

IS MEANING IN LIFE CHANGING IN CONTEMPORARY CROATIAN SOCIETY AND WHAT ARE THE POSSIBLE IMPLICATIONS OF THIS TREND FOR MEDICAL PRACTICE?

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ABSTRACT

Aim: This article explores the changes observed in meaning in life in contemporary Croatian society based on the data collected in a population survey of VAL-DE-END project. **Methods:** The survey was conducted in 2019 on a three-stage random sample, stratified by regions, counties, and locations within those counties ($N = 1203$) with a maximum sample error of $\pm 2,8\%$. The response rate was 30%. By including weights, the sample became nationally representative in terms of sex, age, education, and regional representation. The instrument used consisted of 90 items. **Results:** 87,5% of respondent think that family and friends give life meaning. More than 67% of respondents find it in contributing to the community. 64,1% find meaning in life in self-realisation of one's own possibilities and 56,7% in living as comfortably as possible. 47,1% agree with the statement that death can have its meaning only when a person believes in God. **Conclusion:** If we compare our data to previously done surveys in Croatian population, we can observe process of secularisation and individuation taking place which can have implications for the medical practice.

KEY WORDS

meaning in life, death, healthcare, Croatia

CLASSIFICATION

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INTRODUCTION

When you start to work on a research project you start with a problem which you would like to solve with your fellow researchers. This is exactly how the project entitled “Values and decisions at the end of life” (VAL-DE-END IP -2016-06-2721), funded by Croatian Science Foundation, started. We wanted to address issues dealing with the end of life in the intensive care units in Croatia. We decided to do qualitative and quantitative research in paediatric and adult Intensive Care Units and among general population. Our research uncovered numerous issues regarding end-of-life decision making in the Intensive Care Units [1-4] but also shed a new light on issues that have been rarely explored in general population in Croatia [5-7].

This article will focus specifically on the research done in general population in Croatia and will try to summarise the main findings addressing mainly the following question: Is meaning in life changing in contemporary Croatian society?

A distinction should be drawn between the meaning “in” life and the meaning “of” life. Meaning “in” life is focused on an individual, a human person and on the meaningfulness that a person’s life could exhibit [8]. Meaning in life reflects the feeling that one’s existence has significance, purpose, and coherence [9]. Meaning “of” life in a narrow sense, deals with the answer to the question of what, if anything, makes life meaningful or not and is mainly addressed within philosophical thinking [10].

Research done on meaning in life affirms that meaning in life is a fundamental human need that influences both psychological and physical well-being and health. Moreover, meaning in life supports individual flourishing and promotes social flourishing. Meaning in life helps people cope with stress, uncertainty, anxiety, and trauma. All this has significant impact on health of an individual and social resilience [8, 9, 11]. It can also have significant influence on everyday medical practice and the way our patients make decisions about possible medical treatments and options at the beginning and the end of life.

METHODOLOGY

The sample and the instrument that was used in our population study have already been described in previous publications in detail [5-7]. The survey was conducted in 2019 on a three-stage random sample, stratified by regions, counties, and locations within those counties. The sample ($N = 1203$) of adult citizens of the Republic of Croatia was constructed in accordance with the 2011 census. The stated number of respondents at the overall level allows inference to the target population, with a maximum sample error of $\pm 2,8$ %. The response rate was 30 %. By including weights, the sample became nationally representative in terms of sex, age, education, and regional representation.

The questionnaire used consisted of 90 items [5-7].

Data were processed in IBM SPSS Statistics 26. In addition to descriptive statistics, we used ANOVA. Factor analysis and the Chi-square were also used to test differences in respondents’ answers in relation to the basic sociodemographic characteristics of the respondents. Multiple regression analysis and correlation analysis (bivariate correlation, Pearson’s coefficient) were used to find predictors of and links with factors [5-7].

RESULTS

The sociodemographic data about the sample is presented in Table 1.

Majority of the respondents believe in God and consider themselves to be religious. However, only 35,4 % of respondents attended religious ceremonies at least once a month or more. Although majority of respondents do not classify themselves either right or left either conservative

or liberal on political spectrum most of them approve divorce but disapprove of abortion and homosexuality [5-7].

We have also explored respondents' experiences with death and dying and their attitudes regarding certain forms of end-of-life decision-making.

