

Elderly Psychiatric Patients: Happiness of Psychiatric Multidisciplinary Team and Caregivers

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The objectives of this research are to study the happiness and working life of psychiatric multidisciplinary team and caregivers in taking care of the elderly psychiatric patients. The sample group is the psychiatric multidisciplinary team consisting of psychiatrists, neurologists, psychiatric nurses, clinical psychologists, social workers, physical therapists, nutritionists, occupational therapists, nurse aid and caregivers working with the elderly psychiatric patients at Somdet Chaopraya Institute of Psychiatry, 3 persons per each group. The tools used for data collection are personal information questionnaire, current happiness questionnaire, and Oxford Happiness Questionnaire including the structured interview form and the non-participatory observation. The research results reveal that personnel in each profession have the current and overall happiness at the high level. The working behaviors follow the roles and responsibilities. They are happy in working to take care, treat, and rehabilitate the elderly psychiatric patients following their work experience with the patients, acknowledged that they had made merit. This results in working power to take care the elderly psychiatric patients to have good quality of life.

Key words: *Happiness, Psychiatric Multidisciplinary Team and Caregivers, Elderly Psychiatric Patients.*

Introduction

At present, the issue encountered by the elderly in many countries around the world is the rapid growth condition due to the increasing effective medical treatment. The birth rate of the population tends to decrease and people who were born in the Baby Boomers era enter the elderly age especially in Japan, Singapore, Sweden, France, etc. The World Health

Organization predicts that the number of people aged 60 and over will increase by at least 3% per year. The number of elderly people around the world in 2017 was around 963 million persons (13% percent of the world population). This number will increase to approximately 1.4 billion persons by 2030 and will increase to 2 billion persons by 2050 (Intelligence.businesseventsthailand.com, 2020).

In Thailand, there is an increasing number of elderly people. National Statistical Office surveyed the elderly population in 2018 and found that the number of the elderly increased rapidly and continuously from 11.3% in 2009 to 16.7% of the population in the country in 2018 (National Statistical Office, 2018). This phenomenon resulted in the development approach of the country to see the importance of being an aging society in the future from the 12th National Economic and Social Development Plan (2017-2021) (Office of the National Economic and Social Development Board, 2020). The Chula Excellence Center of Stroke of Chulalongkorn Hospital, Thai Red Cross (2015) finds that when people get older and enter the elderly, their physical conditions become deteriorated causing various diseases especially in the brain such as Dementia and Alzheimer's disease. The study of Douchty, Staikos & Louloudis (2018) revealed that Dementia had a huge impact on the elderly. This Dementia comes from the brain disorder affecting multiple higher cortisol functions in memory, thinking, orientation, comprehension, and calculation. This Dementia also includes Alzheimer and Parkinson's disease. Various disorders result in the inappropriate treatment for patients causing the patient to feel discriminated and excluded from the society. Although in the past few years, researchers had studied new medicine to treat, prevent, cure, and reduce the occurrence of dementia, the cooperation and assistance of medical personnel was also found to be very important. Associate Professor Dr. Woraphan Senanarong (2016) said that 66% of the elderly in the world are suffering from dementia with the intensity of ascending from the degeneration of various organs such as eyes that rarely see, ears that cannot hear, etc. Some have changed personalities, repeated questions, not remembering relatives and their daily activities. Some patients have delusion, hallucination, depression, risk of suicide (Sompob Rueangtrakul, 2013; Suwit Chareonsak et al., 2018). This group of patients must be looked after and treated in terms of physical, mental, and social care with psychotic symptoms going through the process of being admitted to a psychiatric hospital.

