

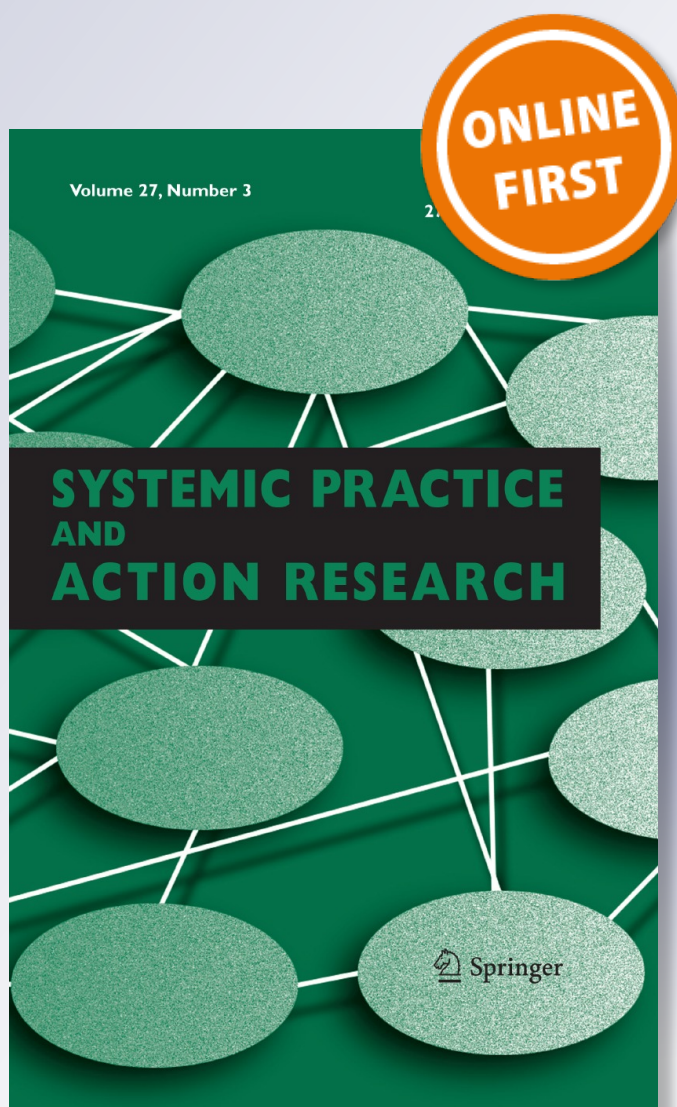
# *The Effectiveness of a Meaning-Centred Intervention in Protecting the Well-Being HIV/AIDS Health Educators*

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**Systemic Practice and Action Research**

ISSN 1094-429X

Syst Pract Action Res  
DOI 10.1007/s11213-014-9321-4



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# The Effectiveness of a Meaning-Centred Intervention in Protecting the Well-Being HIV/AIDS Health Educators

Solomon Makola

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**Abstract** This study investigated whether teaching HIV/AIDS Health Educators about Viktor Frankl's theory of finding meaning in life, results in a significant improvement in their psychological well-being. The participants were 24 volunteers from the Information, Education and Communication (IEC) cluster of a Non-Governmental Organization (NGO) in South Africa (age range = 20–39 years, females = 67 %, majority ethnicity = 58 % Sotho speaking). The study was both quantitative and qualitative. Quantitative data was collected using Purpose in Life Test (PIL) and Beck Depression Inventory (BDI-IA). In addition, qualitative data was collected on the participants' subjective experience of development in creative potential. A one group pretest–posttest design was employed. The quantitative data was analysed using a non-parametric test procedure for small sample size designs. The qualitative data was analysed by means of themes. The researcher discovered that a sense of meaning intervention seems to result in significant improvement in levels of meaning, and a decrease in depressive symptoms among participants. Consequently, the findings indicate that it is possible to support front line health workers in their search for meaning by means of a meaning-centred intervention, and that this helps to alleviate depressive symptoms. Similarly, meaning-centred intervention seems to be a promising intervention for instilling resilience amongst front line health workers, who provide a valuable voluntary service in the community. Participants indicated they could apply the theory to their personal lives. More importantly, they would use the skills they have acquired in their duties.

