



Preparation for pre-ageing populations in the workplace: Spiritual health and psychological well-being development program

Rattigorn Chongvisal

Industrial and Organizational Psychology, Department of Psychology, Faculty of Social Sciences, Kasetsart University, Bangkok 10900, Thailand

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Abstract

This study used action research to develop, implement, and evaluate a spiritual health and psychological well-being development program (SPDP) for pre-ageing populations in the workplace. The results of the study were analyzed and used to develop a complete training curriculum and manual on spiritual health and psychological well-being development. The participants consisted of health care personnel in a hospital, educational personnel in an educational institution, and qualified experts who specialized in spiritual development. Both qualitative and quantitative methods were used to collect data. The research time frame was six months. The training curriculum and manual for the SPDP comprised four sets of training activities: (1) connection to self and a sense of self-worth, (2) connection to others (colleagues), (3) connection to society and the environment, and (4) planning of spiritual health and psychological well-being development in organizations. The quantitative data indicated that the participants' spiritual health and psychological well-being significantly increased after joining the SPDP. According to the qualitative data analysis, the participants reported increased inner experiences, spiritual health, and psychological well-being after participating in the program. In addition, the qualitative data also indicated the development on spiritual health and psychological well-being development among the participants: impact on an inner experience of spiritual health development, psychological well-being development and achieving objectives of the training curriculum for the SPDP.

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Introduction

Population ageing is a global phenomenon. Thailand is among the countries entering an ageing society. Its elderly population is projected to exceed 20 percent of the

entire population in 2021. The challenges of the transition to an ageing society are how ageing populations can obtain a good quality of life in terms of health, the economy, society and environments, and whether they are able to prepare for quality ageing (Department of Older Persons, 2019). In response to the challenges, Thailand has announced national research strategic plans concerning the elderly and ageing in society with the aim of preventing and solving urgent issues related to ageing populations. The government has also introduced policies

E-mail address: rattigorn.c@ku.ac.th.

and measures to support the ageing society. A review of related literature revealed that all population groups need to be prepared for a sustainable transition to an ageing society, particularly before reaching old age. Due to the small number of studies on the ageing workforce, work should be conducted among pre-ageing populations in the workplace as these people will become senior citizens as Thailand develops into a society with a full age range. In addition, societies and organizations are presently focusing on the development of an individual's physical and mental health, spirituality or spiritual health and psychological well-being (Chongvisal, 2017; Chongvisal & Supparerkchaisakul, 2017; Giacalone & Jurkiewicz, 2003; Marques, Dhiman, & King, 2007), which could facilitate those in the pre-ageing population to adjust to and prepare for quality ageing or smart ageing and prevent future social problems arising from the ageing society.

According to the researcher's literature review of documents and researches related to the issues and importance of the development and transition to an ageing society, as well as the importance of spiritual health and psychological well-being, most researches are basic research aimed at proving concepts and theories, survey research or research aimed at studying relationship models (Ahangan, Khooshebast, & Vahedi, 2016; Chongvisal, 2017; Chongvisal, 2019; Chongvisal & Supparerkchaisakul, 2017; Kinjerski & Skrypnek, 2008; Narayanasamy, 2006; Saengsakorn, 2012). Based on the study results, those studies suggested that more experimental research, action research, and research and development or spiritual health and psychological well-being development programs should be conducted. There is limited knowledge regarding approaches to direct development of spiritual health as it is quite new to some academicians and is currently being studied to prove its importance and find ways to develop it. In addition, the researcher found some action research on spiritual health or spirituality development among, for example, university or college students (Chongvisal & Boonyarit, 2018; Hernandez, 2006), private staff (Chongvisal, 2019) and other groups. However, action research on development of psychological well-being training programs, and spiritual health and psychological well-being training programs, particularly for pre-ageing populations, has not been found. Accordingly, action research that can develop spiritual health and psychological well-being concurrently will be greatly beneficial to future application.

Therefore, the researcher developed and implemented a spiritual health and psychological well-being development program (SPDP) for pre-ageing populations in the workplace. The results were analyzed and used to develop a complete training curriculum and manual on spiritual health and psychological well-being development for pre-ageing populations in the workplace which can be used to promote spiritual health and psychological well-being among pre-ageing employees in organizations.

