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The Results of Reflection on Spiritual Dimensions' Self-Care Development to Spiritual Health Care in the Elderly Person.

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ABSTRACT:

Background:

Spiritual well-being is increasingly recognized as an important dimension of holistic health among older adults. Reflection has been identified as a learning process that enables individuals to reinterpret life experiences and develop a deeper understanding of meaning in life. However, limited empirical research has examined the role of reflective practice in promoting spiritual well-being among community-dwelling older adults.

Objective:

This study aimed to examine the effect of reflective practice on spiritual well-being among older adults by comparing perceived meaning in life and lived experiences of meaningful life practices across four spiritual dimensions.

Methods:

This study employed a participatory action research (PAR) design. The participants consisted of 30 community-dwelling older adults aged 60 years and above who were members of an elderly club at a subdistrict health-promoting hospital in Lat Lum Kao District, Pathum Thani Province, Thailand. Data were collected using the Spiritual Health and Life-Orientation Measure (SHALOM), which assesses spiritual well-being across four dimensions: personal, communal, environmental, and transcendental. Descriptive statistics and paired t-tests were used to analyze differences in perceived meaning in life and meaningful life practices before and after participation in the reflection program.

Results:

The findings revealed significant improvements in spiritual well-being following participation in the reflection program. Statistically significant differences were found in both the perceived importance of meaning in life and the lived experiences of meaningful life practices across all four spiritual dimensions ($p < .05$). The results suggest that

reflective practice helped participants reinterpret their life experiences, strengthen personal values, and develop a deeper sense of meaning in life.

Conclusion:

Reflective practice represents a meaningful approach for enhancing spiritual well-being among community-dwelling older adults. By encouraging individuals to reflect on life experiences, relationships, and personal beliefs, reflection can support spiritual self-care and promote holistic health in aging populations. The findings also provide new insights into the role of reflection as a mechanism linking life experiences with spiritual well-being, which may inform the development of community-based nursing interventions aimed at supporting healthy aging.

INTRODUCTION

Population aging has become one of the most significant demographic transitions worldwide. Thailand is rapidly entering a super-aged society, with projections indicating that more than 28% of the population will be aged 60 years and older in the coming decades (1). This demographic shift poses substantial challenges for healthcare systems, particularly in addressing the complex health needs of older adults. Global reports indicate that aging populations require integrated healthcare strategies that address not only physical health but also psychological, social, and spiritual dimensions of well-being (28,30).

Spiritual well-being has increasingly been recognized as an essential component of holistic health among older adults (3). Spirituality refers to a sense of meaning, purpose, and connectedness with oneself, others, nature, and transcendent beliefs (4,15). Research has shown that spiritual well-being contributes significantly to mental health, resilience, and life satisfaction among elderly populations (12,18). Older adults who maintain strong spiritual resources often demonstrate better coping mechanisms and improved psychological adaptation to aging-related changes (21,23).

The concept of spiritual well-being in nursing emphasizes the integration of emotional, cognitive, and existential dimensions of health (20). Previous studies have demonstrated that spirituality can improve psychological resilience and reduce feelings of loneliness and depression among older adults (14,17). Therefore, promoting spiritual well-being is considered an important component of gerontological nursing and community health promotion (2).

Reflective practice has been widely recognized as an effective learning and self-development approach in healthcare and nursing education (6),(31). Reflection allows individuals to critically examine their experiences, reinterpret meaningful life events, and develop new perspectives that support personal growth and coping (16). In the context of aging, reflective processes can help individuals reconstruct meaning in life and strengthen their spiritual awareness (22,24).

Empirical evidence suggests that reflective practice can promote deeper self-understanding and emotional adaptation among elderly individuals (10). Reflective learning also helps individuals explore personal values, beliefs, and life experiences, which are important components of spiritual well-being (5). In nursing practice, reflective approaches have been used to enhance spiritual care competence among healthcare professionals (19).