**Keywords** Meaning-Centred Intervention · HIV/AIDS Health Educators · Depressive Symptoms · Creative Values · Experiential Values · Attitudinal Values

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## Introduction

HIV and AIDS has become one of the major causes of death in Southern Africa (UNAIDS 2006). Reports indicate that South Africa has more people living with HIV/AIDS compared to other parts of the world. The other top five countries with the highest HIV/AIDS prevalence are neighbouring South Africa. The 2007 UNAIDS report indicates that out of a population of 48 million, just under 12 % South Africans had HIV/AIDS (UNAIDS 2008). In the adult population, the rate is estimated to be 18.10 % (CIA 2014). Moreover, the Central Intelligence Agency (2014) suggests that 3,10,000 people died in South Africa from HIV/AIDS in the year 2009. According to a report from the South African National Department of Health (2008), although new infections among teenagers seem to be deteriorating, new infections among adults in South Africa remain high. Thus HIV/AIDS Health Educators have a major role to play in this regard.

South Africa has four national HIV/AIDS awareness campaigns; *khomanani*, a campaign funded by the government for all age groups; *love Life*, a privately funded youth campaign; *soul City*, a television drama for adults; and *Soul Buddyz*, a television series meant for teenagers. Of significance is that the fight against HIV and AIDS is not only the responsibility of Governmental Health Departments, but of all stakeholders, because HIV impacts all social structures. Thus, it is imperative for local communities to get involved in the fight against HIV and AIDS (Campbell et al. 2013). The United Nations Declaration of Commitment proposed that at least 95 % of young men and women aged 15–24 years should have access to the information, education (including peer education and youth-specific HIV education) and services necessary to develop the life skills required to reduce their vulnerability to HIV infection by 2010 (UNAIDS 2001). In most instances, peer and youth specific HIV education, is disseminated voluntarily by HIV/AIDS Health Educators from Non-Governmental Organizations (NGO).

Although some of these campaigns are effective, especially the youth campaigns, others are struggling. To make matters worse, the poor quality of the condoms that are distributed is a setback to these efforts. The Guardian (2012) reports that in 2007, the government recalled more than 20 million locally manufactured condoms that were faulty. Media reports alleged that a testing manager at the South African Bureau of Standards (SABS) was persuaded to approve them. In 2008, an additional 5 million substandard condoms were recalled. This put an unnecessary burden on the good work carried out by HIV/AIDS Health Educators.

In addition to the stresses associated with the services rendered to the community, Dickinson and Kgatea (2008) mention that health educators face many stresses in managing and supporting their own lives, thus their (voluntary) work as health educators should not be taken out of context. For instance, Sifunda et al. (2008) discovered, in their study, that individuals educated by an HIV-negative educator perform marginally better than those educated by an HIV-positive peer educator. Their finding suggests that health educators, especially those challenged with ill-health need support in order to render effective and efficient services. This support can be rendered in the form of a meaning-centred intervention. Thus, it was the purpose of this study to look at some of the ways through which we can instil resilience in the well-being of HIV/AIDS Health educators.

## Meaningful HIV Education

One of the programmes used by communities to combat the spread of HIV/AIDS is raising the level of awareness amongst its members (Skovdal et al. 2013). However, for such

programmes to be effective, communities need to own them (Visser 2005). Some of these programmes make use of Health Educators to educate, inform and communicate with respective members of the community about HIV/AIDS. These HIV/AIDS Health Educators render their services voluntarily. The mode of intervention mostly used by HIV/AIDS Health Educators is behavioural intervention which aims to change risk behaviours or decrease incidence rates of HIV or other Sexually Transmitted Infections (STI). According to Setswe (2006), the behavioural intervention was found to be effective. In undertaking their duties, HIV/AIDS Health Educators do not only disseminate valuable information related to the pandemic, but they also encourage people to see reason (meaning and purpose) for living. This compels the HIV/AIDS Health Educators to also realise the meaning and purpose of their own existence.

Viktor Frankl's theory contends that life never stops to have meaning. This meaning can be found in all circumstances, in the most extreme suffering and even in death (Frankl 1978). According to Manheimer (2000), we cannot escape from the need to find meaning and Frankl's theory helps people to find meaning in their lives. It also helps people to change their predicament into a human achievement (Frankl 1978).