Objectives

The objectives of this study were: (1) to develop a spiritual health and psychological well-being development program (SPDP) to prepare pre-ageing populations in the workplace for quality ageing using action research, and (2) to evaluate the effectiveness of the developed program.

Literature Review

Spiritual Health, Psychological Well-Being and their Development

Increasing attention has been given to spirituality or spiritual health based on the concept that human beings are composed of body, mind, and spirit. Spiritual health is defined as the desire to achieve the ultimate goal of life in terms of quality of life involving positive relationships with self, others, and societies, and the desire to discover the meaning of life (Marques, Dhiman & King, 2007). It is an inner life process in which a person seeks the ultimate meaning and value of life and lives according to that meaning and value (Dhingra, Manhas, & Thakur, 2005). Spiritual health involves three needs: (1) the need for meaning, purpose and fulfillment in life, (2) the need for hope/will to live, and (3) the need for belief and faith (Ross, 1995). In addition, Chongvisal et al. (2010) proposed seven spiritual health indicators: moral courage, loving-kindness and compassion, goal and sufficiency, humanism, humility, forgiveness, and friendliness. Their developed scale demonstrated good psychometric properties with high item discrimination power and reliability.

According to Wright (2005), psychological well-being is a person's feelings toward past events and situations that can be either positive or negative, and a person with psychological well-being has more positive feelings than negative ones. Ryff and Singer (2008) identified six components of psychological well-being: self-acceptance, positive relationships with others, personal growth, purpose in life, environmental mastery, and autonomy.

Approaches to the development of spiritual health and psychological well-being have also been found through the literature review of the related concepts and research. The Contemplative Education Center, Mahidol University (2017) developed a process manual in a project called *The Grounding Contemplative Education for Well-being in Society* and proposed that spiritual health could be developed using the “seven C’s” principle consisting of (1) contemplation, (2) compassion, (3) connection, (4) confronting, (5) continuity, (6) commitment, and (7) community. Mongkonittivej, Chailangkarn, & Pothiban (2009) summarized techniques available for developing spirituality, such as practicing self-reflection, practicing emotional control by being mindful of the things happening, doing activities that help with relaxation, supporting and encouraging each other, and doing activities that create inspiration for oneself such as listening to music, reading poetry, going into nature, studying the dharma, and practicing meditation or any particular religious teaching.

Moreover, action research was conducted as a means to directly engage pre-ageing populations in their own experience of spiritual health and psychological well-being development. Therefore, the modules or activities designed to develop a spiritual health and psychological well-being development program (SPDP) were not initially determined at the beginning of this research so that a broad literature review concerning the concepts of spiritual health and psychological well-being could be conducted. However, after the synthesis and development of the spiritual health and psychological well-being development program (SPDP) for pre-ageing populations in the workplace and the program quality evaluation, the program was fully developed as presented in this study.

Methodology

The current study used an action research process consisting of four steps: planning, action, observation, and reflection and re-planning, which were repeated until satisfactory results were achieved. These steps were included in a research process comprising 10 stages: (1) reviews of related documents and research studies, (2) synthesis of spiritual health and psychological well-being development programs (SPDPs) for pre-ageing populations in the workplace, (3) development of an SPDP for pre-ageing populations in the workplace and program quality evaluation, (4) first implementation, (5) program adjustment, (6) second implementation, (7) program adjustment, (8) third implementation, (9) program adjustment, and (10) development of a complete training curriculum and manual on spiritual health and

psychological well-being development for pre-ageing populations in the workplace. In conclusion, the action research process was performed in each and every stage of this study. Further details are given below.

The action research process used in this SPDP was adapted from McNiff and Whitehead (2002) and conducted in four cycles that could be separated into 23 sequence activities (see Table 1). The duration of the research was 6 months.

Participants

The participants in this research were divided into 2 groups. The first group or the main group consisted of pre-ageing health care and educational personnel aged between 50–59 years. The researcher selected the sample from organizations that indicated their intention to participate using purposive sampling to ensure that the participants were willing and able to participate in this action research on development of a spiritual health and psychological well-being development program (SPDP). As a result, eighteen participants were selected, consisting of 11 health care personnel (officers and executives) from Nakornthon Hospital and 7 educational personnel (teachers and executives) from a school in congregation with the Sisters of Saint Paul of Chartres. The second group consisted of 6 qualified experts with knowledge and experience in spiritual health and psychological well-being. The experts codeveloped the program, acted as facilitators, observed the program participants’ behavior, followed up and evaluated the results, and provided suggestions regarding the program development.

