning perception among older adults. These findings enhance comprehension of factors impacting satisfaction and meaning perception in this demographic group.

Keywords: meaning in life, quality of life, life satisfaction, perceived social support, elderly.

Introduction

The importance of the meaning of life for the development of human consciousness is a topic that has been explored by many researchers and theorists. Viktor Frankl's theory of the will to meaning (Frankl, 1963), Erik Erikson's self-identity stages, the Presence and Search Model, the Meaning-Making Model, the Meaning-Seeking Model, and Richard Barret's model all highlight the importance of meaning in life for human well-being and personal growth. Understanding the concept of meaning in life and its relationship to well-being can have important implications for individuals, as well as for organizations and society (Steger, Frazier, Oishi, & Kaler, 2006).

By promoting a sense of purpose and meaning in life, individuals may be better equipped to navigate life's challenges and achieve greater levels of fulfilment and satisfaction (Ryff & Singer, 2008). Research has shown that a meaningful life is more satisfying than a life focused on pleasure (Steger, Kashdan, & Oishi, 2008). Therefore, to achieve true well-being, it's essential to focus on the meaning of life and strive for self-actualization (Frankl, 1963), purpose, and engagement (Seligman, 2011).

Erik Erikson's theory of self-identity stages also highlights the importance of the meaning of life in human development. According to Erikson, individuals go through a series of stages in which they must resolve a crisis related to their sense of identity. The final stage, which occurs in adulthood, involves the search for meaning and purpose in life (Erikson, 1968).

The Meaning-Making Model developed by Crystal Park (Park, 2013) proposes that individuals can find meaning in life through a process of making sense of difficult or challenging experiences. This process involves cognitive and emotional processing, as well as the integration of new insights and perspectives.

T. P. Wong's Meaning-Seeking Model (P. Wong, 2014) emphasizes the importance of a proactive approach to finding meaning in life. According to this model, individuals can actively seek out opportunities for personal growth and engage in activities that align with their values and goals.

Richard Barret's model, *The Development of Human Consciousness* (Wiedemann, 2020), proposes that individuals go through a series of stages in which they develop a greater awareness of themselves and their place in the world. The final stage, which involves a sense of unity and interconnectedness with all of humanity, is characterized by a deep sense of meaning and purpose.

Research Model: Steger's Presence and Search Model assumes that meaning in life is important to human beings, and when people feel their lives are meaningless, they will search for it (Steger, 2012). This model is in line with Frankl's theory (Frankl, 1963), which refers to the search for meaning as a primary human motivation. The model consists of two components: the presence of meaning and the search for meaning. The presence of meaning refers to the extent to which individuals feel that their lives are meaningful, purposeful, and significant. Search for meaning refers to the active pursuit of meaning in life, which can involve exploring new experiences, engaging in self-reflection, and seeking out opportunities for personal growth. The model proposes that individuals who have a high presence of meaning and engage in a search for meaning are more likely to experience positive outcomes, such as greater well-being, higher levels of life satisfaction, and lower levels of depression and anxiety.

Research has shown that a sense of purpose and meaning in life is associated with better physical and mental health outcomes (Steger et al., 2008). This sense of purpose can be derived from engaging in meaningful activities, maintaining social connections, and having a sense of belonging to a community or family (Rada, 2021).

In addition to meaning in life, social support is crucial for the well-being of elderly individuals. Research conducted by Cohen and Wills in 1985 found that higher levels of social support are associated with lower levels of psychological distress, which in turn positively affects overall well-being.

Furthermore, the concept of "successful aging" emphasizes the importance of maintaining a positive outlook and adapting to the challenges of aging. This includes maintaining physical health through regular exercise and healthy lifestyle choices, as well as maintaining cognitive health through mental stimulation and engagement (Rada, 2020b).

Overall, the well-being of elderly individuals is influenced by various factors, including social support, family dynamics, a sense of purpose and meaning in life, and physical and mental health. By understanding and addressing these factors, individuals, families, and society can work together to promote the well-being and quality of life of older adults. This can involve providing social support networks, promoting meaningful activities and engagement, and creating an inclusive and supportive environment for older individuals to thrive.

Research questions

Does the relationship between the meaning of life and satisfaction with life in later life moderate the perception of social support?

Are there differences in the perception of the meaning of life among elderly people depending on their level of education, where they live, and how many children they have?

