Chapter #8

SOCIAL CONSTRUCTION OF SPIRITUALITY AMONG TEACHERS AND HEALTHCARE WORKERS IN THAILAND

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ABSTRACT
Spirituality at work, is being increasingly explored in multi-disciplinary research from the viewpoint of individuals, their social and professional groups, and also their workplaces and/or organizations. Teachers and Health care workers play an important role in any society as they provide service for the problems and the needs of children and patients. Working in these professions requires a spirit of empathy and selflessness while providing service, and often stirs the spiritual component within the service provider. This chapter is based on an extensive research project initiated by a non-governmental organization to investigate a construction of spirituality, its process from the perspective of teachers and health care workers in Thailand. A research sample of 100 teachers and health care workers were purposively selected from four regions of Thailand. For this qualitative research design, the grounded theory method was used for understanding the social construction of spirituality and its other themes. This chapter shares the research based evidence to explain the meaning of spirituality, the social factors influencing the concept of spirituality, and the consequences of spirituality.

Keywords: spirituality, spirituality at work, health care workers' spirituality, grounded theory.

1. INTRODUCTION

Spirituality is being increasingly examined from the perspectives of many disciplines including social psychology, and also from inter-disciplinary perspectives. Nevertheless researchers are engaged in understanding it using various research methodologies, for both developing a broader or generalized concept of spirituality; and also more specific meanings of spirituality that emerge across different socio-cultural contexts. There are two main objectives of the current chapter; the first is to share the findings from a qualitative research about the conceptual development about the meaning, causes and consequences of spirituality among the teachers and healthcare workers in Thailand. The second aim is to illustrate how the grounded theory method of social constructionist approach was used in the current research.

Spirituality is an emergent topic for organizations. The reason for this interest is rooted in the complicated problems ensuing from - major organizational changes, which often result in the demoralization and spiritual disorientation of the employees. These impacts however can be counterbalanced by the positive impact of spirituality (Driver, 2005). Additionally, some research showed that spirituality provided the driving force toward more meaningful work experiences (Gotsis & Kortezi, 2008). Moreover, Fahri (2010) conducted a review on 140 papers on workplace spirituality and found that it positively correlates with employee well-being, and quality of life. Research interest in spirituality and healthcare is not a "modern phenomenon" as noted by Fletcher (2004), and there has been a growing interest in the linkages between the two over last few decades

(De Jager Meezenbroek, et al., 2012; Miller & Thoresen, 2003; Piedmont & Friedman, 2012). However the research on the role of spirituality among teachers and caregivers are limited and more from the perspective of religiosity (De Jager Meezenbroek, et al., 2012). Hence, the current chapter addresses the issue of spirituality through qualitative investigation of the work context of teachers and healthcare employees in Thailand.

1.1. The Background of the Research on Spirituality

Spirituality has perhaps always been a profound mystical concept to be sought after, and has been given several interpretations through the work of philosophers, religious leaders and then through systematic research. After conducting an extensive review of contemporary definitions in 2007, Smith and Rayment (as cited by Smith and Rayment, 2013, p12.) identified some common features, and from these they drew together the following definition: "Spirituality is a state or experience that can provide individuals with direction or meaning, or provide feelings of understanding, support, inner wholeness or connectedness". In a conceptual analysis of spirituality, Sessana, Finnell and Jezewski (2007) found that spirituality was defined within four main themes in the nursing and health related literature: (a) spirituality as religious systems of beliefs and values ; (b) spirituality as life meaning, purpose, and connection with others; (c) spirituality as nonreligious systems of beliefs and values and; (d) spirituality as a metaphysical or transcendental phenomena.

