Life Stress, Attitude toward Death, and Meaning in Life among Middle-Aged Women

Young-Mi Jung

Department of Nursing, Daegu Haany University, youngmi@dhu.ac.kr

Abstract

This study was designed to investigate life stress, attitude toward death, and meaning in life and to identify factors contributing to meaning in life among middle-aged women. The participants were 220 middle-aged women of D city, Korea. The data were collected through a structured questionnaire from October 4 to 30, 2010, and analyzed using descriptive statistics, t-test, ANOVA, Scheffè’s test, correlation coefficient, and stepwise multiple regression with SPSS WIN 14.0. Life stress, attitude toward death, and meaning in life significantly differed according to general characteristics in the middle-aged women. Moreover, life stress was negatively correlated with attitude toward death and meaning in life; attitude toward death was positively correlated with meaning in life. Factors influencing meaning in life were life stress, volunteer activity, religion, economic status and attitude toward death, which explained about 36.9% of the total variance. These results suggest that a support program that considers general characteristics should be developed and implemented in order to improve meaning in life and the quality of life of middle-aged women.

Keywords: Attitude to death, Life stress, Meaning in Life, Middle aged women

Introduction

In the human growth process, middle age is considered to be a turning point in life, with conflicts and imbalances due to new ego impulses, role changes within the family, and demands from the external environment. In particular, middle-aged married women in their 40s and 50s in Korea experience this as a transition period, in which the large family system changes into a nuclear family system. Thus, they experience many conflicts between their values and the external world, and face physical and mental stress in the process of satisfying the various needs of family members and coping with life events inside and outside of their homes [13].

The concept of meaning in life, one of the major factors of mental health, has been investigated in-depth in various fields of study. It is a core index of peace and mental health that affects the formation of a desirable or good life, and it plays a significant role in explaining adaptation to psychological and physical stress [5]. In particular, people frequently face changes and crises upon entering middle age (after age 40), and lose their meaning in life; they often become depressed about gradually losing the meaning of their life goals and ambitions, which had previously seemed eternal [4]. Many people reflect on the meaning in life during middle age because a part of their ego that has been ignored and suppressed begins to re-appear during this time, causing them to question what goals they should have for the second half of their lives, and to explore new possibilities [19]. Meaning in life is a driving force that directs lifestyles and behavior patterns; if meaning in life is lost, people lose their sense of achievement or initiative in life.

Middle-aged women can become depressed due to menopause, physical aging, and loss of role; this depression may cause them to lose their meaning in life [12]. As such, middle age influences success and failure in life; people cannot prepare for the later stages of senescence if they do not overcome the crises of middle age, losing their health, desire, goals, and meaning in life. There have been frequent cases in which people lost their goals and meaning in life and attempted to solve their problems through extreme measures, such as suicide [4]. In order for people in the transition period of middle age to live a healthy life and play vital roles in society, they must establish their self-identity and pursue the meaning in life. To ensure this, it is important to implement nursing interventions targeting mental health in middle-aged people.

According to previous studies, factors related to meaning in life are religion [4][24], socioeconomic status [19], life stress [23], and attitude toward death [4]. Attitude toward death in an individual varies...
depending on time, academic background, the manner of death, relationship with the deceased, culture, and religion, as well as factors such as gender, educational level, health, socioeconomic status, life satisfaction, support system, psychological health, and values [4]. Negative emotions and fear of death have negative influences on an individual’s entire life, and may have negative influences on an individual’s identity [3]. Therefore, understanding the relevance between attitude toward death and meaning in life in individuals gives nurses an indirect index to understanding patients, helping nurses to figure out their meaning in life, existence, goals, and psychological health, and forming a basis for an in-depth understanding of patients.

Furthermore, research on attitude toward death has been almost entirely focused on elderly persons facing the final years of their lives [3][10][18], or on healthcare providers and medical personnel taking care of terminally ill patients [11][16]. There has been almost no research on attitude toward death in the general adult population, especially middle-aged women.

Life and death may outwardly appear to be conflicting concepts, yet they cannot be separated [12]. As they become more self-consciousness of death, people often begin to reflect on the meaning of life and to ponder their life goals. It is therefore important to examine the relevance of life stress, attitude toward death and meaning in life in middle-aged women. This study examined the relationship between life stress and attitude toward death and meaning in life in middle-aged women, as well as how life stress, attitude toward death and the general characteristics of subjects influenced their meaning in life. This study hopes to better understand the meaning in life of middle-aged women and to present basic data for developing nursing programs that will help these women to engage in introspection and explore their identities.