In Thailand, there is the institute in psychiatry treatment which has performed the operation for 130 years; Somdet Chaopraya Institute of Psychiatry. There are a variety of personnel from various professions who are knowledgeable and able to work for a long time. Taking care of elderly psychiatric patients is to take care of an illness which requires coordination with many departments. The psychiatric multidisciplinary team and caregivers are very important. The multidisciplinary team consists of psychiatrists, neurologists, psychiatric nurses, clinical psychologists, social workers, physical therapists, nutritionists, occupational therapists, nurse aid and caregivers. Each person has different roles in working to take care of

the elderly psychiatric patients who become deteriorate day by day. Their symptoms inevitably affect the mood, feelings, and cause stress in being burden (APA, 2020; Zuardi, Ishara & Bandeira, 2011; Pawut Mekvichai and Surin Saetang, 2013). The positive psychology study reveals that happiness occurs when a person is happy. It gives energy to work, ability to create, and reduction the burn out in resignation as well (Awada, Johar & Ismail, 2020; Priolcar, 2014). Thus, the researcher is interested in the aspect of happiness in helping to take care of elderly psychiatric patients for a long time. This is also a guideline for casting and develops work efficiently to meet the increasing elderly psychiatric patient situation in order for them to have a happy life in working. This research has the objective in studying the happiness and working life of the psychiatric multidisciplinary team and caregivers in taking care of elderly psychiatric patients.

Literature Review and Hypotheses Development

Roles and duties of psychiatry multidisciplinary team and caregivers in taking care of elderly psychiatric patients

In taking care and treat the elderly psychiatric patients who have the illness in many systems such as physical aspect, brain, thinking, perception, eating, movement, social and mental disorders, including care in daily life. Therefore, it is necessary to have personnel involved in many professions. The roles of each profession related to elderly psychiatric patients include the roles of psychiatrists having duty in taking care of people with mental disorders, interviews, mental health checks, treatment with medication and / or psychotherapy (Mahidol University, 2020). The neurologists have the roles in diagnosis, treatment, prevention, and skills in operative procedures by using Neurosciences (Royal College of Internal Medicine of Thailand, 2014). The psychiatric nurses work in relation with care, treatment, rehabilitation, mental health promotion, and enhancement of self-care potential of patients and families. There is a link between knowledge about one's emotions, health, mental disorders, and neuroscience Psychiatry (Thailand Nursing and Midwifery Council, 2013, referred to in Potjana Plienkerd and Sompis Kerdsiri, 2014).

The clinical psychologists play the role in clinical psychological assessment, psychotherapy, and mental rehabilitation (Clinical Psychological Professions Committee, 2014). The social workers are responsible for interviews, home visits, counseling, treatment, rehabilitation, prevention, protection, and patient development so that they can help themselves (Office of the Civil Service Commission, 2011). The physical therapists play the role in treating the patients with musculoskeletal diseases, neurological diseases, disability caused by diseases or accident. The physiotherapy can restore to normalcy by using heat, electricity, light, sound, pulling, bending, massaging, exercising including physical tools (Career Information Center, Department of Employment, 2020). The nutritionists are responsible for evaluating the nutritional status of patients in planning to provide nutrition care with doctors, preparing food

items that must be produced and serviced to patients, and determining the amount of ingredients that patients need each day (Nutrition Science Section, Kamphaeng Phet Hospital, 2020).

The occupational therapists have the duties in creating the activities about the ability of people with physical, mental, emotional, and social disabilities using the assessment, prevention, and promotion process for the therapy and rehabilitation to make them able to perform various activities and able to live according to their potential. The activities, equipment, and appropriate methods are used in treatment (Office of Sanatorium and Healing Arts, 2011). The nurse aid are responsible for helping patients, doctors, and nurses to provide services to patients. The work is not complicated such as turning the patients to the other side, feeding the food, wiping the body, preparing, tidying, and cleaning the area and the environment according to the principles of control and prevention of infection in hospitals (Human Resources Management Division, Office of the Permanent Secretary, Ministry of Public Health, 2013). The caregivers are responsible for the daily activities of the elderly such as eating, excretion, movement, sleeping to be hygienic, safe, suitable as well as observing the changing behaviors, promoting health in all areas, and maintaining the environment to be safe, hygienic, conducive to the health promotion of the elderly (Bureau of Elderly Health, Department of Health, Ministry of Public Health, 2020).