Instruments

In this action research study, data were collected using both qualitative and quantitative instruments to evaluate the quality of the SPDP. To collect qualitative data, the researcher conducted focus groups and in-depth interviews in which the participants wrote a Journal Journey diary and described what they had learned from the training program using evaluation forms provided. The data collection instruments could be divided into three types: an expert opinion collection instrument, a curriculum quality evaluation instrument, and evaluation instruments of the SPDP, such as pre-and post-training evaluation forms, the personal characteristic questionnaire, the Spiritual Health for Development Assessment Scale by Chongvisal et al. (2010) comprising 23 items, and a psychological well-being assessment scale developed from the Psychological Well-Being Assessment Scale by Lornimiddee and Chongvisal (2017) based on the

Table 1 Action research process for the SPDP

Cycle	Action Research Process	Activity	Duration/Period
1	Planning	1. Performing a literature review of documents and research related to spiritual health and psychological well-being development	1 month
		2. Conducting the project and modules for the spiritual health and psychological well-being development program (SPDP) with the stakeholders including experts in spiritual health and psychological well-being development	1 week
		3. Finalizing a model of the SPDP for pre-ageing populations in the workplace	1 week
	Action	4. Developing the overall modules and curriculum for the SPDP	1 month
		5. Evaluation of the preliminary quality of the SPDP by a group of experts	1 week
		6. Using the evaluation feedback and the recommendations from the experts to improve the SPDP before its first module's implementation	1 week
		7. Conducting a pretest 8. Implementing the SPDP for the first cycle (Module 1)	First day of Module 1 1 day
	Observation	9. Evaluation of Module 1	Final day of Module 1
	Reflection	10. Reviewing and reflecting on the first action	2 weeks after Module 1
	2	Planning	11. Action planning of Module 2
Action		12. Implementing the SPDP for the second cycle (Module 2)	3 days
Observation		13. Evaluation of Module 2	Final day of Module 2
Reflection		14. Reviewing and reflecting on the second action	2 weeks after Module 2
3	Planning	15. Action planning of Module 3	2 weeks
	Action	16. Implementing the SPDP for the third cycle (Module 3)	3 days
	Observation	17. Evaluation of Module 3	Final day of Module 3
	Reflection	18. Reviewing and reflecting on the third action	Final day of Module 3
4	Planning	19. Action planning of Module 4	2 weeks
	Action	20. Implementing the SPDP for the fourth cycle (Module 4)	1 day
	Observation	21. Evaluation of Module 4, reflection, and overall program evaluation	Final day of Module 4
	Reflection	22. Conducting a posttest 23. Improving and finalizing the SPDP by using information gathered from the key stakeholders consisting of the facilitators and the researcher.	Final day of Module 4 2 weeks

psychological well-being concept of Ryff and Singer (2008) comprising 13 items. The scales were reviewed by experts and facilitators to determine the content validity and the appropriateness of the language used. To assess the reliability of the scales, the researcher calculated Cronbach's alpha coefficient and discrimination by finding the item-total correlation. The reliability and discrimination scores of the spiritual health assessment scale were .944 and .372–.852, respectively. For the psychological well-being assessment scale, the reliability and discrimination scores were .941 and .612–.897,

respectively. In addition, the quality of the instruments used in qualitative data collection such as focus groups and in-depth interviews which were conducted to evaluate the learning outcomes and effectiveness of the SPDP was examined by 3 experts on spiritual health and psychological well-being development.

Data Analysis

Both qualitative and quantitative data analysis methods were used to analyze the data as follows: (1) data obtained

from the personal characteristic questionnaire of participants were analyzed by calculating the frequency, percentage, and mean; (2) data obtained from the assessment scales were analyzed by calculating the mean and standard deviation and performing a dependent t-test to examine the differences of spiritual health and psychological well-being scores obtained from the pretest and posttest using the SPSS software package; the spiritual health and psychological well-being scores were expected to increase after the SPDP; (3) data obtained from the evaluation forms, focus groups, in-depth interviews, and Journal Journey diaries were analyzed using content analysis.