Another aspect linked to the research about spirituality is exploring its development. Spiritual development has been explained by the cognitive approach and social-ecological approaches to spirituality. By the cognitive approach, spiritual development proceeds from intuitive understanding to increasing reflective thought. The social-ecology approach examines various social contexts and the interaction between them (Boyatzis, 2009). The construction of spirituality in this research was investigated using the social construction approach defined as "social process from which emerge commonly shared presumptions about the real, the rational, and the good" (Gergen & Gergen, 2008, p.173). Charmaz (2008) described constructionist grounded theory as an approach that "attends to what and how questions (…) treated research worlds as social constructions, but not research practices" (p. 398).

The research in spirituality and health has been growing over the last decades. Weaver, Pargament, Flannelly & Oppenheimer (2006) noted that there has been a dramatic increase in the rate of publications about spirituality and religion over the last 35 years. But this should be noted with caution since researchers point out that the research in the context of health showed overlapping concepts of spirituality and religiosity (De Jager Meezenbroek, et al., 2012; Miller & Thoresen, 2003; Piedmont & Friedman, 2012). Spirituality and religiosity are conceptually different. However they have something in common including both were cultural facts, multidimensional complex and multilevel constructs, have substantive and functional aspects, and could be developed and change over time. Hodge & McGrew (2005) have reviewed the differences and similarities between the constructs and show that there are overlapping themes. Consistent with other research the categories used to define spirituality were often used to define religion as well, suggesting a degree of overlap between the two constructs (Canda & Furman, 1999; Furman, et al., 2004; Zinnbauer, et al., 1997) Previous psychological research on religion and spirituality consisted of mostly correlational studies and surveys of religious and spiritual experiences.

Researchers note that qualitative enquiry into spirituality has great potential for revealing information that may not be within the realms of a more direct quantitative

approach (Boston, Mount, Orenstein, & Freedman, 2001; Larson, Swyers, & McCullough, 1998). For the method of investigation, this study used grounded theory approach which allows researchers to begin with a research question rather than a theory and specific hypotheses. The grounded theory method has developed over the years, beginning with the collaborative work between social scientists Glaser and Strauss in the 1960's (Charmaz, 1995). By using grounded theory method, one can answer "what" of the person construct and "how" of the social construction process that unfolds (Charmaz, 2008).

In the field of healthcare in Thailand, inadequate number of physicians and other healthcare workers have been reported (Wiwanitkit, 2011). A healthcare provider often has a challenging task of taking care of the needs of the clients and patients which could be emotionally draining for them. When faced conditions of overloaded work, a person may be required to go beyond his given resources and his regular self to not only understand the needs of the patient but also his reliable and respective role. In the Thai educational system, a professional teacher is expected to showed compassion, patience, and tolerance; show ethical behavior in school and in his private life. Professional teachers must also show spirituality, and only this character will differentiate him from a teacher by another job title. There were many definitions of teacher spirituality but one given by a well-known Thai monk Panyananda (1995) explained that teacher spirituality refers to the sacrifice that one has to do for the knowledge and understanding, and the intellectual development of the students. In the Western country there was a holistic education which means development of the whole person. This included the intellectual, emotional, physical, social, aesthetic, and spiritual. The defining aspect of holistic education is the spiritual (Miller et al., 2005). In Thailand there has been a new concept of "Humanized Healthcare" introduced by Professor Dr. Prawase Wasi in 2003 (as noted by Namwichisirikul, 2012). This has led to a "paradigm shift" in healthcare and has awakened the need for "spiritual care" among the health care employees. The humanized healthcare was later adapted to schools and other workplaces to demonstrated their administration using spiritual development policy, spiritual human resource development, effective communication and personal inner-development, organization culture relevant to human rights, and healing structures or environments. For investigating the concept of spirituality among the teachers and healthcare workers though this research, we selected teachers and health care workers from the humanized workplaces; the intention was to understand how spirituality develops and what may be the consequences in the work context of the participants.

1.2. Objectives of the Study

The main purpose of this research study was to explain Spirituality from the perspective of teachers and health care workers in Thailand. For the research investigation, the following objectives of the study were outlined:

1. To construct a concept of spirituality from the empirical data.
2. To explain the perceived causes and consequences of the spirituality.