Interventions to reconstruct meaning are possible. For instance, Fillion et al. (2009) reported on a meaning intervention with nurses in palliative care following which nurses in the experimental group reported more perceived benefits of working in palliative care after a meaning-centred intervention. A significant relationship has been reported between the construct of meaning in life and wellbeing (Brassai et al. 2011; Ju et al. 2013; Meraviglia 2005; Pinqart 2002; Tavernier and Willoughby, 2012). For instance, a high sense of meaning is a mitigating factor for personal wellbeing. Evidence is also available from research that lack of meaning is associated with psychopathology (Leibovici et al. 2010; Pinqart 2002).

Ondrušová and Dragomirecká (2012) discovered that the most important predictor of low level of meaning in life, amongst elderly citizens, was depression. By implication, the latter researchers suggest that the absence of depression is a significant indicator of a high level of meaning. In addition, Park et al. (2010) confirmed that, the search for meaning is positively associated with well-being—greater life satisfaction, more happiness, and less depression—among those who already had substantial meaning in their life.

It is for this purpose that the researcher selected the meaning-centred intervention as an appropriate model to educate HIV/AIDS Health Educators about the importance of sense of meaning and purpose. This model was selected over other available educational interventions because besides educating participants about the theory of Viktor Frankl's philosophy of meaning in life, the ultimate intention is to conscientise them about the choices available and how they can be responsible towards them. Thus Frankl's model is more relevant to this context because it is not only a method to cure the sick, but also a method to maintain health or wellness through a worldview which emphasises what is right with people rather than what is wrong (Shek 1992). Besides its use in psychotherapy, other applications of Frankl's theory include helping people, especially those who are facing unchangeable fate, to find more meaning in life by means of its philosophy or point of view. Thus, Frankl's theory offers a holistic view of the entire person at the present moment. It emphasises that, although meaning is personal, it cannot be found in one place. Meaning can be found everywhere, even in the face of difficulties. It encourages people to rise above their biological, environmental and historical influences. Therefore Frankl's theory is optimistic and constructive.

## Goals of the Study

HIV/AIDS is a major health concern in South Africa, and HIV/AIDS Health Educators are playing a very important role of educating members of the community about this disease. Consequently, protecting the well-being of these front line health workers is a vital responsibility of health managers and systems. The purpose of this study is to share with the reader some of the ways through which health managers can enhance the resilience level of health workers and curb possible job exhaustion.

The overarching objective of this study was to determine whether teaching the participants about the importance of finding meaning in life results in a significant improvement in their psychological wellbeing, i.e. higher levels of meaning and lower signs and symptoms of depression. For this purpose, the study specifically investigated the efficacy of a meaning-centred intervention on the sense of meaning in HIV/AIDS Health Educators as related to their depressive symptoms. The primary research question was can a meaning-centred intervention focused on creative, experiential and attitudinal values enhance the levels of meaning and decrease the depressive symptoms of HIV/AIDS Health Educators, and foster resilience amongst them?

## Method

### Research Design

The study employed both qualitative and quantitative research methods. A pretest–posttest quasi experimental design was used. The researcher used a mixed method approach in order to determine the significance of any predicted improvements by means of inferential data and to look for themes which determined whether the participants experienced an increased consciousness with regard to the concept of meaning in life, or not.

The study is exploratory in the sense that there are few or no earlier studies to refer to. Thus, the intention was to determine the usefulness of a meaning-oriented intervention in a setting where people render a voluntary service (NGO).

First, the researcher conducted a one hour session to inform the participants about the purpose of the study. All participants agreed to take part in the action research; a consent form was also handed out and fourteen completed forms were returned. Then, the researcher administered the questionnaires to the participants. Thereafter, the group reflected and interpreted the outcome of the planning phase. In the intervention phase, the researcher facilitated a two day meaning-centred intervention to the participants. The intervention was based on Viktor Frankl's theory of "Meaning in Life". In this intervention, the researcher presented the theory (based on a self-compiled manual and slides), as well as practical exercises, i.e. songs and videos with themes on meaning and purpose of life. Thereafter the researcher and participants reflected on the intervention phase by re-administering the Questionnaires. The main purpose of re-administering the questionnaires was to determine whether the intervention did have an influence on the participants' feelings of purpose (as measured by the PIL) and decrease in their depressive symptoms (as measured by BDI). Then the participants evaluated the whole process by completing the Intervention Evaluation Form. The evaluation form had open-ended questions. The main purpose of using the Intervention Evaluation Form was to evaluate the participants' impression of the intervention.