Happiness at Workplace

Several researchers study the happiness of work (Boonratmaitree, Yodsurang, Thongrawd, Jermittiparsert, 2020; Jermittiparsert & Sriyakul, 2020). Sudsakorn (2019) studied the police station and found that happiness was associated with having Happy Heart, Happy Soul, and being in a Happy Society. The study of Kaeodumkoeng & Junhasobhaga (2018) on the work happiness program of employees in the weaving industry in Thailand on the changes in work skills, life skills, behaviors and workplaces that affect health for happiness found that these could make employees happy but no studies have yet been found in elderly psychiatric patients.

Working to take care of the elderly psychiatric patients who become deteriorated day by day for a long time affects physical health, mental health and causes stress and pressure (APA, 2020; Zuardi, Ishara & Bandeira, 2011). In studying the Burn Out persons, it is related to an unsuccessful feeling, mental exhaustion, and feeling different from other people (Jermittiparsert & Khongkhadee, 2017). Even among the caregivers of dementia patients, they are also affected in terms of time in caregiving especially in the case of caring for patients who are unable to perform daily activities by themselves (Pawut Mekvichai and Surin Saetang, 2013). Therefore, the psychiatric multidisciplinary team including caregivers are very important in caring the elderly psychiatric patients to have good quality of life.

McCormick & Cushman (2018) studied the group of people with chronic illnesses and found that medical personnel whether psychiatrists, psychologists, family who look after the patients have positive psychology based on Martin Seligman's ideas [Seligman's PERMA Model: Positive Emotion, Engagement, Relationships, Meaning, and Accomplishments] (Arunchat Kuruvanich, Vipaporn Ouncharoenkun, and Kanchanat Saeueng, 2019) would help patients to accept the symptoms of chronic illness, adjust expectations for them to have meaning in life, feel full and well-being (PositivePsychology.com, 2020).

At the same time, when the personnel in the multidisciplinary team work happily, it will be linked to the factors of individuals, families and societies that work altogether (Watthanabut & Manasabutr, 2017) to have Psychological capital which involves the ability to think and deal with obstacles. They can manage their emotion to achieve the desired goals, hope, and resilience in order to help using the internal potential in dealing with situations in life (Nair, 2019). Besides, those who are happy will produce creative work, be determined in working, be energetic, be able to recover to reliance and reduce the burn out for resignation (Awada, Johar & Ismail, 2020; Priolcar, 2014; Department of Mental Health, 2009). This is different from those who are not happy (Sharma & Jain, 2018). Thus, happiness is a mental state without negative experiences and full of satisfaction and well-being (Boonratmaitree et al., 2020).

Happiness at work is therefore a basic human need and is the goal of a person's life. However, the importance of having a happy work will depend on the nature, role, function and the long-term continuation of responsibilities. The researches on happiness are strongly linked to the positive psychology of one's own happiness with work. From this reason, when the agencies providing treatment and caring for the elderly psychiatric patients realize about the happiness of personnel in each profession, it will help creating good care of the elderly psychiatric patients.

This research is interested in studying the happiness and working life of the psychiatric multidisciplinary team and caregivers that need to look after and treat the elderly psychiatric patients in Somdet Chaopraya Institute of Psychiatry which is an institution that has a long history and many professional personnel to help taking care of the elderly psychiatric patients increasing day by day.

