
Understanding Volunteer Challenges and Building a Meditation-Based Process: A Case Study from the Buddhamahametta Foundation's Acupuncture Clinic

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Abstract

Volunteer service in healthcare settings is a crucial form of community-based support, yet volunteers frequently encounter emotional strain, interpersonal friction, and organizational ambiguity that can weaken service quality and team cohesion. This qualitative case study examines challenges volunteers face at the Siriwattago Medical Clinic (Acupuncture), operated by the Buddhamahametta Foundation, and proposes a context-specific development process integrating mindfulness and loving-kindness (*mettā*) meditation to strengthen peaceful well-being and collaborative functioning. Data were generated through in-depth interviews with active clinic volunteers and were analyzed thematically. Three major challenge domains emerged: (1) personal readiness and emotional resilience, including stress, fatigue, and reduced confidence; (2) communication and coordination issues, including misunderstandings, unclear roles, and inconsistent task allocation; and (3) gaps in training and operational support, particularly the absence of structured orientation, ongoing guidance, and reflective supervision. These conditions contributed to frustration, diminished motivation, and episodic disharmony within the volunteer team. In response, the article proposes a volunteer development process grounded in Buddhist ethical cultivation, embedding mindfulness and *mettā* practices into routine preparation, training sessions, and facilitated reflection circles. The proposed approach aims to cultivate calm attention, emotional regulation, empathic intention, and relational awareness—capacities that support both effective service delivery and harmonious teamwork. This study contributes an applied Buddhist-informed model for healthcare volunteer development and offers transferable principles for clinics and foundations seeking more sustainable, compassionate volunteer ecosystems.

Keywords: Volunteer Development, Mindfulness Meditation, Loving-Kindness, Acupuncture Clinic, Buddhist Healthcare

Introduction

Volunteers play a vital role in enhancing the quality, accessibility, and compassionate delivery of healthcare services across diverse settings. In acupuncture clinics, where therapeutic presence, emotional support, and coordination are crucial, volunteers contribute significantly by handling patient reception, logistics, and maintaining a peaceful, healing environment. However, despite their dedication, many face substantial emotional, interpersonal, and organizational challenges that can diminish their ability to serve effectively and sustainably (Wilson, 2000; Handy & Srinivasan, 2004). High stress levels, communication breakdowns, and unclear roles often lead to burnout, conflicts, and reduced motivation, especially in high-demand or spiritually engaged environments.

The Siritwattago Medical Clinic, a charitable acupuncture center under the Buddhamahametta Foundation in Phra Nakhon Si Ayutthaya, Thailand, represents a unique intersection of community healthcare and Buddhist principles. Since its founding in 2022, the clinic has treated over 3,500 patients with the support of more than 700 volunteers. Rooted in the teachings of loving-kindness (*metta*) and compassion (*karuṇā*), the clinic aims not only to offer free acupuncture but also to cultivate a space of inner and outer peace. Yet, as volunteer numbers have grown and individual backgrounds have diversified, new difficulties have emerged, including stress, interpersonal friction, and inadequate support systems.

This issue is particularly relevant in Thailand, where Buddhist principles strongly shape cultural attitudes toward service, but where structured volunteer development models are still evolving. As government and nonprofit sectors expand volunteer networks in community health, understanding how spiritual practices like mindfulness and loving-kindness meditation can support these volunteers is increasingly important.

This study addresses two primary objectives: (1) to investigate the key problems and challenges experienced by volunteers at the Siritwattago Medical Clinic, and (2) to develop a mindfulness-based volunteer process incorporating loving-kindness meditation as a strategy to enhance emotional resilience, improve communication, and foster peaceful well-being. While mindfulness and loving-kindness practices are increasingly used in clinical settings to improve

mental health outcomes (Kabat-Zinn, 2003; Shapiro et al., 2006), their role in structured volunteer development remains underexplored, particularly within Buddhist healthcare models.

By adopting a case study approach grounded in qualitative inquiry, this research contributes to the growing body of literature on spiritually-informed volunteer development. It aims to offer a practical, replicable model for clinics and organizations seeking to harmonize inner transformation with outer service—especially in contexts where well-being, compassion, and mindfulness are central values.

Challenges in Healthcare Volunteerism

Volunteerism in healthcare settings offers significant benefits to both recipients and providers of care. However, the experience is often accompanied by multifaceted challenges that can compromise volunteer effectiveness and long-term engagement. In particular, volunteers working in emotionally charged environments such as acupuncture clinics—where empathy, communication, and presence are critical—may face stress, interpersonal conflicts, and a lack of preparedness (Handy & Srinivasan, 2004; Wilson, 2000).