Research conducted by scholars from the Faculty of Nursing, Shinawatra University has also contributed to this area of knowledge. Previous studies demonstrated that community-based nursing interventions significantly improved psychosocial well-being among vulnerable populations (25). Nursing-led health promotion programs were also found to strengthen mental health resilience and social support among community members (26). Furthermore, reflective learning approaches in nursing education were shown to enhance competencies in providing spiritual care to patients (27).

Community engagement activities, such as elderly clubs and social participation programs, have also been shown to improve psychological and spiritual well-being among older adults (13). Empowerment-based approaches that encourage older adults to engage in self-reflection and self-care can significantly enhance their ability to manage life challenges and maintain a sense of purpose in life (11).

Despite growing recognition of the importance of spirituality in elderly care, empirical studies examining the role of reflective practice in promoting spiritual well-being among community-dwelling older adults remain limited, particularly in the Thai

context. Therefore, this study aimed to examine the effects of reflective practice on spiritual well-being among elderly individuals participating in community-based health programs.

OBJECTIVE:

1. To examine the level of spiritual well-being among community-dwelling older adults across four spiritual dimensions: self, others, environment, and transcendental beliefs.
2. To assess the perceived importance of meaning in life among older adults before and after participation in the reflection program.
3. To compare the lived experiences of meaningful life practices among older adults before and after the reflection program.
4. To determine the effect of reflective practice on spiritual well-being among older adults by comparing changes in perceived meaning in life and lived experiences across the four spiritual dimensions.

CONCEPTUAL FRAMEWORK

The conceptual framework of this study was developed based on the concept of spiritual well-being proposed by Fisher through the Spiritual Health and Life-Orientation Measure (SHALOM) (7) and the reflective learning concept proposed by Gibbs (6). The framework assumes that reflective practice enables older adults to explore their life experiences, values, and beliefs, which influence four spiritual dimensions: personal, communal, environmental, and transcendental. Through reflective self-care processes, individuals develop deeper awareness of meaning in life and meaningful life practices, which ultimately enhance spiritual well-being among older adults.

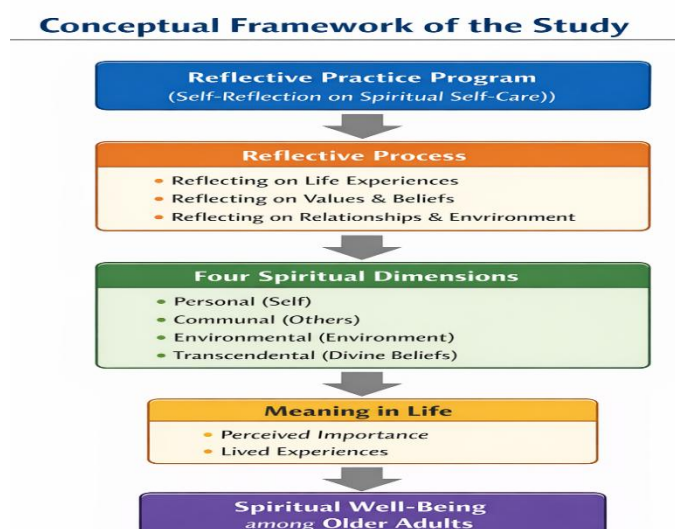


Figure 1. Conceptual framework of the study showing the relationship between reflective practice, four spiritual dimensions (personal, communal, environmental, and transcendental), meaning in life, and spiritual well-being among older adults.

RESEARCH METHODOLOGY

Study Design and Setting

This study employed a participatory action research (PAR) design to examine the effects of reflective practice on spiritual well-being among older adults. Participatory action research emphasizes collaborative learning and reflective processes that enable participants to explore their experiences and develop strategies for personal growth. The study was conducted at the Elderly Club of a Subdistrict Health Promoting Hospital in Lat Lum Kao District, Pathum Thani Province, Thailand.

Participants and Sampling

The study population consisted of community-dwelling older adults aged 60 years and above who were members of the elderly club in the study area. Participants were selected using purposive sampling based on the following inclusion criteria:

Aged 60 years or older

Member of the elderly club in the study area

Able to communicate and participate in reflective activities

Willing to participate in the research and provide informed consent

A total of 30 elderly participants voluntarily participated in the study.