Table 1. Sociodemographic characteristics of the respondents.

Sample characteristics	N	Percentage
Gender		
Male	572	47,6
Female	631	52,4
Marital status		
Married	517	43
Not married	279	23,2
Divorced,	145	12,1
Widowed,	159	13,2
Extramarital union	77	6,4
Number of children		
Childless	389	32,2
One child	240	20
Two children,	343	28,5
Three children	134	11,2
Four children	70	5,9
Five to seven children	17	1,4
Education		
Unfinished primary school	79	6,6
Primary school (8 years)	257	21,4
Secondary vocational (1-3 years)	239	19,9
Secondary vocational (4 years and longer)	318	26,4
High school	103	8,6
2-3 years of higher education	69	5,7
College	110	9,1
Master's degree	23	1,9
PhD degree	4	0,3
Employment		
Employed	789	65,6
Unemployed	28	2,3
Retired	245	20,4
Type of settlement		
less than 2000 inhabitants	521	43,3
between 2-10 000 inhabitants	191	15,9
between 10-50 000 inhabitants	152	12,6
between 50-100 000 inhabitants	60	5
between 100-500 000 inhabitants	121	10,1
with more than 500 000 inhabitants	158	13,1
Income per household		
730 euro	424	35,3
730-1460 euro	372	30,9
1460-2920 euro	224	18,7
2920 euro and more	27	2,3

Majority of respondents experienced a death of a close person, father, or mother. Only small number experienced the death of their own child. Death of a pet was experienced by more than half of respondents. 42.2% of respondents cared for seriously ill person. 34,6 % of respondents cared for terminally ill person. When asked about the most important characteristics of a good death, most of the respondents mentioned the absence of pain and the presence and lack of burden on family and loved ones [5-7].

38,1 % of the respondents would grant a wish to dying persons who are experiencing extreme and unbearable suffering and withhold life-prolonging treatment and 37,8 % would respect wishes of such persons and withdraw life-prolonging treatment. 77 % of respondents think that withholding and withdrawing procedures should be regulated by law because of the fear of abuse. Opinions about the practice and regulation of euthanasia are divided. More open to euthanasia are those who are younger and middle-aged, with higher levels of education, living in big cities, and having more liberal worldviews. Assisted suicide is not considered to be an acceptable practice with only 18,6 % of respondents agreeing with it. 51,6 % would support the dying person's autonomous decisions regarding the end-of-life procedures [5-7].

MEANING IN LIFE

The items related to the meaning in life together with the respondents' answers are presented in Table 2.

Table 2. Respondents' answers to the items related to the meaning in life.

Item	I completely disagree	I disagree	I do not know, I am not sure	I agree	I completely agree	Ranking
Everything ends with death	18,6	28,5	21,0	18,1	13,8	31,9
Death is uncertain and unknown; it is pointless to even think about it.	8,3	19,3	17,2	32,4	22,8	55,2
Death can have its meaning only when a person believes in God.	13,8	15,6	23,2	29,4	17,8	47,1
When a man has lived his life, death is a natural calm.	4,0	5,9	21,0	39,8	29,3	69,1
Life has no meaning.	49,3	33,3	12,8	3,3	1,3	4,6
The meaning o in life is to contribute to the life of the community.	4,7	8,4	19,3	48,1	19,5	67,8
The meaning in life is in the self-realization of one's own possibilities.	2,8	11,1	22,0	44,7	19,4	64,1
The meaning in life is in fulfilling one's own desires, not in caring for others.	16,8	38,1	23,0	12,5	9,7	22,2
The meaning in life is to live it as comfortably as possible.	5,5	14,2	23,6	36,9	19,8	56,7
Outside of the individual and his needs, life has no meaning.	15,2	41,1	27,6	11,8	4,2	16,0
Only belief in God gives life meaning.	14,9	20,8	26,4	22,0	15,8	37,8
Family and friends give life meaning.	1,3	2,6	8,5	41,7	45,8	87,5
Only life in a community (society) has meaning.	4,2	7,1	22,1	38,7	27,9	66,6

The highest percentage of respondents 87,5 % think that family and friends give life meaning. 67,8 % of respondents finding mining in life in contributing to the community and 66,6 % think that only life in a community has meaning. 64,1 % find meaning in life in self-realisation of one' own possibilities and 56,7 % find meaning in life in living as comfortably as possible. 55,2 % think that there is no point in thinking about death since it is uncertain and unknown.