## Participants

The participants are volunteers from the Information, Education and Communication (IEC) cluster of a NGO (n = 24, age range = 20–39 years, females = 67 %, majority ethnicity = 58 % Sotho speaking). The sample was purposively selected.

## Data Collection

### *Quantitative Data Collection*

Participants completed Purpose in Life Test (PIL) of Crumbaugh and Maholick (1969) and Beck Depression Inventory (BDI-IA) of Beck and Steer (1993) pre and post-intervention. Data on the participant's demographics was also collected.

*Description of PIL.* PIL was designed to operationalize Frankl's ideas and to measure an individual's experience of meaning and purpose in life. It is a 20-item scale and each item is rated on a 7-point scale and total scores therefore range from 20 (low purpose) to 140 (high purpose). According to the criterion provided by Crumbaugh and Maholick (1969), PIL scores of 92 or less are indicative of low meaning, and scores of 112 and more indicate definite purpose in life, with a score of 93–111 indicating moderate meaning. A Cronbach's alpha coefficient of 0.86–0.87 was recorded for the study sample.

*Description of BDI-IA.* BDI-IA was administered to measure the levels of depression and depressive symptoms of the participants. It is a 21-item scale and each is rated on a 4-point scale. The scores for the BDI-IA can be interpreted as follows: scores below ten are considered normal, and indicate normal fluctuations in daily life. Scores from 10 to 18 indicate mild to moderate depression, those from 19 to 29 indicate moderate to severe depression, and scores of 30–63 indicate severe depression. A Cronbach Alpha Coefficient of 0.65–0.73 was recorded for the study sample.

### *Qualitative Data Collection*

The researcher administered a questionnaire with open-ended questions to gain insight into the participants' impression of the meaning-centred intervention. The following aspects were covered: were they satisfied with the content of the content of topic;

- What new skills did they learn or improve upon?
- How will the skills help them to provide a better service or contribute more to their team work?
- How do they rate the presenter?

The researcher conducted a member-checking process by sharing the findings with those from whom the data was collected. Sharing the themes which emerged from the findings provided an opportunity to, not only validate the findings, but also elicit further clarification of the results.

## Procedure

### *Planning for Innovation/Transforming Assessment Practice*

Permission to conduct this study was obtained from the executive management of Matjhabeng HIV/AIDS Consortium. After permission was granted, the researcher conducted a

1 hour information session, to for the participants about the purpose of the study. All participants gave consent to take part in the study, and consent form were duly completed.

### *Pre-Intervention*

PIL and BDI-IA were administered to 24 participants. Thereafter, the group reflected and interpreted the outcome of the planning phase.

### *Intervention*

The intervention applied didactic and process-oriented strategies, including guided reflections, experiential exercises, and education based on themes of Viktor Frankl's logotherapy. During the intervention, the facilitator presented the theory (based on a self-compiled manual and slides), as well as practical exercises, i.e. songs and videos with themes on meaning and purpose of life.

The following topics were presented,

- Who is Viktor Frankl?
- Background to Logotherapy
- Three ways to discover meaning
- Five areas where meaning can found
- Practical ways to apply logo-theory in our lives

The intervention offers a holistic view of the entire person in the present moment. It emphasizes that, although meaning is personal, it cannot be found in one place. Meaning can be found everywhere, even in voluntary services. The intervention differentiated between the physical, mental, and spiritual levels of existence. The three levels are not clearly separate from each other and they do influence each other. The human spirit has the following important resources; the will to meaning; task orientation; conscience; self-transcendence; self-distancing; and humour. There are three principal ways to discover meaning in life; (i), what we give to life (creative values); (ii), what we receive or take from life (experiential values); and (iii), the attitudes we attach to life (attitudinal values). Coupled with ways to discover meaning there are five areas in which meaning is most likely to be found: self-discovery, choice, uniqueness, responsibility and self-transcendence.