Do perceptions of the meaning of life vary among elderly people according to their perceived quality of life?

Material and methods

Participants and procedure

The present research included 200 people aged between 60 and 95 years ($M_{age} = 70$, $SD = 7.95$), 66 males ($M_{age} = 69.5$, $SD = 8.03$), and 134 females ($M_{age} = 70$, $SD = 7.90$) from Bucharest. The sample was divided into two equal groups of 100 participants. The first group consisted of people institutionalized in Residential Centers belonging to the Municipality of Bucharest to the General Directorate of Social Assistance. The second group included people who lived alone or with their families and had their own homes.

For this study, participants completed four questionnaires to assess their scores on the presence of meaning in life, seeking meaning in life, perceived social support, quality of life, and life satisfaction. A specific questionnaire was used to collect socio-demographic data.

Data collection was centralized and statistically analyzed with IBM SPSS software.

Measures

Meaning in Life Questionnaire (MLQ) was developed in 2006 by Michael Steger and collaborators (Steger, Frazier, Oishi, & Kaler, 2006). It consists of 10 items and is designed to measure two dimensions of meaning in life on a seven-point Likert scale. The Presence of Meaning subscale measures the respondent's assessment of the presence of meaning in his or her personal life. The Search for Meaning subscale measures the extent to which subjects are engaged and motivated

in their efforts to find meaning in their lives or to deepen their understanding of the meaning of their lives. The MLQ is valid and reliable in assessing meaning in life and can be used to investigate meaning in other patients from different socio-demographic populations (Naghiyae, Bahmani, & Asgari, 2020).

The Multidimensional Scale of Perceived Social Support (MSPSS) was developed by Gregory Zimet (Zimet, Dahlem, Zimet, & Farley, 1988) and published for the first time in the *Journal of Personality Assessment*. The scale consists of 12 items that measure the perception of social support about one's family, friends, or significant others on a 7-point Likert scale. Scores on this scale can range from a low of 7 to a high of 84. Strong social support is indicated by scores between 69 and 84. Scores between 49 and 68 indicate moderate social support. Scores between 12 and 48 indicate low social support (Grey et al., 2020). The MSPSS has been shown to have good internal reliability, good validity, and a fairly stable factor structure across many studies. The scales have been translated into many different languages.

The European Quality of Life (Eq-5D-5L) is a generic self-administered scale for use in evaluation studies and health status research (Euroqol, 2023). The scale is divided into two dimensions: descriptive, where it includes 5 domains specific to the person's health (mobility, self-care, usual activities, pain or discomfort, and anxiety or depression), and visual analogue, where the participating person self-reports his or her health status on a scale from 0 to 100. The performance of the EQ-5D-5L is as good as other quality-of-life instruments and is easy to use.

The Satisfaction With Life Scale (SWLS) was developed by Diener and collaborators in 1985 (Diener, Emmons, Larsen, & Griffin, 1985). On a seven-point Likert scale, it is a five-item measure of global cognitive judgments of life satisfaction. It shows good convergent validity with other scales and subjective well-being measures. SWLS is recommended as a supplement to scales that focus on psychopathology or emotional well-being. Scores range from 5 to 35 points. Higher scores indicate greater life satisfaction (Pavot, Diener, Colvin, & Sandvik, 1991).

Statistical analysis

Testing the regression assumptions can be done by examining the residuals plot, which tests the three crucial assumptions: linearity, normality, and homoscedasticity. If residual scatterplots show that regression assumptions are met, no further examination of variables and cases is (Tabachnick & Fidell, 2013, p. 127).

In the simple linear regression analysis, several assumptions were assessed to ensure the validity of the model. The following three points reflect a summary of the findings:

1. Homoscedasticity: The assumption that the variance of the residuals is constant was evaluated by examining scatterplots generated in the regressions. These plots did not show any violation of this assumption for all four regressions conducted in the study.

2. Normality of residuals: The assumption that residual values are normally distributed was assessed using P-P plots generated in the regressions. These plots did not indicate any violation of this assumption for the four regressions in the study.

3. Influential cases: Cook's distance was calculated to identify any influential cases that could bias the model. All calculated values were less than 1, indicating that no cases significantly influenced the model.

Overall, the results suggest that the assumptions of homoscedasticity, normality of residuals, and absence of influential cases were met in the simple linear regression analyses conducted for this study.