However, 47,1 % agree with the statement that death can have its meaning only when a person believes in God and 37,8 % with the statement that only belief in God gives life meaning.

PREDICTORS OF ATTITUDES TOWARDS MEANING IN LIFE

A factor analysis using component model, varimax rotation and GK dimensionality reduction criterion on 11 statements that thematically cover the meaning in life identified three factors. These three factors explain 55,07 % of variance. The first factor we called 'meaning in life in God' and comprises three items. The second factor we called 'the meaning in life in the individual' and comprises five items. The third factor we called 'meaning in life in family and community' and comprised four items. Results of factor analysis are shown in Table 3.

Table 3. Structure of varimax factors¹. The extracted factors explain 55,07 % of the variance.

	THE MEANING IN LIFE AND DEATH IN GOD	THE MEANING IN LIFE IN THE INDIVIDUAL	THE MEANING IN LIFE IN FAMILY AND COMMUNITY
Only belief in God gives life meaning.	0,883		
Death can have its meaning only when a person believes in God.	0,839		
Everything ends with death	-0,568	0,530	
The meaning of life is in fulfilling one's own desires, not in caring for others.		0,682	
The meaning of life is to live it as comfortably as possible.		0,657	
Outside of the individual and his needs, life has no meaning.		0,578	
Death is uncertain and unknown; it is pointless to even think about it.		0,565	
Family and friends give life meaning.			0,708
Life has no meaning.			-0,642
When a man has lived his life, death is a natural calm.			0,607
The meaning of life is to contribute to the life of the community.			0,559

The obtained factors were first analysed with regard to the basic sociodemographic characteristics of the respondents. The analysis showed that elderly people, women, people with a lower level of education, those whose parents have a lower level of education and those from smaller settlements are more inclined to base the meaning in life in God. Also, elderly people, women, people with a lower level of education, those whose parents have a lower level of education and those from smaller settlements are more inclined to base the meaning in life in family and togetherness. Younger people, men, and those from larger cities tend to look for the meaning in life in living as comfortably as possible.

The obtained factors were then analysed with regard to the political orientation and religiosity of the respondents. Religious people and those politically oriented to the right are more inclined to seek the meaning in life in God. Religious people and those politically oriented to the right are more inclined to look for the meaning in life in family and togetherness. Non-religious

people and those politically oriented to the left are more inclined to look for the meaning in life in living as comfortably as possible.

Finally, the obtained factors were then analysed with regard to attitudes toward different end-of-life decision making practices and the experiences with death and dying. People with negative attitudes about euthanasia are more inclined to look for the meaning in life in God. People with positive attitudes about euthanasia are more inclined to look for the meaning in life in living as comfortably as possible. Respondents who experienced the death of a sibling, father, grandparent, formed or their own child more inclined to look for the meaning in life in God and in family and community.

DISCUSSION

If we compare our results to previously done research in Croatia (Table 4) we can find changes in meaning in life in Croatian population [5, 6, 12-14].

Table 4. Percentage of agreement of the respondents with different statements regarding life and death in general population and student population in different surveys.

	1997 (General popula- tion), %	2005 (Students), %	2017 (Students), %	2019 (General popula- tion), %
Everything ends with death	29,2	12,4	14,7	31,9
Death is uncertain and unknown; it is pointless to even think about it.	58,5	39,4	38,4	55,2
Death can have its meaning only when a person believes in God.	70,9	45,5	33,1	47,1
When a man has lived his life, death is a natural calm.	82,1	49,6	5,1	69,1
Life has no meaning.	7,4	5,5	9,8	4,6
The meaning in life is to contribute to the life of the community.	-	6,8	63,4	67,8
The meaning in life is in the self-realization of one's own possibilities.	-	6,8	77,8	64,1
The meaning in life is in fulfilling one's own desires, not in caring for others.	-	5,1	8,4	22,2
The meaning in life is to live it as comfortably as possible.	47,8	15,4	22,1	56,7
Outside of the individual and his needs, life has no meaning.	-	7,1	5,1	16,0
Only belief in God gives life meaning.	67,6	34,0	25,7	37,8
Family and friends give life meaning.	-	83,1	85,9	87,5
Only life in a community (society) has meaning.	-	54,0	51,2	66,6

There is a decrease with agreement with the statement that death can have its meaning only when a person believes in God. Furthermore, there is a decrease in agreement with the statement that only belief in God gives life meaning, both in general population and student population.