Results

SPDP Development and Implementation

The results of the action research indicated that the SPDP for pre-ageing populations in the workplace should comprise four modules: (1) orientation, (2) connection to self and others, (3) connection to self, others, society, and the environment, and (4) finding approaches to spiritual health and psychological well-being development. The four modules were developed, tested and adjusted, leading to the development of a new approach to spiritual health and psychological well-being development, and an SPDP curriculum and manual for pre-ageing populations in the workplace.

Quantitative Evaluation of SPDP's Effectiveness

A quantitative data analysis was performed to evaluate the effectiveness of the SPDP. The percentages of the participants categorized according to personal characteristics revealed that the majority of the participants were female (88.9%), aged between 50–55 years (77.7%), married (50.0%), held a Master's degree (44.4%), had 26–40 years of work experience up to the present (50.0%), worked in the health care industry (61.1%), worked for their current organizations for 21–30 years (44.4%), currently worked in managerial positions (22.2%), were moderately healthy (55.6%), were currently healthy with no medical conditions (61.1%), had high levels of

happiness with life (55.6%), were moderately happy with their jobs (61.1%), and had high levels of positive relationships with others (55.6%).

The researcher evaluated the effectiveness of the SPDP by analyzing the means and standard deviations of the variables of the sample. The basic statistics are presented in Table 2.

Table 2 shows that the mean scores of the participants' spiritual health and psychological well-being pretest were 3.67 and 3.65, respectively, which increased to 4.12 and 4.19 after the program, respectively. The dependent t-test conducted to compare the mean scores of spiritual health and psychological well-being before and after the program revealed that the sample's spiritual health and psychological well-being had t-scores of -4.15 and -4.28, respectively, and Sig. (2 tailed) values of .001 and .001, respectively, which indicated that the participants' spiritual health and psychological well-being significantly increased after completing the SPDP.

Qualitative Evaluation of SPDP's Effectiveness

The researcher also performed a qualitative data analysis to evaluate the effectiveness of the SPDP by analyzing the qualitative data obtained from the evaluation forms, focus groups, in-depth interviews and Journal Journey diaries. The results showed that most of the participants achieved their expected goals and some of them even achieved more than expected. Moreover, the data were coded on spiritual health and psychological well-being development emerged: (1) impact on an inner experience of spiritual health development, (2) impact on connecting to oneself, connecting to others, and connecting to society and the environment, and (3) impact on psychological well-being development. All of these can be clarified as follows:

Impact on an inner experience of spiritual health development

According to the participants, the SPDP for pre-ageing populations in the workplace helped them prepare both physically and emotionally for retirement or old age and helped develop their spiritual health. For emotional

Table 2 Results of *t*-test comparing sample variables before and after program (pretest, posttest)

Variable	Pretest		Posttest		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Spiritual health	3.67	0.56	4.12	0.38	-4.15	<.001
Psychological well-being	3.65	0.57	4.19	0.43	-4.28	<.001

and spiritual health preparation, the participants got to meditate and practice mindful listening, leading to a better understanding of other people and ideas for productive leisure activities, and developing their inner selves, resulting in self-attitude changes, increased self-esteem, increased appreciation for life or work, and motivation for self-improvement. The program also helped raise the participants' awareness of the importance of preparation for old age and gave them ideas for giving advice to other people and mental health activities such as art and meditation. For physical preparation, the program helped provide the participants with workout ideas such as walking, jogging, Qigong, and yoga, and allowed them to choose their own exercises, leading to physical changes and readiness for ageing.

Impact on connecting to oneself, connecting to others, and connecting to society and the environment

The participants reported that their family relationships (with spouses, children, siblings, and relatives) improved after joining the SPDP. Family members started to listen to each other, have more sympathy for each other, spend more time together, and appreciate each other. Their relationships with surrounding people (colleagues, supervisors, subordinates, and students) also improved. According to the participants, their appreciation for others and their jobs increased after participating in the SPDP. A participant described their self-esteem and appreciation for work before and after the SPDP as follows: "I didn't want to go to work. I just got tired of it and my life without any reason. I wanted to give up living and even thought about killing myself but that thought disappeared after I joined the SPDP. I feel happier about my life and became more positive regarding feelings about myself and my job. That thought of suicide never crossed my mind again." Another participant talked about their increased self-esteem and appreciation for work after the SPDP as follows: "I prepare meals for patients. Before joining the program, I just did what I was told. This program made me feel better about myself and my job. Now I put more effort into cooking and try to be more creative by decorating dishes to increase the patients' appetite so they want to eat my food and can eat more because it tastes good." Many participants also reported their increased attention to surrounding people including strangers and their increased environmental awareness after joining the SPDP.