One of the most widely reported issues is emotional exhaustion. Volunteers are frequently exposed to suffering and high-demand environments without the clinical training or psychological tools to cope with such stressors (Haski-Leventhal, 2009). This is particularly evident in holistic care settings, where emotional attunement and calm demeanor are not only desirable but necessary for patient comfort. Studies show that prolonged exposure to emotionally intensive work, even when performed voluntarily, can lead to compassion fatigue and eventual burnout (Cattan et al., 2011). Without appropriate coping mechanisms, such conditions diminish motivation and increase turnover.

Another significant challenge is role ambiguity. In many volunteer-run or low-resource clinics, volunteers are expected to perform a variety of tasks without clear guidelines or training. This creates confusion, overlaps in responsibility, and frustration. According to Hustinx and Lammertyn (2003), the absence of structured orientation or feedback systems reduces role satisfaction and impairs collaborative dynamics. At Siri wattago Medical Clinic, volunteers reported feeling “useful but lost,” especially during high patient flow periods—an observation consistent with studies of community health programs across Asia (Yamashita et al., 2013).

Interpersonal conflict and communication gaps are also common, particularly in teams composed of volunteers from diverse backgrounds. When

expectations, temperaments, or communication styles clash, it can erode team morale and reduce the sense of unity. Volunteers may feel excluded, criticized, or unsupported. Research shows that without intentional community-building or conflict resolution strategies, group cohesion deteriorates over time (Greenslade & White, 2005). For Buddhist-oriented clinics, this creates a tension between spiritual ideals and lived experience, increasing cognitive dissonance for volunteers who feel internally unsettled while being expected to externally embody peace and compassion.

In Thailand, studies on healthcare volunteer programs such as the Volunteers for Health Program show similar patterns: high motivation but frequent burnout and attrition in the absence of training and support structures (Thailand Ministry of Public Health, 2022). Thai volunteers often bring deep spiritual motivation rooted in Buddhist values, yet without systems to nourish their inner lives, emotional exhaustion sets in. When volunteers' inner well-being is overlooked, even service rooted in compassion can become mechanistic and strained.

Lastly, insufficient emotional support and reflection spaces are a systemic issue across healthcare volunteer programs. Volunteers often lack safe forums to process their experiences, share concerns, or receive guidance. While healthcare professionals may access supervision and debriefing sessions, volunteers are rarely offered the same. Scholars such as Macduff (2005) argue that institutionalizing support structures, including mindfulness programs, is essential to sustaining volunteer well-being and performance.

Understanding these challenges is essential to designing effective, compassionate, and resilient volunteer systems. A response rooted in mindfulness and loving-kindness meditation, grounded in Buddhist principles, may offer a powerful solution by equipping volunteers with tools to manage stress, relate to others with empathy, and navigate their service roles with clarity and peace. The following section explores how these practices have been used in both clinical and spiritual settings to cultivate emotional resilience and deepen volunteer engagement.

Buddhist-Based Meditation in Training and Service

Buddhist contemplative practices, particularly mindfulness (*sati*) and loving-kindness (*metta*) meditation, have gained significant attention in healthcare and psychological research for their capacity to enhance emotional regulation, resilience, and interpersonal connection (Kabat-Zinn, 2003; Salzberg, 2011). Rooted in centuries-old Theravāda traditions, these meditative disciplines are not only tools for personal liberation but also frameworks for compassionate

service, making them highly relevant for volunteer development in healthcare settings, especially those guided by Buddhist ethics.

Mindfulness meditation involves cultivating present-moment awareness with non-judgmental acceptance of thoughts, sensations, and emotions. In clinical contexts, mindfulness has been operationalized through evidence-based interventions such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), both of which have been shown to reduce anxiety, depression, and emotional reactivity among healthcare professionals and caregivers (Baer, 2003; Shapiro et al., 2006). Volunteers in emotionally demanding environments often experience internal overload, rushing from task to task without the capacity to reflect, breathe, or emotionally ground themselves. Mindfulness practices can help them respond rather than react, anchoring themselves in compassion and presence even during high-pressure moments. For volunteers at acupuncture clinics like Siri Wattago, this is particularly important, as calmness and focus are key elements of the healing environment.

Loving-kindness meditation (LKM), or metta bhavana, involves the deliberate generation of goodwill and compassionate intention toward oneself and others. Research demonstrates that LKM increases positive affect, reduces implicit bias, and fosters greater interpersonal harmony (Fredrickson et al., 2008; Hofmann et al., 2011). For volunteers who frequently work in diverse teams and interact with patients from varied backgrounds, cultivating metta fosters a deeper sense of empathy, connection, and mutual respect. Importantly, it also strengthens one's ability to forgive and let go of interpersonal tension, essential traits in collaborative environments where misunderstanding and miscommunication can arise.