Research Methodology

This is qualitative research in the case study approach. The population used in this research consists of the psychiatric multidisciplinary team of 9 professions and caregivers of the elderly psychiatric patients consisting of psychiatrists, neurologists, psychiatric nurses, clinical psychologists, social workers, physical therapists, nutritionists, occupational

therapists, nurse aid and caregivers who take care of the elderly psychiatric patients at Somdet Chaopraya Institute of Psychiatry. The samples group was the psychiatric multidisciplinary team and caregivers, 3 persons per group. The purposive sampling is used. The tools used for the data collection are questionnaires and interview forms. Part 1 is on personal data. Part 2 is a questionnaire about happiness consisting of 1 questionnaire for current happiness as a top 10 rating scale from 1 (do not feel happy at all) - 10 (feel most happy) and overall happiness questionnaire measured from Oxford Happiness Questionnaire for 29 questions translated and arranged by Panomporn Phoomchan (2015). It is characterized by 4 rating scales from 1 (least) - 4 (most). The results are brought for finding the content validity from 3 experts. The total happiness and satisfaction rating of the questionnaire from a population is similar to the sample of 30 people equaling to 0.952. Part 3 is a question about what makes happiness in working with elderly psychiatric patients. After that, the in-depth interview was done by using the structured interview form and non-participatory observation. The work characteristics of the psychiatric multidisciplinary team and caregivers include what makes them happy to work with the elderly psychiatric patients. Once the questionnaires were collected, the data would be analyzed and summarized in depth from the interview. In this interview, even if it is a matter of happiness, when there are some issues related to sensitive feelings and unease, the researcher would conduct the interviews with empathy, understand the phenomenon, stop the interview in case the sample group became uncomfortable and tired. In addition, the research project has passed the Research Ethics Committee, Somdet Chaopraya Institute of Psychiatry, project certification document No. 028/2017.

Research Results

The objective of this research is to study the happiness of the psychiatric multidisciplinary team and caregivers in caring for the elderly psychiatric patients. According to the study, it is found that **psychiatrists** are currently happy at a high level (8.3) with overall happiness at a high level (92.7). **Neurologists** are currently happy at a high level (9.0) with overall happiness at a high level (88.3). **Nurses** are currently happy at a high level (8.3) with overall happiness at a high level (90.0). **Psychologists** are currently happy at a high level (8.3) with overall happiness at a high level (93.0). **Social workers** are currently happy at a moderate level (6.7) with overall happiness at a moderate level (80.7). **Physical therapists** are currently happy at a moderate level (5.7) with overall happiness at a high level (90.3). **Nutritionists** are currently happy at a high level (9.0) with overall happiness at a high level (93.3). **Occupational therapists** are currently happy at a high level (8.3) with overall happiness at a high level (88.3). The **Nurse aid** are currently happy at a high level (9.7) with overall happiness at a high level (91.0). **Caregivers** are currently happy at a high level (8.3) with overall happiness at a high level (90.3).

Qualitative Research Results

Personnel in each profession play the roles in work and happiness in caring for elderly psychiatric patients in general similarly. There may be slight differences in each profession. The psychiatric professional sample was perceived as a physician providing treatment for the rehabilitation of elderly psychiatric patients at risk and in the community by psychiatric drug therapy. They consider providing appropriate psychological and social care for each patient. Viewing from the perspective of happiness in working with the elderly psychiatric patients, it is recognized as a challenging job as the elderly patients often have complications that require knowledge and psychiatric ability. The personnel are proud to help the elderly who have made benefits to society before. This is like taking care of people in the same age of their parents or relatives to make these people have good mental health and have a good quality of life. The personnel have chance to help the elderly who lived their lives to sponsor and care for the others in the past. This is considered as paying gratitude to the elderly. At the same time, it is seen as one way of making merit by using knowledge and ability to make merit complacent for doing goodness as well as seeing the oldness, sickness, and death as the reminder of life.

“Being proud to help the elderly who have made benefits to society before is like taking care of people as same as their parents or relatives to make these people have good mental health and good quality of life.”

The sample group of neurological medicine profession perceives that they play the role as physician who provides knowledge in self-care, sleep, and consult the psychiatric case of suspected neurological problems and the elderly psychiatry patients with dementia.