Research Instrument

The research instrument consisted of a Spiritual Health and Life-Orientation Measure (SHALOM) questionnaire developed by Fisher. The instrument measures spiritual well-being across four spiritual dimensions:

Personal dimension (self)

Communal dimension (others)

Environmental dimension (environment)

Transcendental dimension (divine beliefs)

Each dimension includes two aspects:

perceived importance of meaning in life

lived experiences of meaningful life practices

Content validity of the questionnaire was evaluated by three experts, including a nursing scholar specializing in spiritual care, a psychology expert, and an English language expert. The Content Validity Index (CVI) was .90.

The reliability of the instrument was tested with a pilot group of 30 participants with similar characteristics. The reliability analysis demonstrated a Cronbach's alpha coefficient of 0.96, indicating high internal consistency.

Data Collection Procedure

Data collection was conducted in three phases.

Phase 1: Baseline Assessment

Participants completed the spiritual well-being questionnaire to assess the perceived importance of meaning in life and their experiences related to spiritual well-being prior to the reflection program.

Phase 2: Reflective Practice Program

Participants participated in a reflection-based spiritual self-care activity, which encouraged them to reflect on their life experiences, personal values, relationships with others, and beliefs about life meaning. The reflection sessions focused on the four spiritual dimensions and were conducted through group discussions and guided reflection.

Phase 3: Post-intervention Assessment

Four weeks after the reflective practice program, participants completed the same spiritual well-being questionnaire to assess changes in perceived meaning in life and meaningful life practices.

Data Analysis

Data were analyzed using descriptive and inferential statistics. Descriptive statistics including mean and standard deviation were used to describe the levels of spiritual well-being in each dimension.

To examine the effects of the reflection program, paired t-tests were conducted to compare:

perceived importance of meaning in life before and after reflection

lived experiences of meaningful life practices before and after reflection

Statistical significance was determined at $p < .05$.

Ethical Considerations

Ethical approval for this study was obtained from the Human Research Ethics Committee of the Faculty of Nursing, Shinawatra University (IRB No. 24/17). All participants were informed about the purpose of the study, and written informed consent was obtained prior to participation. Participants were assured that their responses would remain confidential and used only for research purposes.

Reflection Intervention Program

The reflection intervention program was designed to promote spiritual self-care and enhance spiritual well-being among older adults. The program was developed based on Gibbs' reflective learning model and the spiritual well-being framework measured by the Spiritual Health and Life-Orientation Measure (SHALOM).

The reflective activities encouraged participants to explore their life experiences, personal values, and relationships through guided reflection. The intervention focused on four spiritual dimensions: personal (self), communal (others), environmental (nature), and transcendental (divine beliefs).

The reflection program was conducted through group-based activities facilitated by the researchers and community health personnel. Participants were encouraged to share experiences, discuss meaningful life events, and reflect on how their beliefs and relationships influenced their sense of purpose in life.

The reflection sessions consisted of the following steps:

Experience sharing – Participants discussed life experiences related to personal values, relationships, and beliefs.

Reflective questioning – Guided questions were used to encourage participants to reflect on meaningful life events and personal challenges.

Meaning exploration – Participants explored the meaning of life and how their experiences shaped their spiritual well-being.

Spiritual self-care planning – Participants discussed strategies for maintaining spiritual well-being in daily life.

The reflection program was implemented over a four-week period, allowing participants to continuously reflect on their experiences and apply reflective practices in their daily lives.

Limitations of the Study

This study has several limitations. First, the study employed a purposive sampling method with a relatively small sample size, which may limit the generalizability of the findings to broader elderly populations. Second, the study was conducted in a single community setting, and cultural or contextual differences may influence the applicability of the results in other regions. Third, the research design focused on short-term changes in spiritual well-being following the reflection intervention, and long-term effects were not examined.

Future research should consider using larger sample sizes, multiple community settings, and longitudinal study designs to further investigate the long-term impact of reflective practice on spiritual well-being among older adults.