Impact on psychological well-being development

The participants' psychological well-being was also developed through the program as reflected in their

reports on positive feelings towards themselves, increased self-esteem, increased happiness and life satisfaction, higher self-understanding and self-acceptance, better relationships with others (families, colleagues, and coordinators), and increased sympathy for and understanding of others. The participants also set their life goals such as achieving healthy ageing and living a happy, valuable life, and received self-care ideas for maintaining their physical and mental health in order to achieve their expected goals.

Summary of Complete SPDP Curriculum for Pre-Ageing Populations in the Workplace

The developed SPDP was implemented among pre-ageing populations in the workplace using an action research process. The results of the quantitative and qualitative analysis conducted during and after the program development indicated the effectiveness of the program. The results were used to develop the complete SPDP curriculum consisting of four activity sets. The development objectives and activities are presented in Table 3.

Discussion

The strength of this study is that the SPDP was conducted through an action research process involving collaboration between participants from pre-ageing populations in the workplace, experts, facilitators, and the researcher with the aim of developing an approach to spiritual health and psychological well-being development among pre-ageing populations in the workplace. The key process was arranging situations in which the participants engaged in spiritual connection to themselves, others, and the environment. The results of the learning experiences were shared between the participants and observed by the researcher and facilitators. The four steps of action research (planning, action, observation, and reflection) led to the development of an appropriate SPDP for Thai pre-ageing workforce. The program trial consisted of four activity sets and evaluation. The results indicated that the application of action research could ensure that participants from pre-ageing populations in the workplace were involved in the SPDP development process and activities. This was consistent with studies related to spirituality or spiritual health development in other countries such as action research by Brown (2004) and empirical research by Narayanasamy (2006).

Table 3 Summary of the complete SPDP

Module	Development Objective	Sample Activity
Activity Set 1 Orientation (1 day)	Engaging the participants in a contemplation process in which the participants ask questions and explore important things in life	Icebreakers, Exploring Life through Art, Finding Happiness
Activity Set 2 Connection to self and others (3 days)	Developing positive relationships with others and responsibility toward others, building group empowerment, and bringing happiness to others	Six Internal Sense Bases (<i>Āyatana</i>), My Ideal Ageing, Role Models: Balanced Ageing
Activity Set 3 Connection to self, others, and society and the environment (3 days)	Extending knowledge by practicing spiritual health, going into self-awareness and self-care, practicing social awareness and developing knowledge of the interconnectedness of nature	Watching video clips, Isolating and Connecting to the Environment, Cards of Understanding, Dialogue
Activity Set 4 Finding approaches to spiritual health and psychological well-being development (1 day)	Obtaining approaches to one's spiritual health and psychological well-being development, and exploring appropriate tools for continuous mindfulness practice and mental health self-care	Watching video clips, Art for Spiritual Health and Psychological Well-Being Development, Hobbies for Happiness or Life Balance, Tree of Gratitude

The results of the quantitative analysis for evaluating the effectiveness of the SPDP showed that the mean scores of the participant's spiritual health and psychological well-being significantly increased from 3.67 and 3.65, respectively, to 4.12 and 4.19, respectively, after participating in the SPDP. The qualitative analysis also found evidence that the SPDP could promote spiritual health and psychological well-being among the pre-ageing participants; for example, the participants reported positive changes in self-understanding, emotional self-awareness and management, self-esteem, relationships with themselves, understanding of others, and connections and relationships with others, including appreciation for society and relationships with the environment. The results were consistent with foreign studies such as by Hanley, Warner, and Garland (2015) who found that participants who practiced contemplation had more positive relationships with others than those who did not, and Thai studies on spiritual development programs such as a study of spiritual and ethical development among university students (Chongvisal & Boonyarit, 2018) that found that spirituality could be developed through a training program, and a study of spiritual health and spirituality development among health care personnel in a private hospital (Chongvisal, 2019) that found that the developed spiritual health and spirituality development program could promote spiritual health and spirituality in the workplace. These were also consistent with Wasi (2004) who proposed that spiritual health could be developed starting from spiritual development to physical, mental and social development and that these four aspects of development need to be developed concurrently in order to achieve complete spiritual health.