### *Post-Intervention*

The researcher and participants reflected on the intervention phase by re-administering PIL and BDI-IA. The main purpose of re-administering the questionnaires was to determine whether the intervention did have an influence on the participants' feelings of purpose (as measured by PIL) and reduced depressive symptoms (as measured by BDI-IA). The participants also completed an open-ended questionnaire to provide additional information on how the meaning-centred intervention had an impact on their lives. The main purpose of using the questionnaire was to evaluate the participants' impression of the intervention. Specifically, the questionnaire was used to determine in which ways, if any, did the intervention assist participants to improve on their creative, experiential and attitudinal values. The questionnaire was also used to establish whether the intervention did assist participants to gain better insight into the five areas (i.e. uniqueness, self-discovery, choice, responsibility, and self-transcendence) in which meaning can be discovered.



## Data Analysis

Data was analysed qualitatively and quantitatively. The effect of the independent variable (meaning-centred intervention) on the dependent variable (PIL score/sense of meaning and BDI-IA score/depressive symptoms) was examined. The data from the one group pretest–posttest design was analysed using a non-parametric test procedure for small sample size designs. The qualitative data were thematically analysed using the procedures recommended by Guest (2012). These procedures focus on examining themes within data.

In writing up the thematic analysis, the researcher familiarized himself with the data and arranged it according to the three principal ways to discover meaning as set out in the literature on Viktor Frankl's philosophy. First, the researcher manually categorised the data into three primary codes. Thereafter, the researcher adapted these codes from the three principal ways to discover meaning in life. As a result, the codes were arranged in the following categories; (i), what the HIV/AIDS Health Workers give to life (creative values); (ii), what they receive or take from life (experiential values); and (iii), the attitudes they attach to life (attitudinal values). These codes were determined by Viktor Frankl's philosophy of finding meaning and purpose, and they were incorporated in the meaning-centred intervention. Then the researcher identified patterns or themes in the data, by looking for the frequency of occurrence of certain factors, and presented the data patterns found.

Thematic analysis is a very useful method in capturing details of meaning within a data set. A thematic analysis is driven by both theoretical assumptions and research questions. Thus, in this study, the thematic analysis was based on the three basic principles of Viktor Frankl's philosophy which were incorporated into the meaning-centred intervention. In this study, the thematic analysis was useful in the sense that it enabled the researcher to determine whether HIV/AIDS Health Educators could comprehend the basic principles of Viktor Frankl's philosophy and apply the theory in their personal life.

## Results

First the results of the quantitative research will be presented, followed by the qualitative research findings.

### Quantitative Research Findings

The following is the outcome of the analysis of the Purpose in Life (PIL) scores. Table 1 presents the descriptive statistics for PIL scores. As can be observed from the Table, the group displayed moderate purpose in life before the meaning-centred intervention, with a mean score of 101.83. However, the intervention brought about an increase of 15.83 ( $p < 0.01$ ) in the PIL scores. The difference is also clearly evident when the range of the pre- and post- intervention scores is compared. The pre-intervention scores ranged from a low of 67 to a maximum of 127, whereas the post- intervention scores ranged from a low to 82 to a high of 140.

When the distribution of the respondents into the various levels of meaning is examined, it can be observed, in Table 2, that before the meaning-centred intervention, there were seven participants who showed low meaning in life and that there were only three after the intervention. Also, while there were seven participants who showed definite purpose in life before the intervention, full 17 participants fell into this range after the intervention.

**Table 1** Pre-post Intervention Means (with Standard Deviation) and Range for Meaning (N = 24)

|                 | Pre-<br>Intervention | Post-<br>Intervention | Difference<br>Score | Two tailed<br>P value | One tailed<br>P value |
|-----------------|----------------------|-----------------------|---------------------|-----------------------|-----------------------|
| N               | 24                   | 24                    | –                   | –                     | –                     |
| Mean (SD)       | 101.83 (19.08)       | 117.65 (14.15)        | –15.83 (5.65)       | 0.0001                | 0.0001                |
| Range Min (Max) | 67 (127)             | 82 (140)              | –15 (–13)           | –                     | –                     |