When viewing from the perspective of happiness in working with elderly psychiatric patients, it is recognized of learning new things about Neuroscience about the elderly and Neuroscience Psychiatry. It is the happiness from taking care of the elderly who are paid less intention in the society and families. This is like rewarding those who used to benefit society to make them feel useful and make them more comfortable for both relatives and patients. In addition, the work makes the personnel to have colleagues similar to their preferences and personality.

“We learned new things about Neuroscience on the elderly including neurological psychiatric patients that made me happiness.”

The psychiatric nurse sample group acknowledges that they take care and rehabilitate the elderly psychiatric patients by providing nursing care for the patients with mental symptoms, educating the relatives, and giving continual visit to the patient’s houses.

Viewing from the perspective of happiness in working with the elderly psychiatric patients, the personnel acknowledge that helping psychiatric patients return to life in society, have revived cognitive state, be maintained for as long as possible, have good quality of life, be taken care of the nursing of patients without relatives or being left by relatives to be able to walk and take care of themselves in daily activities. The personnel want to see the patients happy, smiling and able to help themselves. The personnel think of helping old people like their parents in feeding. They feel pity and think of themselves of not able to walk. They feel like making merit every day.

“We help the elderly psychiatric patients to have cognitive state that has been rehabilitated to maintain the condition for as long as possible as well as having good quality of life, these made us happiness.”

The clinical psychologist sample group perceives the roles in diagnosis, assessment, psychological testing, and psychotherapy in the cases sent by the doctors for consultation. Viewing from the perspective of happiness in working with the elderly psychiatric patients, the personnel acknowledge that the work matches their knowledge and expertise having been accumulated. They can make good use with patients, see the elderly making something that the elderly may not be able to do at this age. They can be merciful, understand the elderly, understand the people in the patient’s family. When they are willing to help and the elderly psychiatric patients are satisfied that they are willing to help, that is the perfect feeling for both the practitioners and the service users. It creates the awareness on the value of themselves that can work to benefit society a lot. They can work to the full value of the salary that comes from public taxes as well.

“It is a job that corresponds with our accumulated knowledge, expertise, and benefits to the service users allowing us to be aware, understand, and able to help them.”

The sample group of professional social workers is aware of the roles in taking care of elderly psychiatric patients, families, and caregivers with social and family problems including the protection of rights of caregivers and patients.

Viewing from the perspective of happiness in working with the elderly psychiatric patients, it is found that the personnel want to help and see it as a social problem that most people still do not know. It will be a significant social problem in the future. Helping people with disabilities to access social services they deserve such as the implementation on various rights causes happiness. It can support the mind in seeing the patients happy, have good quality of life, family coordination, not having to be a burden to society, being able to live sustainably with quality. Seeing the caregivers happy, have good mental health, physical health, be able to look after patients with happiness are also considered pleasure.

“To help the groups of people who lack the potential to access social services they deserve such as the implementation of various rights make us happy.”

The sample group of physical therapists is aware of the roles in providing rehabilitation care services for elderly psychiatric patients with musculoskeletal problems and lack of movement by providing the programs to promote health for elderly psychiatric patients. This allows the patient to live as completely as possible.

Viewing from the perspective of happiness in working with the elderly psychiatric patients, the personnel feel that they are happy to be involved in improving the patients, seeing their improvement in physical condition such as better movement. The patients can help themselves more. The personnel see the progress of the patients who are trained to have better mental health. They give cooperation in talking. When doing activities with us, the patients are happy, cheerful mood, and joyful. The personnel hear the laughter of patients as well as receiving praise from patients' relatives.

“Giving the cooperation in talking, moving, and helping themselves, the patients meet us with cheerful and joyful mood.”

The sample group of nutritionists is aware of the roles in taking care of the elderly psychiatric patients in the nutritional state, right food provision according to the nutrition and disease conditions along with calculating energy and nutrients including educating and organizing group activities for patients in terms of food and nutrition altogether with the multidisciplinary team.