The results were consistent with Saengsakorn (2012) who synthesized spiritual well-being knowledge and analyzed spiritual well-being development methods in the context of Thai society and found that spiritual well-being can be developed at both individual and organizational levels; for the individual level, spiritual well-being can be developed among children, young adults, adults, and older people using different methods such as training, field trips, and knowledge sharing. The results were also consistent with Benson, Roehlkepartain, & Rude (2003) who studied spirituality development in the social and developmental sciences and found that the spirituality development process is shaped by both individual capacities and ecological influences. Moreover, the development process and results in this research were consistent with Mongkhonittivech, Chailangkarn, and Pothiban (2009) who suggested that the spiritual health development process is a delicate process that requires consistency over a period of time and spiritual health can be developed at individual level using different methods such as regular practice of self-reflection which will help one gain a deep self-understanding, clear life goals, appreciation of life, and genuine happiness in life, emotion regulation practice, learning from role models and imitation of positive behavior and methods, practice of desired skills, inspirational activities, connecting with nature, and participation in training programs.

In addition, the effectiveness analysis of the SPDP, in which the principles of contemplation were used to develop spiritual health and psychological well-being, yielded consistent results with the analysis of contemplation-oriented transformative learning for cultivating integrity as reported by Asdornnithee and Phukrongnak (2012)

who found that contemplation-oriented transformative learning could foster sustainable changes by altering a person's innermost beliefs or how they perceive and understand the world. The results were also consistent with the Contemplative Education Center, Mahidol University (2017) that suggested that spiritual health could be developed using the seven C's principle.

The limitations of this study are significant factors that affect the effectiveness of the SPDP such as the qualifications of facilitators, and those related to participants who are pre-ageing workforce such as participants' expectations and needs regarding the program, and their availability to participate in the whole training program. Solutions to the limitations are discussed under Conclusion and Recommendation.

Conclusion and Recommendation

The following recommendations are made by the researcher, based on the results of the study:

1. The SPDP for pre-ageing populations in the workplace can be used to develop pre-ageing workforce. The activities included in the program can be adjusted according to the characteristics of the pre-ageing groups in different organizations. However, these activities are technical and require substantial knowledge, skills, and experience in spiritual health or contemplative education. Therefore, the qualifications of facilitators are the key to successful program implementation. Activity facilitators or program users should have: direct experience in spiritual learning and growth; experience in practice processes such as prayer, meditation, mindfulness meditation, self-awareness, contemplation, and activity facilitation; knowledge and experience in conducting learning processes; and the ability to lead activities, ask questions, and facilitate lessons learned. Facilitators should also understand an activity process, have fluency, enthusiasm and empathy for participants, and observe participants, and may go through basic spiritual health development training for trainers or have experience in conducting contemplative-based training processes, all of which will help develop activity leading skills and enable the facilitators to lead the activities in this program appropriately.

2. Before using the SPDP, organizers or facilitators should set training goals, study the characteristics of participants who are pre-ageing populations in the workplace and their needs and expectations, and check their availability to participate in the whole training program. Organizers or facilitators may choose or adjust some activities in each activity set according to the

objectives, characteristics of participants who may come from different organizations, and group context, and may adjust the length of an activity as appropriate. However, the activities in the SPDP are basic learning and development activities. It should be noted that the development of spiritual health and psychological well-being among pre-ageing populations in the workplace takes time and requires continuous reinforcement depending on factors and participants' personal characteristics such as personality traits, likes, and interests, and their significant learning experiences may not only occur during the program but also outside the program.

3. For selecting the SPDP's participants in the pre-ageing workforce, organizers or facilitators should focus on motivating participants to recognize the value and benefits of spiritual health and psychological well-being development toward themselves, others, and society, especially how it can help prevent future problems related to the ageing society. Warm, friendly training environments should be created, with participants being given freedom and taken care of physically, mentally, and spiritually. Training should be conducted in appropriate settings that facilitate learning using appropriate training tools to ensure the maximum learning and development by the participants.

Conflict of Interest

There is no conflict of interest.

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