**Table 2** Distribution of Purpose in Life test groupings for pre-post intervention (N = 24)

|          | Pre-Intervention | Post-Intervention |
|----------|------------------|-------------------|
| N        | 24               | 24                |
| Low      | 7                | 3                 |
| Moderate | 10               | 3                 |
| High     | 7                | 18                |

A *t* test for paired samples was computed on the 24 complete sets of pre-and post-intervention PIL scales to test the significance of this improvement. The result was highly significant ( $t = -5.5, df = 22, p < 0.01$ ). It is thus evident that the Purpose in Life scores of the participants were significantly better after the intervention than before. It is important to note that though this does not prove that it was the intervention that contributed to this improvement because *t*-tests can't prove causality, still, it is highly probable that the increase in the levels of meaning could be a result of the intervention.

The following is the outcome of the analysis of the BDI scores. Table 3 presents the descriptive statistics of the Depression scores. As can be observed from the table, the group displayed moderate depressive symptoms before the meaning-centred intervention, with a mean score of 19.29 ( $p < 0.01$ ). After the intervention, however, their Mean depression scores had dropped to 12.08, indicating only mild depressive symptoms. Thus, the intervention brought about an decrease of 7.21 ( $p < 0.01$ ) in the BDI scores. The difference is also clearly evident when the range of the pre-and post-intervention scores is compared. The pre-intervention scores ranged from a low of 6 to a maximum of 39, whereas the post-intervention scores ranged from a low of 0 to a high of 33.

Table 4 is a classification of the participants into various depressive symptom categories. It can be observed on the table that before the meaning-centred intervention, more than double (from 6 to 15) of the participants fell within the normal range after the intervention than before. Furthermore, there were 8 participants who fell within the Mild to Moderate range and after the intervention the number decreased to 4. The number of those in the Moderate to Severe range decreased from 7 to 3, respectively. There were three

**Table 3** Pre-post Intervention Means (with Standard Deviation) and Range for Depression (N = 24)

|                 | Pre- intervention<br>Score | Post-intervention<br>Score | Difference<br>Score | Two tailed<br>P value | Two tailed<br>P value |
|-----------------|----------------------------|----------------------------|---------------------|-----------------------|-----------------------|
| N               | 24                         | 24                         | –                   | –                     | –                     |
| Mean (SD)       | 19.29 (10.18)              | 12.08 (9.84)               | +7.21 (2.84)        | 0.0001                | 0.0001                |
| Range Min (Max) | 6 (39)                     | 0 (33)                     | 6 (6)               | –                     | –                     |

**Table 4** Distribution of Beck Depression Inventory Groupings for Pre-post Intervention (N = 24)

|                    | Pre-intervention | Post-intervention |
|--------------------|------------------|-------------------|
| N                  | 24               | 24                |
| Normal             | 6                | 15                |
| Mild to Moderate   | 8                | 4                 |
| Moderate to Severe | 7                | 3                 |
| Severe             | 3                | 2                 |

participants with clear depressive symptoms (Severe) and after the intervention there were only two who fell into this range.

When the change in the mean scores was compared using a t-test for paired samples (computed on the 24 complete sets of pre- and post-intervention BDI scales), the result was highly significant ( $t = 3.5$ ,  $df = 22$ ,  $p < 0.01$ ). It is thus evident that the depressive symptom scores of the participants were significantly better after the meaning-centred intervention than before. It is important to note that though this does not prove that it was the intervention that contributed to this improvement, because t-tests can't prove causality, still, it is highly probable that the decrease in the depressive symptoms could be a result of the meaning-centred intervention.

### Qualitative Research Findings

The improvement in creative, experiential and attitudinal values appeared consistent with the intent of the meaning-centred intervention. With regard to Creative Values, 80 % of participants affirmed that they learned new skills and/or they had improved on existing ones such as answering questions, finding meaning in life, being charitable, and problem solving. Illustrative statements in support for this include.