The bivariate Pearson correlation for the three variables' presence of meaning, life satisfaction, and perceived social support was performed to ensure that the variables were correlated. The bivariate Pearson correlation is $r = .64$, $n = 200$, $p < .001$ for the presence of meaning about life satisfaction, $r = .54$, $n = 200$, $p < .001$ for the presence of meaning about perceived social support, and $r = .51$, $n = 200$, $p < .001$ for perceived social support about life satisfaction. According to Cohen (Cohen, 1988, pp. 79–80), the relationship between two variables is strong when $r = \pm .5$, moderate when $r = \pm .3$, and weak when $r = \pm .1$. According to Hair (Hair, Page, & Brunsveld, 2019, p. 384), r has a moderate positive relationship between variables when r is between .41 and .70. In the observed case, correlation coefficients (r) ranging from 0.51 to 0.64 indicate either strong or moderate correlations.

General objectives

This study's specific objectives are to evaluate individuals' quality of life using the Quality of Life Questionnaire (QOL), which assesses mobility, self-care, activities of daily living, pain/discomfort, and anxiety/depression. Additionally, this study aims to investigate the association between perceived QOL (QOL questionnaire score) and various factors such as gender, age, income, education level, and marital status. Furthermore, this study aims to compare the perceived QOL of individuals living in residential care to those living at home.

The primary utility of this study is to examine the perceived Quality of Life of elderly individuals residing in Romania. Additionally, this study aims to identify the relationships between the meaning of life, quality of life, and satisfaction with life among individuals of similar ages living in private homes and institutions. Finally, this study aims to emphasize the importance of social support in the perception of quality of life and life satisfaction.

Results

Descriptive analysis

Table 1

Socio-Demographic and Family Characteristics of the Participants

Gender	<u>N</u>	%
Female	134	67
Male	66	33
Age groups (years)		
60-69	90	45
70-79	75	37.5
80+	35	17.5
Education		
primary school	52	26
high school	82	41
bachelor's degree	47	23.5
master's degree/PhD	19	9.5

Marital status		
Married	57	28.5
Couple	1	0.5
Divorced	42	21
Single	19	9.5
Widowed	81	40.5
Family composition		
Having children	47	23.5
No children	153	76.5

Note. N = 200

As shown in Table 2, most of the respondents reported either moderate problems (31%) or no problems at all (27.5%) in terms of mobility. According to the results for the self-care dimension, 63.5% of the participants reported no problems, whereas 12% of the 200 participants reported mild problems. In terms of regular activities, most of the participants (40.5%) reported no problems while 21% of the 200 participants reported mild problems. The pain/discomfort dimension of health showed that moderate problems (42%) and slight problems (29.5%) were reported. The results indicated moderate problems (30%) and slight problems (25.5%) for the anxiety-depression dimension

Table 2
EQ-5D-5L frequencies and proportions reported by dimension and level

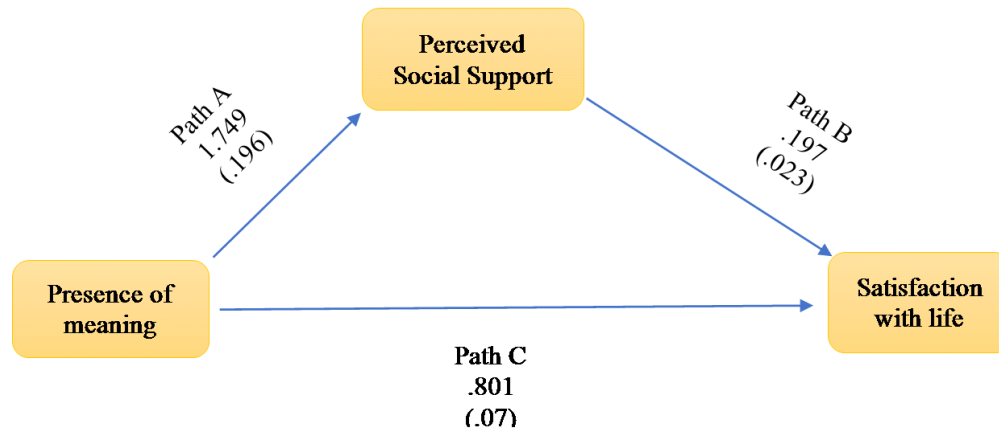
Level of problems	Mobility n (%)	Self-Care n (%)	Usual activities n (%)	Pain/ discomfort n (%)	Anxiety/ Depression n (%)
No problems	55 (27.5)	127 (63.5)	81 (40.5)	32 (16.0)	48 (24.0)
Slight problems	35 (17.5)	24 (12.0)	42 (21.0)	59 (29.5)	51 (25.5)
Moderate problems	62 (31.0)	23 (11.5)	40 (20.0)	84 (42.0)	60 (30.0)
Severe problems	43 (21.5)	18 (9.0)	28 (14.0)	20 (10.0)	29 (14.5)
Extreme problems	5 (2.5)	8 (4.0)	9 (4.5)	5 (2.5)	12 (6.0)