The aim of this study was to investigate life stress, attitude toward death, and meaning in life and to identify factors contributing to meaning in life among middle-aged women. The specific objectives of this study were to determine the differences in life stress, attitude toward death, and meaning in life according to general characteristics, to determine the relationship between life stress, attitude toward death, and meaning in life, and to determine the predictive factors for meaning in life in middle-aged women.

Methods

Design
This study used a cross-sectional and correlational design to investigate life stress, attitude toward death, and meaning in life and to identify factors contributing to meaning in life among middle-aged women.

Sampling and procedure
Two hundred and twenty middle-aged women (age 40-59) recruited from a convenience sample from Daegu, South Korea were included in this study. Middle age means the period of life between youth and old age, usually considered to occur approximately between the ages of 40 and 60 [8]. Data were collected from October 4 to 30, 2010. The researcher and assistant met participants one on one to collect data. A total of 242 questionnaire were distributed and 230 (95.0%) were returned and 220 used for final data analysis.

Using G*Power 3.1.2 (Heinrich-Heine-Universitat Dusseldorf, Dusseldorf, North Rhine-Westphalia, Germany) for power analysis, the power was .95 for multiple regression analysis, a medium effect size of .15, and a significance level of .05. The sample size of 220 was satisfactory for identifying factors affecting meaning in life among middle-aged women [2].

Ethical consideration
The researcher visited two apartments and explained the purpose and significance of the study to the members of women association. These representatives of this association reviewed the proposal and agreed to help with recruiting and provided a chance to explain this study to those in attendance at the places. The researcher obtained written permission from middle-aged women who agreed to participate in this study. The researcher assured them that their names and other identifying data would be kept confidential and informed them of their rights to withdraw from the study at any time and to refuse to answer any question. After completing the questionnaire, the researcher provided participants with gift certificate for reward.
Measurements

**General characteristics**

General characteristics were included age, occupation, education level, marital status, economic status, religion, volunteer activity, perceived health and chronic disease.

**Life stress**

Life stress was assessed using life stress scale developed by Ro [22] to measure middle-aged men. The researcher changed wife into spouse in each item. It consists of 16 items and used a 5-point Likert scale. A higher score means a higher level of life stress. In this study, the Cronbach's $\alpha$ coefficient was .89.

**Attitude toward death**

Attitude toward death was assessed using the scale developed by Kim [9] to measure attitude toward death of college students, and it was modified by other professional. It consists of 18 items with three subscales: fear, avoidance, and crisis management. Negative items was calculated reversely and A higher score means a higher receptive attitude toward death. In this study, the Cronbach's $\alpha$ coefficient was .73.

**Meaning in life**

Meaning in life was assessed using the scale developed by Jeon [4] to measure meaning in life of the middle-aged group in Korea. Original scale consists of 31 items with five subscales: family relationship, self-value, religion, material pursuit, and economic stability. In this study, meaning in life was used 26 items modified by validity test. A higher score means a higher positive meaning in life. In this study, the Cronbach's $\alpha$ coefficient was .90.

Data analysis

SPSS version 14.0 (SPSS Inc., Chicago, IL, USA) was used to analyze the data. Descriptive statistics were used to characterize the general characteristics. A t test and analysis of variance (Scheffê test for post hoc test) were used to compare the differences in life stress, attitude toward death, and meaning in life according to general characteristics. The Pearson correlation coefficient was used to determine the relationship among variables. Stepwise multiple regression analyses were done to determine possible predictors of meaning in life of participants. A p value of < .05 was considered statistically significant.

Results

**General characteristics**

The participants’ mean age was 47 (age range = 40 to 59) and more than half (74.6%) were 40 to 49. A total of 136 women (61.8%) had no occupation and the most education level was high school graduation (57.5%). Most of them (90.0%) had spouse and more than half (54.1%) had middle economic status. Ninety one women (41.4%) had Buddhism, and seventy women had no religion. Most of them (73.6%) had no volunteer activity and perceived health was the order of moderate (43.6%), good(28.6%), and poor(27.7%). Most of women had no chronic disease (78.2%) (Table 1).