RESULTS

1. Participant Characteristics

A total of **30 older adults** participated in this study. All participants were female and aged between **60 and 79 years**. Most participants had completed primary education, and the majority were **Buddhists (96.66%)**. Approximately **83.33% were widowed**, and **80% were housewives**. Most participants reported that their primary source of income was the government elderly allowance ranging from **600–800 Thai baht per month**.

In terms of living arrangements, the majority lived with family members or relatives. Common chronic diseases included **hypertension, diabetes mellitus, hyperlipidemia, and musculoskeletal disorders**.

2. Baseline Spiritual Well-being Before the Reflection Program

Prior to participation in the reflection program, the overall level of spiritual well-being among older adults was high across all four spiritual dimensions. Table 1 presents the baseline assessment of spiritual well-being before the reflection intervention.

Table 1 Spiritual well-being of older adults before the reflection program

Spiritual Dimension	Importance of Meaning in Life (Mean)	Meaning Level	Lived Experience of Meaning (Mean)	Level	Spiritual Well-being	Well-Level
Self	4.42	Very High	4.23	High	0.01	Very Good
Others	4.11	High	4.09	High	0.03	Very Good
Environment	4.07	High	4.02	High	0.05	Very Good
Faith	3.88	High	3.93	High	-0.05	Very Good
Overall Mean	4.08	High	4.07	High	0.01	Very Good

The results indicate that the personal dimension (self) demonstrated the highest level of perceived importance of meaning in life.

3. Spiritual Well-being After the Reflection Program

After participation in the reflection program, spiritual well-being increased across all four spiritual dimensions.

Table 2 Spiritual well-being of older adults after the reflection program

Spiritual Dimension	Importance of Meaning in Life (Mean)	Meaning Level	Lived Experience of Meaning (Mean)	Level	Spiritual Well-being	Well-Level
Self	4.68	Very High	4.69	Very High	-0.01	Very Good
Others	4.58	Very High	4.57	Very High	0.01	Very Good
Environment	4.59	Very High	4.57	Very High	0.03	Very Good
Faith	4.45	Very High	4.45	Very High	0.01	Very Good
Overall Mean	4.58	Very High	4.57	Very High	0.01	Very Good

These findings suggest that the reflection program enhanced participants' awareness of meaning in life and their spiritual well-being.

4. Comparison of Meaning in Life Before and After Reflection

Paired t-tests were conducted to examine the differences in perceived importance of meaning in life before and after the reflection program.

Table 3. Comparison of perceived importance of meaning in life before and after the reflection program

Spiritual Dimension	N	Mean Before	Mean After	SD Before	SD After	t	df	p
Self	30	4.24	4.68	0.51	0.56	5.22	29	<.001
Others	30	4.11	4.58	0.57	0.45	4.81	29	<.001
Environment	30	4.03	4.59	0.43	0.48	5.56	29	<.001
Faith	30	3.88	4.45	0.74	0.68	5.53	29	<.001
Overall Mean	30	4.08	4.58	0.35	0.41	7.25	29	<.001

The results show **statistically significant improvements in all four dimensions ($p < .05$).**

5. Comparison of Meaningful Life Practices Before and After Reflection

Paired t-tests were also conducted to compare participants' lived experiences of meaningful life practices.

Table 4. Comparison of lived experiences of meaningful life practices before and after the reflection program

Spiritual Dimension	N	Mean Before	Mean After	SD Before	SD After	t	df	p
Self	30	4.23	4.69	0.51	0.56	5.57	29	<.001
Others	30	4.09	4.57	0.59	0.50	5.19	29	<.001
Environment	30	4.02	4.57	0.46	0.56	5.27	29	<.001
Faith	30	3.93	4.45	0.80	0.74	4.92	29	<.001
Overall Mean	30	4.07	4.57	0.40	0.45	7.10	29	<.001

The results indicate that reflective practice significantly enhanced meaningful life practices among older adults across all spiritual dimensions.

DISCUSSION

The findings of this study indicate that reflective practice can significantly enhance spiritual well-being among older adults. The results demonstrated significant improvements in both the perceived importance of meaning in life and the lived experiences of meaningful life practices across the four spiritual dimensions. These findings are consistent with previous studies suggesting that spirituality plays an important role in maintaining psychological well-being and life satisfaction among aging populations (12,18). Spiritual well-being allows individuals to develop a deeper sense of purpose in life and supports their ability to cope more effectively with the physical, emotional, and social challenges associated with aging (21,23).