Note. N = 200

Inferential and regression analysis

The mediator model (Figure 1) was used to examine the hypothesis that perceptions of social support serve as a mediator in the correlation between the presence of meaning in life and life satisfaction.

Figure 1
The Mediator Model



The model is created by the author.

The hypothesized model suggests that the presence of meaning positively impacts life satisfaction, which is mediated by perceived social support.

In the mediator model, paths A, B, and C are tested by simple linear regression. Finally, multiple regression is applied with two independent variables and one dependent.

Results of the Mediation Analysis:

Table 3 (path C) reveals that the presence of meaning in life explained 40.7% of the variances, $R^2 = .41$, $F(1, 198) = 135.76$, $p < .001$. The presence of meaning in life significantly predicted satisfaction with life, $\beta = .801$ (95% CI: .67, .94), $t = 11.65$, $p < .001$.

Testing path A reveals that the presence of meaning in life explained 28.6% of the variances, $R^2 = .29$, $F(1, 198) = 79.23$, $p < .001$. The presence of meaning in life significantly predicted perceived social support, $\beta = 1.749$ (95% CI: 1.36, 2.14), $t = 8.90$, $p < .001$.

Testing path B: Linear regression, using the enter method, was carried out to test whether or not satisfaction with life could be predicted by perceived social support. The model was significant, $F(1, 198) = 70.26$, $p < .001$. It explained 26.2% ($R^2 = .26$) of the variance in the outcome variable, $\beta = .197$ (95%CI: .150, .243), $t = 8.38$, $p < .001$.

Table 3
Regression Analysis for Mediation of Perceived Social Support Between Presence of Meaning and Satisfaction with Life

Variable	B	SE B	t	β	95% CI	
					LL	UL
Step 1						
Constant	.520	1.911	.272		-3.248	4.288
Presence of Meaning	.801	.07	11.65***	.638	.666	.937

Step 2						
Constant						
Presence of meaning	5.713	5.457	1.047		-5.048	16.475
	1.749	.196	8.901***	.535	1.361	2.136
Step 3						
Constant						
Perceived	.197	.023	8.382***		.150	.243
Social Support						
Step 4						
Constant						
Presence of Meaning	.641	.079	8.138***	.510	.486	.796
Perceived	.092	.024	3.817***	.239	.044	.139
Social Support						

Note. B = Unstandardized Coefficients; SE B = Standard Error of B; β = Standardized Coefficients; CI = confidence interval; LL = lower limit; UL = upper limit.

*** $p < .001$

A. Testing the assumptions of multiple regression, a summary of findings:

1. Independence of Sampling/Observation: The assessment of observation independence was carried out using the Durbin-Watson test. The Durbin-Watson statistic is required to be between 1.5 and 2.5. The value obtained from this study was 1.75, which falls within the recommended range. This suggests that the independence assumption is fulfilled.

2. Multicollinearity: The tolerance and VIF (variance inflation factor) values from the coefficients table are used to test multicollinearity. If tolerance is greater than 1 and VIF is less than 10, it indicates that multicollinearity is not a concern. The assumption of multicollinearity is met based on the results.

3. The multivariate normality assumption can be evaluated using the Mahalanobis distance. The multivariate normality assumption can be considered met if the value of the test statistic falls below the critical value. In this case, the value of the test statistic did not exceed the given maximum threshold. As the value of 10.44 is below the critical value of 16.54, it can be concluded that the assumption is met. (Guy Zero, 2023).

4. To evaluate homoscedasticity, the residual plot (where z_{pred} is plotted on the x-axis and z_{resid} is plotted on the y-axis) is examined with a loess line. The homoscedasticity assumption is satisfied if the standardized residual values fall within the range of -3 to 3. Based on the outcomes of the investigation, the assumption holds.