2. METHODOLOGY

2.1. Research Method

This research used the grounded theory method which begins with inductive strategies for collecting and analyzing qualitative data for the purpose of developing middle-range theory. Grounded theory is a method for understanding research participant's social constructions through inquiry and is based on systematically gathering and analyzing data

for developing the theory. Also grounded theory is a method that researchers construct throughout inquiry by interacting in the research setting, with the data, colleagues, and themselves (Charmaz, 2008).

2.2. Participants

The education participants were 50 educators, selected from school practicing humanized education from four regions of Thailand. The participants composed of school principals and teachers. Majority of the participants were Buddhists; and others were Muslim.

The healthcare participants included 50 health care workers, selected from hospitals providing the humanized care. The participants were working in hospitals which were selected to be representative of all four regions of Thailand. The participants composed of physician doctors, dentists, nurses, and health volunteers. Some of them were Muslim, but the majority was Buddhists.

The participants were divided in four groups according to their region of work. Within each group, the technique of dialogue, after action review, group discussion, role play, storytelling, group dialogue were used to collect data by 2-3 facilitators. Each group met three times, for two days for the scheduled meetings. Each group had a facilitator and note taker. The following topics were discussed among each group: thought and experience of working as a humanized helper, activities and methods of work, aspiration for work, and self-change. Data collecting was scheduled in 2008-2009. Each meeting was videotaped and tape recorded, and then data was transcribed verbatim.

2.3. Data Analysis

Qualitative data was collected for this research. Data were analyzed in three steps of coding. First the open coding or substantial coding was performed independently by one researcher. This coding was further discussed in a group meeting of two researchers. Then all open coding were discussed in the meeting of the complete research team. Secondly, axial coding was performed by two groups of researchers, and verified by the project head. Finally selective coding was done by the project head, and discussed with the research team. Then two external experts in the areas of Philosophy and Psychology examined the axial and selective coding.

3. RESULTS

The data of the research have been analyzed to develop a model of spirituality from the perspective of teachers and health care providers in Thailand. First we will describe the core categories of spirituality, then its manifestation and consequences as experienced by the research participants.

3.1. Core Categories of Spirituality and its related themes

As being shown in Figure 1, through the data collected from the healthcare providers, and teachers it can be said that Spirituality was described as a state of mind, as being able to know one's goal and meaning of his/her life, consciousness of the death, having faith in something or some super power, being understanding and insightful of oneself and of others, and being non-materialistic.

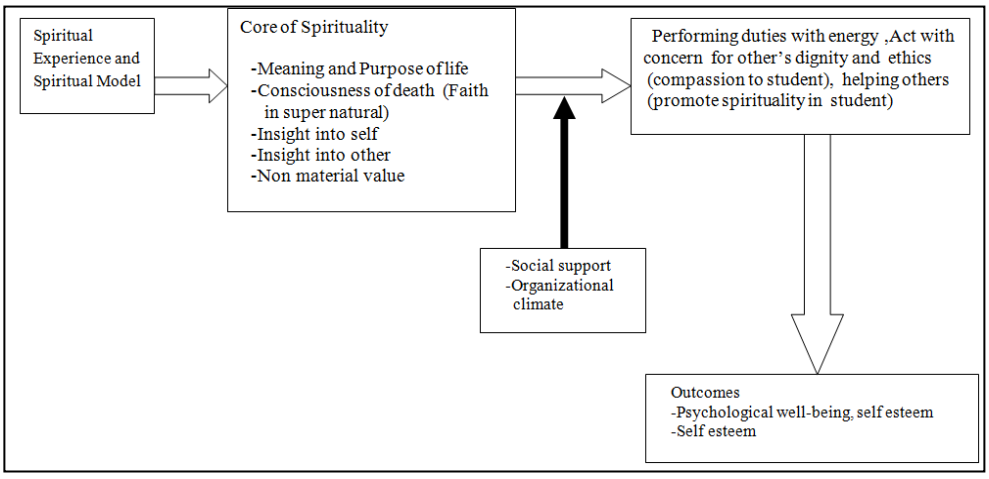
In the group of educators, the causes of spirituality were spiritual experiences, role models, support and climate at work. The immediate outcomes of being spiritual were

compassion to student, spiritual promotion in student, heightened energy in working. The final outcomes were psychological well-being and self-esteem.