**Differences in life stress, attitude toward death, and meaning in life according to subjects’ general characteristics**

Life stress significantly differed according to occupation ($t=2.310$, $p=.022$), education level ($F=6.749$, $p=.001$), economic status ($F=22.441$, $p<.001$), perceived health ($F=19.950$, $p<.001$), and chronic disease ($t=3.168$, $p=.002$) (Table 1). Attitude toward death significantly differed according to education level ($F=4.672$, $p=.010$), religion ($t=2.209$, $p=.028$), and volunteer activity ($t=.209$, $p=.028$). Meaning in life significantly differed according to education level ($F=3.504$, $p<.001$), marital status ($t=2.087$, $p=.038$), economic status ($F=20.571$, $p<.001$), religion ($F=9.453$, $p<.001$), volunteer
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Categories</th>
<th>n(%) or M±SD</th>
<th>Life stress</th>
<th>Attitude toward Death</th>
<th>Meaning in Life</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>M±SD</td>
<td>t or F(p)</td>
<td>Scheffe</td>
</tr>
<tr>
<td>Age</td>
<td>40-49</td>
<td>164(74.6)</td>
<td>41.7±9.50</td>
<td>-1.610</td>
<td>.387</td>
</tr>
<tr>
<td></td>
<td>50-59</td>
<td>56(25.4)</td>
<td>44.17±10.16</td>
<td>(.109)</td>
<td>.699</td>
</tr>
<tr>
<td>Occupation</td>
<td>No</td>
<td>84(38.2)</td>
<td>40.47±9.02</td>
<td>-2.310</td>
<td>(.109)</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>136(61.8)</td>
<td>43.5±9.96</td>
<td>(.022)</td>
<td>.121</td>
</tr>
<tr>
<td>Education level</td>
<td>≤ Middle schoola</td>
<td>25(11.4)</td>
<td>48.5±8.41</td>
<td>6.749</td>
<td>a&gt;b,c</td>
</tr>
<tr>
<td></td>
<td>High schoolb</td>
<td>127(57.7)</td>
<td>42.22±9.40</td>
<td>(.001)</td>
<td>a&gt;c</td>
</tr>
<tr>
<td></td>
<td>≥ Collegec</td>
<td>68(30.9)</td>
<td>40.4±9.91</td>
<td>(.072)</td>
<td>.527</td>
</tr>
<tr>
<td>Marital status</td>
<td>Married/living together</td>
<td>198(90.0)</td>
<td>41.99±9.51</td>
<td>-1.782</td>
<td>.638</td>
</tr>
<tr>
<td></td>
<td>Single/divorced/separated/ widowed</td>
<td>22(10.0)</td>
<td>45.8±10.95</td>
<td>(.076)</td>
<td>.524</td>
</tr>
<tr>
<td>Economic status</td>
<td>Lowa</td>
<td>70(31.9)</td>
<td>47.25±8.90</td>
<td>22.441</td>
<td>a,b,c</td>
</tr>
<tr>
<td></td>
<td>Middleb</td>
<td>119(54.1)</td>
<td>41.48±8.67</td>
<td>(.000)</td>
<td>a,c</td>
</tr>
<tr>
<td></td>
<td>Highc</td>
<td>31(14.1)</td>
<td>34.8±9.59</td>
<td>(.072)</td>
<td>.527</td>
</tr>
<tr>
<td>Religion</td>
<td>Nonea</td>
<td>70(31.9)</td>
<td>41.9±10.28</td>
<td>.351</td>
<td>.524</td>
</tr>
<tr>
<td></td>
<td>Protestantb</td>
<td>42(19.1)</td>
<td>43.0±9.78</td>
<td>(.788)</td>
<td>.002</td>
</tr>
<tr>
<td></td>
<td>Buddhistc</td>
<td>91(41.4)</td>
<td>42.07±9.60</td>
<td>(.000)</td>
<td>.002</td>
</tr>
<tr>
<td></td>
<td>Catholicd</td>
<td>17(7.7)</td>
<td>44.29±7.95</td>
<td>(.072)</td>
<td>.002</td>
</tr>
<tr>
<td>Volunteer activity</td>
<td>No</td>
<td>162(73.6)</td>
<td>43.0±9.82</td>
<td>1.808</td>
<td>.209</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>58(26.4)</td>
<td>40.4±9.16</td>
<td>(.072)</td>
<td>.002</td>
</tr>
<tr>
<td>Perceived health</td>
<td>Poora</td>
<td>61(27.7)</td>
<td>49.3±10.18</td>
<td>19.950</td>
<td>a,b,c</td>
</tr>
<tr>
<td></td>
<td>Moderateb</td>
<td>96(43.6)</td>
<td>43.0±8.86</td>
<td>(.000)</td>
<td>.174</td>
</tr>
<tr>
<td></td>
<td>Goodc</td>
<td>63(28.6)</td>
<td>37.2±8.55</td>
<td>(.022)</td>
<td>.527</td>
</tr>
<tr>
<td>Chronic disease</td>
<td>No</td>
<td>172(78.2)</td>
<td>41.3±9.57</td>
<td>3.168</td>
<td>.753</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>48(21.8)</td>
<td>46.2±9.28</td>
<td>(.002)</td>
<td>.452</td>
</tr>
</tbody>
</table>
Correlation among life stress, attitude toward death, and meaning in life