On the other hand, there is increase in general population and student population in agreement with the statement that everything ends with death. Moreover, lower percentage of general population and student population see death as a calm that comes naturally after life. Furthermore, there is an increase, both in general population and student population, in agreement

with the statement that the meaning of life is in the self-realization of one's own possibilities. Finally, high number of respondents agree with the statements that the meaning of life is in fulfilling one's own desires, not in caring for others and living life as comfortably as possible.

However, lower number of members of the general population but higher number of members of the student population think that life has no meaning. Interestingly, family, friends and community are still important source of meaning in life for general population and student population.

From these findings it is clear, that in the contemporary Croatian society orientation towards God as the basis of life and death decreases (as the result of secularization), while the understanding of the meaning in life through easy living increases (as result the orientation towards individualism) [15].

Our findings also have repercussions for medical practice. The concept of the meaning in life has certain values behind it that can be observed from our findings. These values can have implications for healthcare provision. That is why today we speak more and more about "value in health care" approach when it comes to healthcare provision. Value in health is measured as improvement in a person's health outcomes for the cost of achieving that improvement [16]. Cost reduction, quality of healthcare are somewhat related to this concept while patients' satisfaction only marginally. However, "value in health care" approach focuses primarily on the outcomes that matter most to patients [17]. Good healthcare provision takes place when patients are working in partnership with their healthcare professionals which enables patients to gain the shared understanding of medicine that allows the shared goal setting and decision making needed for truly person-centred care [18].

Since many of the respondents in Croatia still attribute importance to the community, solidarity as one of the key principles in healthcare provision in EU context, is something which should be considered as an important value when we talk about healthcare planning and delivery in Croatia [19]. This is even more important since Croatian healthcare system has already undergone several reforms in recent years in order to optimize the healthcare system in line with the current government's budget and achieve sustainability in the long run [20]. Through these reforms the healthcare system was often put under the constant threat of further commercialization and commodification (the incentive to transform healthcare from a granted right into a commodity) [21]. Therefore, there is no wonder that several studies among general population in Croatia show that lower income groups found it difficult to trust health care system and physicians and have negative views on physicians' priorities and their primary interests [7, 22] which in turn influences physician patient relationship.

The previous research done in Croatia shows various problems in physician patient relationship when it comes to reinforcement of patients' autonomy within physician patient relationship and trust among physician and patients [7, 22, 23]. However, personal wishes of the patients and their understanding through fostering of the partnership model of physician patient relationship are seen as essential in "value in health care" approach [23] and are gaining more and more importance in Croatian medical practice and probably will in the future [24].

Finally, secularization can have influence on the views on death and the meaning in life that in turn influence decision-making in medical practice at different stages in patient's life [25]. In the study regarding ethical dilemmas most frequently experienced by Croatian physicians and nurses in clinical practices, most commonly experienced dilemmas have to do with: the uncertain or impaired decision-making capacity of patients, imitation of treatment at the end of life and disagreements among family members [26]. Previous research in Croatia and our research regarding different end-of-life practices put Croatia among the countries with a low level of public acceptance of these practices [27-29]. Croatian respondents are less likely to

accept withholding and withdrawing life-prolonging treatments in comparison with other countries. Opinions about the practice and regulation of euthanasia are divided. Those who are younger and middle-aged, with higher levels of education, living in big cities, and who have a more liberal worldview are more open to euthanasia. Assisted suicide is not considered to be an acceptable practice. However, the support for the dying person's autonomous decisions regarding end-of-life procedures is quite high [6]. What will be the opinions of Croatian population regarding above mentioned end-of-life practices in the future remains to be seen.

REMARK

¹Due to meeting the criteria of a simple structure in the first step, two items were omitted from the factor analysis: "The meaning of life is in the self-realization of one's own possibilities" and "Only life in a community (society) has meaning".

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