In the healthcare provider group the causes of spirituality were spiritual experiences, and the support and climate at work. The immediate outcomes of being spiritual were showing helping behavior towards others, and heightened energy in working. The final outcomes experienced as a result of being spiritual were psychological well-being, happiness and self-esteem.

Each of these five elements, that reflected the core of the concept of Spirituality, as developed from this research, are explained in the following sub sections.

Figure 1. The emerging themes of spirituality



Note: In parenthesis are the results from the group of educators

3.1.1. Meaning and Goal of Life

Meaning and goal of life was described as an awareness of a goal of one life, what one wanted to achieve and understand meaning of one life, use it to determine ways of life. One of the healthcare participant said that, "when I was in college there were many times that I felt good after I took care of the patients as I was told to do, then I love being doctor and intended to do it well". Another participant said, "I like to set goal and try to achieve it". A teacher participant said, "I performed my work not because I was told to do but I did according to my goals which are my students". Another teacher said "I always asked about my life goal, knowing does not understand, not until lately, I realized what my goal is after I attended the Buddhist practices".

Also some healthcare participants showed that they developed principles or ways of thinking as they go through life's goal, as one said, "Nobody was bad from birth, but there were some environments or causes which make a person bad, and we should try to help them to be happy". A teacher participant said "Teacher should not only teach the subject but should humanize students". Another teacher said "A teacher should sacrifice time, thought, spiritual, and material things when we teach".

Healthcare participants showed their concern about patient's dignity: "I asked if the AIDS patients would be fine if we visit their home because they may not want the neighbor to know". Or they commented that "when dealing with the patient we should let the patient decide how much he can do or how he wants to do, not demand him to do as we wanted".

One teacher participant said “Teacher must treat students with fairness and unbiased behaviors”. Another teacher said “Teacher must always forgive student even though he did something bad to you, and made you angry, because student was still learning to be a better person”.

Not only were the healthcare participants aware about their goals but they also reported how they understood the meaning of their life during their work experience: “I looked back to my life and know that nothing lasts forever. There is no problem that cannot be corrected. There is nothing best, but rather we should live for happiness of all people around us, little by little”. The teacher participant said “My happiness is giving to others; giving and receiving are quite different”.

3.1.2. Consciousness of Death

Consciousness of death was described as being emotionally aware of the imminent death of patients and being able to change oneself after that. One of the participants stated that: “I wanted to help a child to recover from a shock one evening, I started the manual heart pumping at midnight without any close supervision, but I could not help him. The child died. I felt so sad and stressed out".

One of the participant reported that the death of one patient motivated him to become a good doctor: "I was in my 4th year at the medical school, and the patient was a skinny child having pneumonia. He was brought in by his parent, who was a street trash keeper. I took care of him as best I could, but he died. I felt sad as I thought that maybe he died between 2-5 a.m. in the morning when I had gone to sleep. I thought if I was with him, he may not have died. This inspired me to be a good doctor. Ever since that, I go to sleep only when all the patients have gone to sleep”.

3.1.3. Faith in supernatural

Faith in supernatural was defined as an acceptance of supernatural power. One teacher said, “I believed that being good teacher will bring good things to my own child”. Another one said, “Parents must not say bad words to his child, because it will be as said”.