The correlations among the study variables are shown in Table 2. Life stress was negatively correlated with attitude toward death (r=-.241, p<.001) and meaning in life (r=-.450, p<.001); attitude toward death was positively correlated with meaning in life (r=.238, p<.001).

Factors influencing meaning in life

Stepwise multiple regression analysis was performed to identify factors affecting meaning in life among the middle-aged women. Among general characteristics, occupation, education level, marital status, economic status, religion, volunteer activity, perceived health, and chronic disease were input as dummy variables. Multicollinearity, residuals, and outlying values were examined in order to test regression analysis hypotheses regarding variable independence. First, correlation coefficients between variables ranged from .238 to .450. Thus, no explanatory variable with a correlation coefficient higher than .80 was found. Predictors were confirmed to be independent from one another. Moreover, there was no autocorrelation problem because the Durbin-Watson statistic was 1.929. In addition, the variance inflation factor ranged from 1.012 to 1.501 (≤10). Thus, there was no problem with multicollinearity. The results of testing hypotheses on residuals satisfied the hypotheses of linearity, residual normality, and homoscedasticity. Cook’s distance for examining outlying values did not exceed 1.0. Accordingly, all hypotheses of the regression equation were satisfied. Thus, results of the regression analysis were considered reliable.

Factors influencing meaning in life were life stress (β=-.303, p<.001), volunteer activity (β=.221, p<.001), religion (β=.213, p<.01), economic status (high β=.268, p<.001; middle β=.131, p=.037), and attitude toward death (β=.124, p=.027), which explained about 36.9% of total variance (Table 3).

Table 3. Factors Influencing Meaning in Life (N=220)

<table>
<thead>
<tr>
<th>B</th>
<th>β</th>
<th>R²</th>
<th>Adj R²</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>104.216</td>
<td></td>
<td></td>
<td>8.967</td>
<td>.000</td>
</tr>
<tr>
<td>Life stress</td>
<td>-.506</td>
<td>-.303</td>
<td>.203</td>
<td>.199</td>
<td>-4.959</td>
</tr>
<tr>
<td>Volunteer activity</td>
<td>7.735</td>
<td>.211</td>
<td>.281</td>
<td>.274</td>
<td>3.784</td>
</tr>
<tr>
<td>Religion</td>
<td>7.393</td>
<td>.213</td>
<td>.328</td>
<td>.319</td>
<td>3.885</td>
</tr>
<tr>
<td>Economic status (High)</td>
<td>12.472</td>
<td>.268</td>
<td>.361</td>
<td>.349</td>
<td>4.080</td>
</tr>
<tr>
<td>Attitude toward death</td>
<td>.356</td>
<td>.124</td>
<td>.374</td>
<td>.359</td>
<td>2.222</td>
</tr>
<tr>
<td>Economic status(Middle)</td>
<td>4.245</td>
<td>.131</td>
<td>.386</td>
<td>.369</td>
<td>2.095</td>
</tr>
</tbody>
</table>

F=22.349, Cum Adj R²=.369, p<.000
Discussion

An examination of differences in life stress according to subjects’ general characteristics found differences in life stress according to occupation, education level, economic status, perceived health, and presence or absence of chronic disease. These findings conformed to previous research in which reduced stress was associated with higher academic level, higher household income, and better health [13]. This study did not find that older women reported higher levels of stress [8][15]. Middle-aged women had higher levels of life stress if they had chronic diseases; women of this age are likely to suffer from menopause-related lumbago, arthralgia, and osteoporosis, as well as cardiovascular disease stemming from reduced estrogen. They have more life-event related stress than men due to climacteric (menopause-related) symptoms, and are more vulnerable to mental health problems such as depression, anxiety, fear, and sleep disorders as their sexual attractiveness faded and their reproductive abilities are lost [1][12]. Therefore, to prevent chronic disease in middle-aged women, we recommend providing opportunities for them to regularly participate in physical exercise, which could help them to overcome climacteric symptoms. Moreover, social support and consideration are essential to prevent crises in middle-aged people. Women tend to suffer more than men from life stress due to problems with family relationships, supporting aged parents, and dealing with their children’s education [22]. It is therefore necessary to develop and apply stress-management programs for middle-aged women tailored to age and type of stress.