5. Assessing Linearity: Scatter plots were utilized to evaluate the linearity assumption between the independent variables and the dependent variable. If the relationship is linear, it

confirms that the assumption of linearity has been met. The scatter plots demonstrated a linear relationship, evidencing that the assumption has been met.

Overall, based on the tests applied, it appears that the assumptions of independence, multicollinearity, multivariate normality, homoscedasticity, and linearity of the multiple regression model have been met in the study. This allows interpretation of the mediation model results.

The study aims to test if perceived social support mediates the relationship between the presence of meaning in life and satisfaction with life. Initial Pearson r correlation shows that all variables have a strong positive relationship with each other. Multiple regression was used to test the mediation model.

B. Applying multiple regression analysis to examine the relationship between the presence of meaning in life, perceived social support, and satisfaction with life (testing paths B and C).

1. Multiple regression analysis: The presence of meaning in life explained 45% of the variances in satisfaction with life ($R^2 = .45$). The F-test $F(2, 197) = 79.82, p < .001$ indicates that the overall model is statistically significant.

2. Sobel test: The Sobel test was conducted to assess the statistical significance of the indirect effect of the presence of meaning on satisfaction with life through the mediation of perceived social support (*Interactive Mediation Tests*, 2023). The Sobel test yielded a significant result ($Z = 6.17, p < .001$), indicating that the mediator (perceived social support) significantly explains the relationship between the predictor (presence of meaning) and the outcome (satisfaction with life).

3. Calculation of indirect effect: To calculate the indirect effect, the unstandardized coefficients from paths A and B were multiplied ($1.749 * 0.197 = 0.345$).

4. Partial mediation: According to Baron and Kenny (1986, as cited in Newsom, 2023), if the effect of the predictor variable on the outcome variable is statistically significant but smaller in the presence of a mediator, it indicates partial mediation. In this study, the multiple regression analysis showed that the effect of the presence of meaning on satisfaction with life was smaller when perceived social support was included as a mediator, suggesting partial mediation.

5. Comparison of models: The F coefficients and t-statistics coefficients for the model including both the presence of meaning and perceived social support were lower compared to the model with only the presence of meaning. This further supports the idea of partial mediation.

6. In conclusion, the results of the multiple regression analysis support the hypothesis that the presence of meaning in life predicts satisfaction with life, and this relationship is partially mediated by perceived social support. The findings suggest that the perception of social support plays a significant role in explaining the relationship between the presence of meaning and satisfaction with life.

The study aimed to explore the different meanings of life based on factors such as health, education level, number of children, and place of residence. The Kruskal-Wallis test was used to analyze the data.

1. Meaning of life across different education levels:

- There was a statistically significant difference in the presence of meaning of life across the four education groups (primary school, high school, bachelor's degree, and master's degree/Ph.D.) $H(3, N = 200) = 9.14, p = .028$.

- Group 1 (primary school) had the lowest mean rank $M_r = 95.44$ in comparison to Group 2 (high school) $M_r = 92.54$, Group 3 (bachelor's degree) $M_r = 111.52$, while Group 4 (master's degree/Ph.D.) had the highest mean rank $M_r = 129.66$ (table 4).

Table 4

Summary of differences of meaning in life between different education levels on the Kruskal-Wallis test

		Ranks	
	Education level	N	Mean rank
Presence of meaning	primary school	52	92.44
	high school	82	92.54
	bachelor's degree	47	111.52
	master's degree/Ph.D.	19	129.66

Note. p<.0.5

2. Meaning of life based on health, number of children, and place of residence:

There was a statistically significant difference in the presence of meaning between institutionalized individuals (group 1) and those living at home (group 2). Group 1 (institutionalized) had a lower mean rank (Mr = 69.52) compared to group 2 (living at home) with a higher mean rank (Mr = 131.48), $H(1, N = 200) = 57.61, p < .001$ (table 5).

Table 5

Differences in the meaning of life between individuals living in residential care and those living in private homes on the Kruskal-Wallis test

		Ranks	
	Type of residence	N	Mean rank
Presence of meaning	residential care	100	69.52
	private home	100	131.48

Note. p<.001

There was also a statistically significant difference in the presence of meaning between individuals with no children (group 1) and those with children (group 2). Group 1 (no children) had a lower mean rank (Mr = 78.19) compared to group 2 (with children) with a higher mean rank (Mr = 107.35), $H(1, N = 200) = 9.18, p = .002$ (table 6).