3.1.4. Insight into Self

Insight into self was defined as being conscious of one’s thought and feelings. It had three components- mindfulness, knowing one’s self, and self-evaluation or self-reflection. Participants narrated situations where they listened to others with mindfulness: “my mind was focused on the subject he talked, and I could understand him better". One participant stated that “when I arrived at the hospital, I leave my bad feelings outside. I think I was good in managing my emotions". One teacher said, “Being mindfulness help me develop more positive attitude”. Another teacher said “I practiced self-reflection everyday 10 minutes before sleep, recalled what I did, how good or bad, and why I did it”.

Healthcare participants and educators reflected on their past behavior of showing bad temper and evaluated it as being not appropriate. Then they tried to change themselves for better as one said: "I used to be hot tempered, and a lot of people were hurt by me. But now I learned that I should not pass my temper to the patient". One participant learnt that she was easily hurt by others and became de-motivated or sad. So she tried to cope by attempting to think positive about everything to overcome her feelings. A teacher said, “I thought of time when I ignored student, how I was sorry to let them down”.

3.1.5. Insight into Others

Insight into others was described as being conscious of other’s needs and beliefs. Healthcare participants showed their awareness of others, the patients suffering the effects

of sickness, and tried to help: "Never before I felt aware that how much patients were suffering, but when my mother was sick, I felt such strong emotions with her suffering and almost committed suicide myself".

Some participants showed that they tried to place themselves in other's situation to understand their feeling. Also with their role as a superior, one participant knew how his subordinate felt and tried to help him: "He was an alcoholic. At first I asked him whether he wanted to be in a re-habilitation. The next day he asked for a transfer, and then I knew how he felt. That evening I met him, gave him my hug, told him that I love you, if you need me to help please let me know, but I don't want you to take a transfer. Then he cried. After that he worked better and drank less".

The participants also felt bad when she saw someone didn't aware of others suffering, "sometimes I wanted to cry when I saw some of the workers ignored patients' suffering". In addition, there was evidence that the participants could sense the patients' personal beliefs and help them to fulfill their needs: "I used their cultural beliefs along with my treatment, and I found that they felt better".

Educators showed their concern toward co-workers and students by attending, listening, and empathy. "Teacher was a change agent, when student absent from school, it may be because he did not have uniform, it may be there was only one uniform in the family of several children". "When you observed your worried face, you must go forward to help".

3.1.6. Non Material Value

Non material value was described as the emphasis on the internal value not the external or instrumental value of things. Participants showed the characteristic of this behavior by doing something for its own values against doing it for recognition of others, prize, token, money, or as a mean to other achievement. One participant stated that "I volunteer to do this; the hospital paid some money, but I didn't care much about it. I just wanted to help my human friends". Also one doctor said, "I asked myself while I worked for helping someone in suffering, my friend worked for the sake of a private company, and he was paid ten times more than me; then why did I stay on my job? The answer was because I valued heart more than money". A teacher said, "I worked every day, and on weekends; I didn't ask for overtime pay". Another teacher said "My work did not for rewards, I never reported to the supervisor, never used it for promotion".

3.2. The Process of Spirituality Construction

Spirituality was perceived to be developed by the participant's spiritual experiences and role models. The spiritual experiences were described as learned from religious practices, by being with some persons who were dying or were disadvantaged, like from some minority group, learned from the suffering of problems in personal life, and having directly talked with someone known as a highly spiritual person.

The spiritual role models of the participants were someone in the family, in the workplace, the King of Thailand or someone in the society who acted as a role model of spirituality.

The outcome of being spiritual was engaging in spiritual behaviors, comprised of helping others, performing duties with energy, and acting with concern of other's dignity.

In addition to the direct causes of spirituality, there were two group level factors as support from work and family, and the positive climate at the workplace. Lastly the end result of spirituality was experiencing the feelings of happiness and self-esteem.

4. DISCUSSION AND CONCLUSION

As it was revealed from the findings of this research, the participants showed diverse core categories of spirituality. Among these were: goal and meaning of life, consciousness of death, faith in supernatural, insight into self, insight into others, and non material value.