The results of this study also support earlier research indicating that reflective learning facilitates self-awareness and emotional adaptation (6,16). Through reflective processes, individuals are able to re-examine their life experiences, reassess personal values, and identify meaningful aspects of their lives. This reflective process may help older adults reinterpret life events in a more positive and constructive way, thereby strengthening their inner resources and contributing to improved spiritual well-being (22).

Furthermore, community-based health promotion activities have been shown to enhance psychosocial well-being among older adults (25). Nursing-led interventions that incorporate reflective practices can strengthen resilience, emotional balance, and social connectedness within community populations (26). These findings highlight the important role of nurses in promoting spiritual care and supporting holistic health among elderly individuals in community settings.

In addition, reflective approaches may enhance the ability of older adults to explore personal beliefs, values, and life meanings, which are essential components of spiritual health (20). Previous research has also demonstrated that reflective learning can improve spiritual awareness and professional competencies among nurses providing holistic care (27). Therefore, integrating

reflective activities into community health programs may provide an effective and practical strategy for strengthening spiritual well-being among older adults.

Importantly, the findings of this study suggest that reflective practice may function as a mechanism that connects life experiences with spiritual meaning in later life. Through reflection, older adults may transform everyday experiences into deeper insights about life purpose, relationships, and personal growth. This perspective extends current understanding of spiritual care by highlighting reflection as a form of **spiritual self-care**, in which individuals actively participate in maintaining their own spiritual well-being.

Promoting spiritual well-being among older adults also aligns with global health priorities related to healthy aging and sustainable development (29). Supporting the spiritual dimension of health contributes to achieving **Sustainable Development Goal (SDG) 3: Good Health and Well-being**, which emphasizes the promotion of mental and emotional well-being across the lifespan.

Implications for Nursing Practice

The findings of this study have important implications for nursing practice, particularly in community and primary health care settings. Reflective practice can be integrated into health promotion programs for older adults to enhance their spiritual well-being and psychological resilience. Nurses working with elderly populations can facilitate reflective activities such as guided discussions, storytelling, or reflective dialogue to encourage older adults to explore meaningful life experiences and personal values. These activities may help older adults strengthen their sense of purpose in life, improve emotional adaptation, and maintain positive relationships with others. Incorporating reflective approaches into nursing care may therefore support holistic health and promote healthy aging among community-dwelling older adults.

Implications for Community Health Promotion

The results of this study also highlight the importance of community-based programs that promote spiritual well-being among older adults. Community health organizations, elderly clubs, and primary health care centers may incorporate reflective activities into their routine programs to encourage self-awareness and meaningful engagement in life. Such programs may help older adults maintain emotional balance, strengthen social relationships, and improve overall quality of life. In societies experiencing rapid population aging, promoting spiritual well-being through community-based interventions may represent an important strategy for supporting healthy and active aging.

Knowledge Contribution of the Study

This study contributes to the existing body of knowledge on spiritual care and aging by demonstrating that reflective practice can function as an effective mechanism for enhancing spiritual well-being among older adults. While previous studies have emphasized the importance of spirituality in elderly care, fewer studies have examined how reflective processes can transform life experiences into meaningful understanding that strengthens spiritual well-being. The findings suggest that reflective practice can act as a bridge between life experiences and spiritual meaning, enabling older adults to reinterpret their experiences and develop deeper awareness of life purpose. This perspective expands the concept of spiritual care by highlighting reflection as a form of spiritual self-care, in which individuals actively participate in maintaining their own spiritual well-being.

CONCLUSION

This study provides important insights into the role of reflective practice in enhancing spiritual well-being among community-dwelling older adults. The findings demonstrate that reflective activities can significantly strengthen both the perceived meaning of life and the lived experience of meaningful life practices across four interconnected spiritual dimensions: personal, communal, environmental, and transcendental. These findings suggest that reflective processes allow older adults to reinterpret life experiences, strengthen their inner values, and cultivate a deeper sense of purpose in later life.