Table 6

Differences in the meaning of life between individuals with no children and those with children on the Kruskal-Wallis test

		Ranks	
	Group Type	N	Mean rank
Presence of meaning	with no children	47	78.19
	having children	153	107.35

Note. p=.002

3. The EQ-5D-5L VAS scale and its relationship with the presence of meaning:

The scores obtained from the MLQ questionnaire, which measured the presence of meaning, were divided into three levels: low presence of meaning (5-14), medium presence of meaning (15-24), and high presence of meaning (25-35). The dependent variable was the self-assessment of health on a visual analogue scale (VAS) from the EQ-5D-5L questionnaire, ranging from 0 to 100.

The Kruskal-Wallis test revealed a statistically significant difference in self-rated health on the VAS scale between the three conditions ($H(2, N = 200) = 39.37, p < .001$). Group 1 (low meaning) had a mean rank of 39.87, which was lower than Group 2 (medium meaning) with a mean rank of 68.44, and Group 3 (high meaning) with a mean rank of 115.62 (table 7).

4. The EQ-5D-5L “EQ Index” was used to assess participants' health preferences. The responses to the five-dimensional descriptive system were converted into a single summarizing index specific to Romania highlighted in previous research conducted and published by Elena Olariu and collaborators in 2022 (Olariu et al., 2023). This index, known as the EQ Index, reflects the health preferences of the population. The EQ Index was calculated using a specific syntax in SPSS, which converted the scores on the five health dimensions into a single total score.

There was a statistically significant difference in the EQ Index between the conditions ($H(2, N = 200) = 21.90, p < .001$). Group 1 (low meaning) had a mean rank of 57.90, which was lower than Group 2 (medium meaning) with a mean rank of 74.63, and Group 3 (high meaning) with a mean rank of 112.04 (table 7).

Table 7

Summary of differences of VAS / EQ Index between different levels of meaning on the Kruskal-Wallis test

		Ranks	
	Level of meaning	N	Mean rank
VAS	low level	15	39.87
	medium level	40	68.44
	high level	145	115.62
EQ Index	low level	15	57.90
	medium level	40	74.63
	high level	145	112.04

Note. $p < .001$

Discussions

The study's results are consistent with previous research, indicating a positive correlation between social support and life satisfaction. For example, Şahin, Özer, & Yanardağ (2019) and Alshraifeen et al. (2020) found that higher levels of social support were associated with greater life satisfaction among adults. The findings of this study suggest that social support is essential for enhancing individuals' satisfaction with life.

The study utilized multiple regression analysis to investigate the mediation model. The findings indicated that 45% of the variance in life satisfaction was accounted for by the existence of

meaning in life. The Sobel test for mediators validated the significant indirect impact of the presence of meaning on satisfaction with life, which was mediated by the perception of social support.

These findings support previous research that highlighted the mediating role of social support in the relationship between meaning in life and satisfaction with life. For example, Heo and Son (2009) found that social support mediated the connection between meaning in life and psychological well-being in young and middle-aged adults. This suggests that social support acts as a mechanism through which meaning in life influences satisfaction with life.

The study suggests that the presence of meaning in life is associated with better self-rated health and a more favourable state of health, as indicated by the EQ Index. The research provides insights into the relationship between meaning in life and health outcomes, highlighting the importance of considering factors such as education level, number of children, and place of residence in understanding the meaning of life. The study's findings are consistent with previous research on the sociodemographic factors that influence individuals' perceptions of the meaning of life. For instance, Schnell (2009) found that education level and marital status significantly contribute to a meaningful life among adults. Our study indicates that education may enhance the sense of meaning in life, which contradicts Schnell's (2009) findings of negative correlations between education level and meaning in life among adults. However, it is important to note that our study is limited to individuals aged 60 and above.

Nonetheless, there are some distinctions between the current study and similar studies. For example, Joshanloo and Jovanović (2018) discovered that age is not a significant predictor of life satisfaction. The present study focuses on elderly individuals.