- I learned something that I did not know (Participant 2)
- It will help me with answering questions (Participant 1)
- I learned the importance of knowing the sense of meaning in life (Participant 3)
- I have learned not to always only receive, but also to give (Participant 12)
- It can now help me to find solutions to problems (Participant 13)
- I realized my values (Participant 7)
- I learned to make choices and how to be responsible towards them (Participant 8)
- I learned to appreciate the services we provide (Participant 9)

Most participants (80 %) further indicated that they had learned how to provide information to others. More importantly, 90 % of HIV/AIDS Health Educators acknowledged that the skills they had acquired would result in improved team work, patience, giving and problem solving. Illustrative statements in support for this include:

- It will help me to find solutions to problems (Participant 7)
- It will contribute to my services or work team (Participant 18)
- It will improve my patience (Participant 23)
- I will be more responsible (Participant 20)
- It will be of help to other people (Participant 19)
- It will help me to know how to give information to others or how to approach a person (Participant 18)
- I realize that the service I provide is more important than the money we receive (Participant 14)

All these are vital components of most environments where people volunteer their services.

Changes in Experiential Values are reflected by the fact that 85 % of participants indicated that the skills they have acquired, will help them to be considerate, approachable and will assist others to deal with their challenges. Illustrative statements to support this include:

- I will be more considerate to my fellow team members (Participant 12)
- I will allow others to voice their thoughts (Participant 17)
- I know that I am important to other people (Participant 19)
- I learned how to help others to deal with challenges (Participant 24)
- I learned not to let circumstances and other people control my life (Participant 3)
- I will create a warm and caring environment for others and allow them to voice their thoughts (Participant 7)

With regard to the Attitudinal Values, 90 % of the participants expressed a view that they are resilient, adopted a more positive attitude, humble, affectionate, considerate, tolerant and more determined to find meaning in their services and life. Illustrative statements for this include:

- I will have a more positive attitude (Participant 3)
- It will make me humble (Participant 11)
- I will be strong in every situation (Participant 16)
- I learned to love (Participant 22)
- I learned to be hopeful in life (Participant 7)
- I can now understand the need for a sense of meaning and purpose in life (Participant 20)
- They realize that life without suffering does not strengthen the foundation of a person's wellbeing (Participant 1)
- I will adopt a humble attitude when I execute my duties (Participant 18)

As a result of the meaning-centred intervention, 80 % of HIV/AIDS Health Educators learned to appreciate themselves and the services they render.

## Discussion

The purpose of this study was to deliberate on some of the ways through which health managers can enhance the resilience levels of health workers and curb possible job exhaustion. Its primary objective was to share how a meaning-centred intervention can be used to support the well-being of HIV/AIDS Health Educators. The outcome of the study revealed that there was an improvement in the levels of meaning and a decline of depressive symptoms among HIV/AIDS Health Educators after a meaning-centred intervention.

The levels of meaning of HIV/AIDS Health Educators were significantly better after the intervention, than before. On average, they displayed a moderate purpose in life before the intervention and definite levels of meaning after the intervention. When the HIV/AIDS Health Educators were distributed into various levels of meaning, 29 % of them expressed a definite lack of meaning, and after the intervention, the number decreased to 13 %. The number of HIV/AIDS Health Educators who experienced definite levels of meaning increased by 46 %, from 29 to 75 % after the intervention.

In addition, there was a significant reduction in the depressive symptoms of the HIV/AIDS Health Educators after the meaning-centred intervention. The intervention managed to reduce their levels of depression from moderate depressive symptoms to mild depressive symptoms. All the measures of the central tendency dropped; the mean dropping from moderate depressive symptom to mild depressive symptom, the mode from mild depressive symptom to normal fluctuations of life, and the median from moderate depressive symptom to normal fluctuations of life. The number of HIV/AIDS Health Educators who did not show signs of depression increased by 38 %, from 25 % before the intervention to 63 % after the intervention. Even though this does not prove that it was the intervention that contributed to the reduction of the depressive symptoms, because t-test cannot prove causality, it is highly probable that the intervention contributed to the improvement.

Creative meaning among HIV/AIDS Health Educators improved in the sense that they affirmed that they learned new skills and/or they improved on existing ones such as answering questions, finding meaning in life, being charitable, and problem solving. This finding is supported by a number of studies which reported a significant relationship between the construct of meaning in life and wellbeing (Brassai et al. 2011; Ju et al. 2013; Meraviglia 2005; Pinquart 2002; Tavernier and Willoughby, 2012). In addition, Fillion et al. (2009) reports that a meaning-centred intervention can be used to improve the levels of meaning of health educators who are providing service on a voluntary basis.