A review of research evidence indicates that spirituality is shown to have various meanings, and structures depending on the disciplines, culture, and experiences. The findings of the current research are compared with the evidence from previous researches in the Western countries. It was found that there are some dimensions of spirituality that emerge in this research but not in the previous researches.

The findings of this study indicated that some elements in the core spirituality corroborated with the findings of previous researches using empirical data from qualitative studies. Concepts such as goal and meaning of life, non materialism, and consciousness of death were partly found in the study by Elkin, Hedstrom, Hughes, Leaf, & Saunders (1988), which was a study of cross cultural participants. The different subthemes were- an insight into oneself, and insight into others.

Also this study classified happiness and self-esteem as the outcomes of being spiritual, instead of being part of spirituality as was in Elkins' fruit of spirituality. In the study by Elkin et al. (1988), the fruit of spirituality was described as being less stressful in life and being loved by other. It differed from the concept of this research- that of happiness and self esteem being classified as an outcome of core spirituality. But result from both the studies supported the same construct that of psychological well-being. The difference in findings between the two studies may have resulted due to the study participants. In this study almost all participants were Buddhists and some were Muslim, while the participants in Elkins' study were mostly Christian and some were Muslim. In addition participants in that study were highly educated but in this study our participants had low to high education level.

Insight into self and goal and meaning in life overlapped with two out of four elements in the study of Mattis (2000). Concepts of insight into others, meaning of life, faith in super power were found in three of four elements in the study of Chiu, Emblen, Van Hofwegan, Sawatzky, & Meyerhoff (2004). The findings of this study highly agreed with an essence of spirituality in a study by Rich & Cinamon (2007). The difference between this study and the other were that the participants in the other were non Buddhists.

Another study by Pincharoen and Congdon, (2003) investigated the concept of spirituality among Thais elders who lived in the USA, and (Pincharoen and Congdon, 2003), found that spirituality composed of five themes that included, "connecting with spiritual resources provided comfort and peace, finding harmony through a healthy mind and body, living a valuable life, valuing tranquil relationships with family and friends, and experiencing meaning and confidence in death" (p.99). Furthermore that study reported that for the Thai participants, health and spirituality coexisted and were linked to all of life. When compare the current research, the similarity between findings of the two studies were about the meaning of life, and consciousness of death. The differences between the two studies were the ages of the participants, their occupation, and the living context.

The differences of this study, as compared to other researches, have emerged mainly because this study attempted to separate the causes and consequences of spirituality, separate mind from behaviors, separate direct cause from moderators by using perceptions from the participants and knowledge in psychology and behavioral sciences. For example Altruism was defined as element of spirituality by Elkin et al. (1988), but we classified helping others with kindness as spiritual outcome behaviors. Also in a study by

Chiu et al. (2004) power was defined as spirituality but in our study we classified it as spiritual behavior namely, doing activities with energy.

5. RECOMMENDATIONS

The study findings lead to some practical implications. Spirituality in teachers and health care workers were defined more precisely in the Thai culture as having the some of the same core element as in other cultures. Measuring instruments of the core of spirituality and its related constructs could be developed for the purpose of explaining how one's spirituality should be supported or improved. Moreover all the self-report measures may be used to help a person learn more about their own spirituality. The findings showed that spirituality affects the quality of work when there is social support and warm organizational climate. Hence healthcare organizations such as a hospital may provide regular activity for promoting both conditions such as by providing team building activities.

In addition, the study found that spirituality had social causes such as having a spiritual experience and a role model. Therefore in the Thai society there could be more emphasis on creating a spiritual environment by using public media and education as tools.

More research could be done to describe in-depth how spirituality is developed, and what if it was under developed, or what happens to the person having negative spirituality. More research may be done to find the meaning of spirituality within some specific groups involved in other social service arena.

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