Aspect	Mindfulness Meditation	Loving-Kindness Meditation
Definition	Awareness of the present moment with non-judgmental acceptance	Cultivation of goodwill toward self and others
Key Methods	MBSR, MBCT	Metta Bhavana
Core Benefits	Reduces stress, anxiety, emotional reactivity	Increases empathy, positive affect, reduces bias
Volunteer Impact	Promotes calm, emotional grounding in high-pressure settings	Enhances team harmony and compassion in diverse settings
Use in Clinics	Supports healing presence and mindful caregiving	Fosters connection and reduces interpersonal conflict

Figure 1: Summary Comparison of Mindfulness and Loving-Kindness Meditation in Volunteer Contexts

In Buddhist tradition, service (dāna) is inseparable from spiritual practice. The act of giving, whether through time, energy, or emotional support, is seen as a form of self-purification and merit-making. This perspective elevates volunteerism beyond duty into the realm of personal transformation. As Wallace and Shapiro (2006) note, Buddhist ethics integrate inner cultivation and outer action, asserting that emotional balance and compassionate service mutually reinforce each other. This view aligns with the mission of the Buddhamahametta Foundation, where volunteers not only offer their time to help patients but also walk a path of personal spiritual development.

Recent scholarship has emphasized the value of integrating contemplative practices into community engagement and healthcare work. Seppala, Rossomando, and Doty (2014), for example, argue that loving-kindness meditation can increase provider compassion and buffer against burnout, especially when combined with structured reflection and peer support. Studies in educational and social service settings have shown that mindfulness-based approaches enhance focus, reduce interpersonal friction, and encourage prosocial behavior, all outcomes relevant to volunteer contexts (Jennings et al., 2011). However, most of this literature focuses on professionals; few programs have extended such training systematically to volunteer teams in Buddhist-informed community clinics.

This gap presents both a limitation and an opportunity. In many Buddhist-based volunteer settings, meditation is encouraged but not systematically integrated into training or daily routines. Volunteers may participate in occasional group chants or prayers, but lack structured guidance on using mindfulness and metta as tools for managing stress, building team cohesion, or supporting emotional well-being. The absence of integration means volunteers may struggle privately, feeling a disconnect between the organization's spiritual ideals and the personal challenges they face in service.

By framing mindfulness and loving-kindness as both personal support systems and collective development tools, Buddhist meditation offers a promising model for addressing the challenges outlined in the previous section. When practiced regularly and supported by the organization, these meditations can foster trust, dissolve emotional tensions, and cultivate a shared ethos of presence, respect, and peace. In this way, the act of volunteering becomes not just an external service but a form of inner cultivation—a living embodiment of Dhamma in action.

Peaceful Well-Being as a Buddhist-Informed Construct

The concept of well-being is widely discussed across disciplines, yet the notion of peaceful well-being in Buddhist contexts goes beyond mere psychological wellness or the absence of distress. It encompasses a deeper state of inner calm, emotional balance, moral integrity, and harmonious relationships with others—qualities cultivated through spiritual practice and ethical living (Gethin, 1998; Ricard, 2006). For volunteers working in Buddhist-inspired healthcare settings, peaceful well-being is both an individual aspiration and a collective atmosphere, grounded in meditative awareness and compassionate service.

In Western psychology, well-being is typically measured through hedonic (pleasure-oriented) and eudaimonic (meaning-oriented) models. Ryff (1989) proposed a multidimensional structure that includes autonomy, purpose, and self-acceptance. Seligman's (2011) PERMA model adds positive emotion, engagement, relationships, meaning, and accomplishment. While valuable, these frameworks often overlook the spiritual and ethical dimensions emphasized in Buddhist teachings, particularly the cultivation of non-attachment, equanimity (*upekkhā*), and self-transcendence.

In Buddhist psychology, well-being is a product of both mental clarity (*sammā-diṭṭhi*) and moral conduct (*sīla*), supported by mindfulness (*sati*) and wisdom (*paññā*). The experience of peacefulness is not derived from external circumstances but from internal transformation—reducing craving (*taṇhā*), aversion (*dosa*), and delusion (*moha*). As Thanissaro Bhikkhu (2010) explains, true peace arises when the heart is trained to be steady, receptive, and free from inner conflict. For volunteers, especially those offering care and service, this inner peace becomes the foundation for sustained generosity and interpersonal harmony.

Several studies have sought to empirically validate the benefits of Buddhist-based well-being frameworks. The Thai Mental Well-Being Scale (TMWS), developed by Wongpakaran et al. (2015), integrates Buddhist concepts such as gratitude, detachment, and mindfulness, showing strong correlations with both emotional resilience and life satisfaction. Similarly, Jiwattanasuk et al. (2024) explored mindfulness-based practice among multicultural meditators and found that regular engagement in metta and mindfulness enhanced calmness, acceptance, and clarity in everyday life. These findings suggest that peaceful well-being is not only a theoretical ideal but a trainable capacity with practical implications for service work.