A study conducted by Cornelia Rada (2020a) in Romania examined the factors associated with depression in the elderly. The study found that divorced, widowed, and unmarried individuals reported a lower quality of life. Furthermore, quality of life tends to decrease with age (Rada, 2020b). These findings suggest that the relationship between age and life satisfaction, as well as quality of life, may vary across age groups. An individual's marital status may affect their perception of their quality of life.

Moreover, this study only evaluated the impact of meaning in life on perceived quality of life, while previous research has also examined other factors, such as religiosity/spirituality (Borges et al., 2021). Therefore, it is important to consider various factors when analyzing individuals' perceptions of meaning in life.

In conclusion, the study's findings support a positive association between social support and satisfaction with life. Furthermore, the study found that social support mediates the relationship between meaning in life and satisfaction with life. These results are consistent with previous research. The study also contributes to the literature by examining the influence of education level, living situation, number of children, and perceived meaning in life on the perceived quality of life. However, there are differences in the age group studied and the factors considered. Future research could explore these factors and consider longitudinal designs to establish causal relationships between variables.

Conclusions

In the context of relationships, perceived social support plays a crucial role in determining one's overall well-being. When individuals feel supported by their loved ones, friends, or even professionals in their lives, they experience a sense of emotional, informational, instrumental, companionship, and validation support. This subjective assessment of the support received can

greatly impact their quality of life. Cohen and Wills (1985) highlighted those individuals who perceived higher levels of social support reported lower levels of psychological distress. This suggests that the subjective assessment of support received can have a significant influence on one's overall well-being.

Relationships are the most important source of meaning in life, according to Michael Steger (Steger, 2009, p. 683).

Social support from family and friends can also reduce the negative effects of aging and contribute to a higher quality of life (Rada, 2020b). Social support and friendship positively influence personal health and well-being (Rada, 2018, p. 141).

Having a strong network of supportive relationships can contribute to maintaining optimal physical and mental health. When individuals feel emotionally supported, they are better equipped to handle life's challenges and stressors. They have someone to turn to for advice, guidance, and encouragement, which can enhance their overall well-being. A meta-analysis conducted by Uchino (2009) found that individuals with stronger social support networks had better physical health outcomes, including lower rates of cardiovascular disease and mortality. This indicates that having emotional support can contribute to better overall health and well-being (Uchino, 2009).

Furthermore, the presence of companionship and validation support can provide individuals with a sense of belonging and acceptance. This can boost their self-esteem and confidence, allowing them to pursue their goals and aspirations with greater determination. When individuals feel supported and validated by their relationships, they are more likely to achieve their potential in any field of activity. A study by Reis et al. (2000) found that individuals who felt a sense of belonging and acceptance in their relationships reported higher levels of self-esteem. This suggests that having supportive relationships can positively impact one's self-perception and motivation to pursue personal goals (Reis, Sheldon, Gable, Roscoe, & Ryan, 2000).

Perceived support is a measure of an individual's assessment of his/her situation (Eagle, Hybels, & Proeschold-Bell, 2019). The perceived source of social support refers to the subjective assessment of the emotional, informational, instrumental, companionship, and validation support provided by family members, friends, or informal support such as teachers, social workers, and health care personnel (Wawrzynski, Schaefer, Schvaneveldt, & Alderfer, 2021).

A lack of perceived social support can have detrimental effects on one's quality of life. Without a support system, individuals may feel isolated, lonely, and overwhelmed by life's challenges. This can lead to increased stress, anxiety, and even depression. Especially for older people, families contribute to their emotional well-being (Rada, 2021, p. 22). Without emotional, informational, and instrumental support, individuals may struggle to cope with difficulties and may find it challenging to achieve their full potential. Perceived social support is strongly associated with well-being (Wills & Shinar, 2000). Relationships and perceived social support are vital for finding meaning and fulfillment in life. The quality of relationships has a significant impact on well-being and overall quality of life. Quality of life refers to the maintenance of optimal physical and mental health required to reach one's potential in any area of activity. By fostering and developing supportive connections, individuals can improve their physical and mental health, realize their potential, and experience a more satisfying existence.

The findings of this study will contribute to the existing literature on the importance of purpose and meaning in life, particularly in the elderly population. The results will provide insights into the factors that influence the perception of quality of life the meaning of life in the third age, and the role of psychotherapy in promoting life transformation. The study's implications will be

relevant for healthcare professionals and individuals seeking to improve their quality of life and overall well-being.

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