An examination of differences in attitude toward death according to the general characteristics of subjects found differences in attitude toward death according to education level, religion, and participating in volunteer activities. This was similar to previous studies, which found less fear of death, less suicidal ideation, and a more receptive attitude toward death in subjects who had higher education levels [7], belonged to a religion, and participated in more volunteer activities [11]. Education level can influence attitude toward death by improving cognitive flexibility, allowing people to come up with various solutions for problems or to analyze problems in many ways; such abilities are more frequently found in people with higher education levels [17]. In general, education level increases the ability to cope with life stress, and provides information to diversely decentralize pressure on suicidal ideas and evasive attitude toward death. A religious practice also leads people to develop insight into the nature of life and death, and makes them more receptive to the idea of death as a passage to a new world, instead of an end. Volunteer activities can lead to a sense of fulfillment in life and a better understanding of others, both of which induce a more positive attitude toward death.

An examination of differences in meaning in life according to subjects’ general characteristics found differences in meaning in life according to education level, marital status, economic status, religion, participating in volunteer activities, and perceived health. This was similar to previous studies, which found that subjects had more positive meaning in life if they participated in a religion or volunteer activities, had good health [20], and were at a higher socioeconomic level [19]. Religion helps people overcome the idea that life is transient, worthless, or futile, and provides an opportunity to establish fellowship and bonds through forming social relationships with people in similar age groups [21]. This can give individuals the driving force to live a healthy and productive life, overcoming feelings of helplessness. Volunteer activities can make people feel worthwhile and valuable [14], enhancing the value of life and establishing meaning in life through consideration and sharing with others.

The correlations among life stress, attitude toward death, and meaning in life in middle-aged women showed that life stress was negatively correlated with attitude toward death and meaning in life, and that attitude toward death was positively correlated with meaning in life.

This was similar to results indicating that middle-aged people with more depression and stress tend to give up on life and have negative attitudes toward death [7]; active measures that help individuals to cope with stress appear to induce positive meaning in life and increase the motivation to live a more active life [24]. Higher levels of stress can lead to pessimistic thoughts and decreased self-esteem [6]. Therefore, if middle-aged women have high levels of stress, the cause of this stress must be determined in order to establish active measures that turn this stress into an opportunity for growth. There is also a need to develop stress-management educational programs for middle-aged women, as well as interventions to relieve negative emotions in this population.

This study found that that the factors influencing meaning in life in middle-aged women were life stress, participating in volunteer work, religion, economic status, and attitude toward death. This
confirmed prior findings showing that religion [24], stress, and depression [12] influenced meaning in life. The relationship between meaning in life and attitude toward death could not be explored in-depth as there is no prior research in this area; however, it seems that if people lose their meaning in life, they lose their sense of achievement and initiative taking, which may negatively influence their attitude toward death. One’s meaning in life reflects one’s beliefs about the reasons for life, stemming from the unique experiences of each individual [23]; meaning in life may differ depending on each individual’s role in his or her society, family, and surrounding environment, as well as physical conditions.

There may be limitations in extending study findings to all middle-aged women in Korea. However, by examining the relationship between meaning in life and life stress and attitude toward death in middle-aged women, and by identifying factors influencing meaning in life, this study can serve as basic data on which to develop health-promotion programs to improve awareness and understanding of meaning in life in middle-aged women. To successfully implement programs and to encourage a positive meaning in life for middle-aged women, future research must find out more about how factors influencing meaning in life vary by gender. Differentiated programs can then be developed to encourage meaning in life and assess effectiveness in middle-aged people. Research should be expanded to older adults, people with chronic diseases, adolescents, and children to investigate and compare factors influencing meaning in life for each developmental stage. This would allow customized programs encouraging meaning in life to be developed and implemented according to individual characteristics of different populations.

**Conclusion**

For middle-aged women to understand life properly and pursue meaningful life goals, they must reduce life stress by looking at their lives more positively and incorporating religious beliefs to promote spiritual well-being. Local communities must provide diverse opportunities for volunteering, as well as mental-health support programs catering to middle-aged women, helping them to overcome life stress and avoid mental illnesses such as depression. Welfare services such as reemployment and occupational support must be provided to middle-aged women who are experiencing economic crises due to divorce or unemployment.

**References**


Life Stress, Attitude toward Death, and Meaning in Life among Middle-Aged Women
Young-Mi Jung