Beyond reporting empirical outcomes, this study contributes to the development of conceptual understanding regarding spiritual well-being in aging populations. The results indicate that reflective practice functions not merely as a learning strategy but also as a mechanism that transforms life experiences into spiritual meaning. Through reflective processes, older adults may develop greater self-awareness, emotional acceptance, and meaningful relationships with themselves, others, and the

surrounding environment. In this sense, reflection can be understood as a form of spiritual self-care, in which individuals actively engage in sustaining their own inner well-being.

From a nursing perspective, the findings extend the existing framework of holistic care by highlighting the integration of reflective practice into community-based health promotion for older adults. Nurses and community health professionals can facilitate reflective dialogue and experiential learning activities that support older adults in exploring life meaning, strengthening resilience, and maintaining spiritual balance. Such approaches may contribute to promoting healthy aging and improving quality of life among elderly populations.

Importantly, this study also proposes a conceptual perspective in which reflective practice serves as a bridge between life experiences and spiritual well-being in later life. This perspective may enrich existing theories of spiritual care by emphasizing the dynamic interaction between reflection, meaning-making, and spiritual growth among older adults. Future research may further explore this conceptual pathway and examine how reflective practices can be integrated into broader health promotion strategies for aging societies.

In conclusion, reflective practice represents a valuable and innovative approach for strengthening spiritual well-being among older adults. By fostering self-awareness, meaning-making, and emotional adaptation, reflective processes can support holistic health and contribute to sustainable approaches to elderly care in rapidly aging societies.

Theoretical Implications of the Study

The findings of this study provide important theoretical implications for the development of knowledge in spiritual care and gerontological nursing. While previous research has recognized spirituality as an important component of holistic health among older adults, limited attention has been given to the mechanisms through which spiritual well-being can be strengthened in everyday community contexts. The results of this study suggest that reflective practice may serve as a key mechanism that links life experiences with the development of spiritual meaning in later life.

From a theoretical perspective, the findings indicate that reflection functions as a dynamic process that enables older adults to reinterpret personal experiences and integrate emotional, social, and existential dimensions of their lives. Through reflective processes, individuals are able to connect their past experiences, present realities, and future expectations, thereby strengthening their sense of meaning in life and spiritual awareness. This perspective expands existing theories of spiritual well-being by emphasizing the role of reflective meaning-making as a pathway toward spiritual growth in aging populations.

Furthermore, the study suggests that spiritual well-being among older adults should be understood as a multidimensional construct that emerges from the interaction of four interconnected domains: personal, communal, environmental, and transcendental relationships. Reflective practice appears to facilitate awareness across these domains, enabling older adults to develop deeper relationships with themselves, with others, with nature, and with their beliefs about life meaning. This multidimensional perspective contributes to a more comprehensive understanding of spiritual health in later life.

Importantly, this study proposes a conceptual viewpoint in which reflection acts as a bridge between lived experiences and spiritual well-being. Rather than viewing spiritual care solely as a professional intervention delivered by healthcare providers, the findings highlight reflection as a form of spiritual self-care, in which individuals actively participate in constructing meaning and maintaining their own inner well-being. This perspective may enrich theoretical discussions in nursing by positioning reflective practice as both a learning process and a pathway toward spiritual resilience.

Overall, the theoretical contribution of this study lies in its integration of reflective learning theory with the multidimensional model of spiritual well-being. This integration provides a conceptual foundation for future research and offers a new perspective for developing interventions aimed at promoting spiritual health and holistic well-being among older adults.

REFERENCE

- [1] National Statistical Office. Survey of the elderly population in Thailand 2024. Bangkok: Ministry of Digital Economy and Society; 2024.
- [2] Thongcharoen W. The science and art of gerontological nursing. 2nd ed. Bangkok: Mahidol University; 2015.
- [3] Manitoba Spiritual Health Care Initiative. Core competencies for spiritual health care practitioners. Manitoba; 2007.