Viewing from the perspective of happiness in working with the elderly psychiatric patients, the patients become better when eating the food provided specifically following the disease conditions and level of symptoms. The personnel can use the subjects they learned to make the elderly psychiatric patients be healthy in living happily with family members. They can help themselves and have good mental health. The elderly have many changes both physically and mentally such as decreased appetite, problems with chewing, swallowing problem, loss of relatives, siblings, fear of offspring, neglect, not caring, not paying attention to, etc. When we help the fellow, someone may help us later.

“The patients have better nutritional state when eating the food that we set for. They have a healthy body, live happily with their family members, can help themselves, and are not troublesome for their families.”

The sample group of occupational therapists is aware of the roles in providing rehabilitation therapy with occupational therapy, assessment, treatment, rehabilitation treatment for patients

by using lifestyle activities that have been analyzed as appropriate for the patients so that the patients can have potential to do the activities most.

Viewing from the perspective of happiness in working with the elderly psychiatric patients, it is seen that doing activities is a joy and proud in seeing the elderly psychiatric patients feel relaxed. Many of them are abandoned, have anxiety, and have no leisure activities. In doing the activities, every patient looks energetic. They smile more and they have confidence. When the patients tell their past stories, it is like increasing valuable life experiences. The elderly psychiatric patients are gentle and hospitable. They can do the activities more easily. They have no violent behavior with peaceful mind on safety. Therefore, it makes the personnel feel happy to see the patients responding to the goals like seeing the improvement of the family members.

“The facial expressions, smiles including the behaviors of patients who respond to us while doing activities are something that makes us feel happy and proud to see the elderly psychiatric patients feel good and relaxed.”

The sample group of nurse aid is aware of the roles in taking care of the elderly psychiatric patients who are bed ridden, rarely help themselves, and cannot help themselves. Some patients have no relatives to take care of them on the cleanliness and daily activities such as taking care about food, medicine, and being careful of accidental in falling, cleaning after urinating and excrement, attending Day care and group activities.

Viewing from the perspective of happiness in working with the elderly psychiatric patients, the personnel are aware of the joy in working with the elderly psychiatric patients. The personnel can help them in daily activities, looking after, talking, suggesting restoring the memory in the past. They are taken care like family members helping each patient feel valuable in themselves. When their symptoms improve, the personnel feel proud and comfortable. Although sometimes it requires a lot of patience, the personnel have to smile, accept, and always think that they are sick. Sometimes when seeing the smile and laughter of the patients in living with their family happily and those people around them understand them when taking care of patients, the patients look happy and the personnel are also happy.

“I am very happy to work with elderly psychiatric patients. I love to help them with daily activities, to take care of them, to talk, to suggest and restore various memory in the past to them. Some of the elderly have Alzheimer’s disease and bad memory. I look after them like my relatives and think of taking care of a family member.”

The sample group of caregivers is aware of the roles in taking care of the elderly in bathing, feeding, and being with them.

Viewing from the perspective of happiness in working with the elderly psychiatric patients, it is like taking care of the relatives. They are bound. The personnel do their best every day like it is not work. Sometimes when the patients get angry, they will be calm soon like a child. When the personnel think of them as a patient, the personnel feel relieved. That the patient's relatives treat the personnel well also makes the personnel happy too. In the care role, it is like a child taking care of the parent as well. The elderly can be looked after closely, have someone to talk to, do not feel loneliness. They are taken to make merit, buy food, desserts, or favorite things. They are taken to visit the doctor for treatment according to their symptoms in order to be alleviated. This is to take care of the benefactor to be happy while living and to be replaced for their hardship in looking after the children. It is fortunate to have them.

"I'm very pleasure that it is like we look after our own relatives. It is the bound. We will do our best every day like it is not the work."