Experiential values improved in that HIV/AIDS Health Educators specified that the skills, they had acquired, would help them to be considerate, approachable and that they would assist others to deal with their challenges more effectively. These findings are consistent with those of Fillion et al. (2009) where a meaning centred intervention helped to change the perception of palliative care nurses about their job.

Attitudinal values were positively impacted because the HIV/AIDS Health Educators expressed a view that they are resilient, have adopted more positive attitude, humble, affectionate, considerate, tolerant and more determined to find meaning in their duties and life. These findings are supported by Steger and Dik (2009) who report that people who search for general meaning in life are, indeed, satisfied by experiencing meaning in their careers.

As a final point, it can be concluded that exposing HIV/AIDS Health Educators to a meaning-centred intervention resulted in a significant improvement in their psychological wellbeing, with specific reference to higher levels of meaning and lower signs and symptoms of depression. A numbers of studies (e.g. Westerhof et al. 2010; Park et al. 2010) confirmed that, the search for meaning is positively associated with well-being—greater life satisfaction, more happiness, and less depression—among those who already had substantial meaning in their life. In addition, a study conducted by Ondrušová and Dragomirecká (2012) revealed that the most important predictor of low level of meaning in life was depression.

Limitations of the study include the use of a purposeful sample that brought only educators with moderate to high levels of meaning to the study. The researcher conducted the training and also administered the questionnaire, and for this reason, the study could be perceived to be bias, therefore the researcher used a mixed methods approach in order to control this limitation. Also, the sample size was too small; thus one cannot say with certainty that the HIV/AIDS Health Educators represented in this study also reflect the reality of educators in all NGOs and thus one should be careful when it comes to generalizing the results to other settings. The limitation of a thematic analysis is that it may miss nuanced data. It should also be noted that, some of the health systems or NGO's with limited financial resources might find it costly to implement the intervention because takes place over a 2 day period. Nevertheless, the findings suggest that a meaning-centred

intervention appears to enhance the levels of meaning of HIV/AIDS Health Educators, which in return could result in the reduction of depressive symptoms.

Furthermore, the meaning-centred intervention seems to be a promising intervention for instilling resilience amongst HIV/AIDS Health Educators who disseminate a valuable voluntary service in the community. It is also evident from this research that the participants could comprehend Viktor Frankl's theory of finding meaning in life. Subsequently, the HIV/AIDS Health Educators indicated they could apply the theory to their personal lives. More importantly, the participants indicated that the skills they had acquired would be used in their work as HIV/AIDS Health Educators. At the end, it can be concluded that teaching HIV/AIDS Health Educators about the importance of finding meaning in life, results in significant improvement in their psychological wellbeing, i.e. higher levels of meaning and lower signs and symptoms of depression.

## Conclusion

The findings from this study show that it is possible to support HIV/AIDS Health Educators in their search for meaning by means of an intervention and that this helps in alleviating depressive symptoms.

The researcher provided additional evidence concerning the relationship between sense of meaning, as measured by PIL, and depression, as measured by BDI, in the sense that, as the participants' levels of meaning increased, in the post-intervention measurements, their levels of depressive symptoms declined. As a result the more the participants experienced a high sense of meaning, the lesser they depicted signs and symptoms of depression.

The results obtained in the study, suggests that similar dynamics are likely to be operating in other NGOs. Therefore, it is recommended that meaning-centred interventions should be part of the on-going training sessions of volunteers in respective NGOs.

In addition, this study revealed that it is possible to support volunteers in their search for meaning. Given the important service provided by volunteers, in respective sectors, these findings underscore the importance of developing effective support and motivational programs for volunteers in respective sectors.

Furthermore, meaning-centred intervention could be employed as another way of preventing volunteers from burnout and reducing the rate of stress. Because volunteers have such a major effect on the prevention of the spread of HIV/AIDS, interventions aimed at reducing burnout and stress will assist them to be more resilient. The intervention should not only be rendered when volunteers depict signs of deterioration but should be continuous, as was the case in this study.

Finally, HIV/AIDS Health Educators with a higher sense of meaning will empower the community. Because Health Educators are so much more involved in IEC programs, a higher sense of meaning may have great practical value in the sense it may enable them to initiate programs to assist others to also enhance their levels of meaning. If successful, these programs should have an impact on reducing the level of new infections.

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