- [4] Thongprateep T. Spirituality: A dimension of nursing. Bangkok: Chulalongkorn University Press; 2009.
- [5] Singhsuriya P. Synthesizing knowledge on spiritual development in the Thai health system. Bangkok: Thai Health Promotion Foundation; 2009.
- [6] Gibbs G. Learning by doing: A guide to teaching and learning methods. Oxford: Oxford Polytechnic; 1988.
- [7] Fisher JW. Development and application of the Spiritual Health and Life-Orientation Measure (SHALOM). *Religions*. 2010;1(1):105-121.
- [8] Polit DF, Beck CT. Nursing research: Principles and methods. 7th ed. Philadelphia: Lippincott Williams & Wilkins; 2004.
- [9] Polit DF. Statistics and data analysis for nursing research. 2nd ed. New Jersey: Pearson Education; 2010.
- [10] Phrueksa-udomchai S, Tham-apipol S. Success factors in elderly club management in Nakhon Pathom Province. *Veridian E-Journal*. 2017;10(1):1439-1453.
- [11] Suwannachip S. Empowerment methods for elderly people in self-management. Bangkok: Department of Older Persons; 2015.
- [12] Koenig HG. Religion, spirituality, and health: The research and clinical implications. *ISRN Psychiatry*. 2012;2012:278730.
- [13] Puchalski CM, Ferrell B, Virani R, et al. Improving the quality of spiritual care as a dimension of palliative care. *J Palliat Med*. 2009;12(10):885-904.
- [14] McSherry W, Cash K, Ross L. Meaning of spirituality: implications for nursing practice. *J Clin Nurs*. 2004;13(8):934-941.
- [15] Baldacchino D. Spiritual care education of health care professionals. *Nurse Educ Today*. 2011;31(8):802-807.
- [16] Gall TL, Malette J, Guirguis-Younger M. Spirituality and religiousness: A diversity of definitions. *J Health Psychol*. 2011;16(5):679-691.
- [17] Levin J. Religion and mental health: theory and research. *Int J Appl Psychoanal Stud*. 2010;7(2):102-115.
- [18] Reed PG. Spirituality and well-being in terminally ill hospitalized adults. *Res Nurs Health*. 1987;10(5):335-344.
- [19] Wong KF, Yau SY. Nurses' experiences in spirituality and spiritual care. *J Clin Nurs*. 2010;19(15-16):2128-2136.
- [20] Sessanna L, Finnell D, Underhill M. Spirituality in nursing and health-related literature. *J Holist Nurs*. 2007;25(4):252-262.
- [21] Koenig HG, King D, Carson VB. Handbook of religion and health. 2nd ed. New York: Oxford University Press; 2012.
- [22] Fisher JW. Assessing spiritual health and well-being. *Religions*. 2011;2(1):17-28.
- [23] MacKinlay E. Spiritual growth and care in the fourth age of life. London: Jessica Kingsley Publishers; 2006.
- [24] Reed PG. Theory of self-transcendence. In: Smith MJ, Liehr PR, editors. Middle range theory for nursing. New York: Springer; 2014.
- [25] Pitsachart N, Tongvichean S. Community-based health promotion for psychosocial well-being among older adults. *BMC Nursing*. 2023;22:214.
- [26] Tongvichean S, Pitsachart N. Nursing interventions to strengthen mental health resilience in community populations. *Int J Nurs Sci*. 2022;9(3):245-252.
- [27] Boonrug P, Pitsachart N. Reflective learning in nursing education: implications for spiritual care competence. *Nurse Educ Today*. 2024;124:105690.
- [28] World Health Organization. Global strategy and action plan on ageing and health. Geneva: WHO; 2017.
- [29] United Nations. Transforming our world: the 2030 agenda for sustainable development. New York: United Nations; 2015.
- [30] United Nations Department of Economic and Social Affairs. World population ageing 2023. New York: UN; 2023.

- [31] Kijssomporn, J., Pitsachart, N., Thepakorn, P., Wong, L. S., Ramalingam, V., & Niu, V. W. (2024). The effectiveness of nurse assistants training programme on safe motherhood: A study on Bhutanese nurse assistants. *Journal of Asian Midwives*. 11(1), 29–38.