Research Result Discussion

Overall, taking care of the elderly psychiatric patients who have many changes both physically and mentally especially dementia, they have changed behaviors and mental symptoms. Staying in the hospital for a long time and some patients are bed ridden make them have movement problems, have decreased appetite, have problems with chewing and swallowing. Some are afraid of the loss of relatives and fear of abandonment. They are anxious about staying in the hospital. This causes suffering for both patients and relatives. Moreover, there are also problems in the care, lack of knowledge and understanding about the diseases and less support. It is not consistent with the response to the needs or problems of relatives. Working requires coordination from many sectors. It is then necessary for the care of elderly psychiatric patients in working together as the Multidisciplinary teamwork to enhance the comprehensive care and holistic care (Pichet Banyat, 2006). With difficult work and the elderly psychiatric patients have deteriorated periodically, it often affects the mental state of medical personnel and the Multidisciplinary team. At the same time, the personnel can be happy from taking care of elderly psychiatric patients. There are similarities among all professions including psychiatrists, neurologists, psychiatric nurses, clinical psychologists, social workers, physical therapists, nutritionists, occupational therapists, nurse aid and caregivers.

Personnel in each profession working in treatment sometimes require a lot of patience. They love their profession and have spirit of work, acceptance, and benevolence. This is in line with the study of Awada, Johar & Ismail (2020) studying and finding that people who are happy at work will contribute to the spirit and well-being. In this study, even the elderly psychiatric patients have deteriorated symptoms, the multidisciplinary teamwork is still able

to work and be happy. This is also consistent with the study of Sharma & Jain (2018) on the issue that happy people will be able to create works with the commitment to the organization as well. The research results reveal that the multidisciplinary team is happy in a variety of dimensions depending on the job characteristics in taking care and maintaining the roles and responsibilities of each profession.

From working in many professions, the elderly psychiatric patients tend to be gentle and supportive of activities. They have no violent behavior compared to other patients although they know that the symptoms of illness over time do not recover. The symptoms will deteriorate day by day with complications. Happiness in working arises from restoring of cognitive state to remain as long as possible using the remaining potential under the limitations of the diseases. Each person sees it as helping to maintain good quality of life for the patients and their relative caregivers. It is viewed as the challenge. This is consistent with the study of Nair et al., (2019) studying and finding that when a person is happy to work, it helps them to have improvement, resilience, and hope. From the results of studies at various professions, the elderly psychiatric patients can do the activities causing the elderly psychiatric patients to be happy, move, walk, talk, get up, perform daily activities, and help themselves better. This is in line with Kongart, Yuttachai & Taneapanichskul (2019) studying and finding that the exercise in the elderly can make them happy. When the patients are happy, it will lead to the happiness of the sample personnel. Besides, some elderly psychiatric patients tell their stories in the past and many past experiences. This stimulates the sample personnel to return to find more information. They can improve themselves more and realize their self-value in order to work for benefiting the society. They will recognize more happiness. This agrees with Salavera, Usán & Teruel (2020) studying that when the individuals have self-esteem, it is related to happiness.

From the study, working in helping to treat the elderly psychiatric patients is also found to link to the feeling of caring for the relatives, parents, and substituting with gratitude in doing good deeds. It is seen as rewarding those who used to benefit society. Especially in case of the caregivers, the elderly can be taken care closely. They can be taken to buy favorite food, taken to various places to make merit. This is to take care of the benefactors to be happy in return for the grace of raising since childhood. While they still alive, they should be happy. This corresponds to the study of Gottlieb & Froh (2019) finding that the gratitude is related to happiness. In addition, meeting the colleagues who have passion and similar personality and in the group of caregivers knowing of having relatives of patients to treat the caregivers well is another factor in helping to work happily with the elderly psychiatric patients. This is consistent with the study of Awada, Johar & Ismail (2020) and Booth (2019) finding that the good workplace environment having colleagues, rewards, and acceptance to help creating happiness in working. Therefore, it can be seen that when the personnel of the multidisciplinary team are happy to work, it results in the increasing work efficiency.



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