In the context of volunteerism, peaceful well-being manifests in both inner composure and outward presence. Volunteers who are internally calm and emotionally regulated are better equipped to handle complex interpersonal dynamics, respond to patients with empathy, and navigate organizational stressors with clarity. Moreover, when a group of volunteers shares in these values, it contributes to a collective field of trust, gentleness, and mutual respect, a quality often described in Buddhist settings as *santi sangha*, or peaceful community.

The integration of mindfulness and loving-kindness meditation into volunteer development serves as a practical path toward peaceful well-being. Through meditation, individuals learn to observe thoughts without judgment, soften emotional reactivity, and extend compassion even in challenging situations. As Gunaratana (2002) emphasizes, mindfulness creates the inner space needed to see clearly, while loving-kindness dissolves the barriers of self-centeredness, promoting interconnectedness. These states directly counter stress, conflict, and burnout. They help establish the emotional foundation necessary for sustainable volunteer service.

From a Buddhist standpoint, peaceful well-being is also deeply linked to right intention (*sammā-saṅkappa*), the conscious cultivation of goodwill, harmlessness, and renunciation. In volunteer settings, this translates into motivations driven not by ego or social approval, but by authentic care and service. As Harvey (2013) explains, right intention is not only a foundational element of the Noble Eightfold Path but also a psychological anchor that supports ethical behavior and compassionate engagement with others. When volunteers anchor their work in these principles, even mundane tasks become expressions of spiritual practice, and the workplace transforms into a field for awakening and growth.

In summary, peaceful well-being as a Buddhist-informed construct offers a holistic view that aligns inner emotional states with outer ethical conduct. It provides a compelling lens for rethinking volunteer support, not just in terms of stress management, but as a journey of personal transformation rooted in meditation, morality, and mindful service. For acupuncture clinics like *Siriwattago*, embedding this vision into volunteer development can create an ecosystem where healing is reciprocal, patients are cared for, and volunteers are spiritually nourished.

Integrating Meditation into Volunteer Programs

The integration of meditation into structured volunteer programs represents a promising development in both spiritual practice and community service. While meditation is traditionally practiced in monastic or retreat settings, there is growing recognition of its applicability in lay contexts, particularly among caregivers and volunteers. As volunteers increasingly face stress, emotional burnout, and interpersonal tension, meditation offers not only a method of personal self-regulation but also a framework for cultivating shared ethical and emotional values (Shapiro & Schwartz, 2000; Seppala et al., 2014).

Globally, a number of programs have begun to introduce mindfulness-based interventions into volunteer training. The Mindfulness-Based Stress Reduction (MBSR) program, developed by Kabat-Zinn (1990), has been widely adapted across hospitals, schools, and community organizations. Although MBSR was originally designed for patients, its benefits for caregivers and volunteers have also been documented. For example, Cohen-Katz et al. (2005) found that nurses who participated in mindfulness training reported increased job satisfaction and reduced emotional exhaustion. These results suggest that similar adaptations could be made for volunteer populations, particularly in emotionally demanding contexts such as palliative care, crisis response, and holistic health services.

Likewise, loving-kindness meditation (LKM) has shown promise in improving the interpersonal dimensions of volunteer work. Studies show that LKM enhances empathy, reduces self-criticism, and improves social connectedness—all critical qualities in collaborative volunteer settings (Hofmann et al., 2011; Boellinghaus et al., 2012). In organizations that emphasize compassion and service, LKM can serve as a formal practice that nurtures the community's underlying emotional tone. When implemented through regular group sessions or brief reflective rituals, LKM helps maintain a shared intention of goodwill, reinforcing team cohesion and patient-centered care.

Despite these promising developments, structured integration into volunteer programs remains rare, especially in Buddhist-based community healthcare settings. In many such organizations, meditation is encouraged but not institutionalized. Volunteers may participate in temple ceremonies or group chanting, but few are trained in applying mindfulness or metta in day-to-day service. This gap between spiritual aspiration and practical implementation can lead to emotional dissonance, as volunteers struggle with internal stress while trying to embody compassion outwardly (Thanissaro Bhikkhu, 2010).

A few notable exceptions offer models worth examining. The Upaya Institute and Zen Center in New Mexico, for instance, includes contemplative care training for hospice volunteers, combining zazen (seated meditation) with ethical reflection and communication skills (Halifax, 2012). In Asia, some Thai and Sri Lankan Buddhist hospitals have begun incorporating short mindfulness sessions into staff and volunteer meetings. However, these efforts are typically ad hoc, not programmatic, and rarely assessed for long-term impact. The lack of research and standardization leaves a gap in understanding how best to tailor meditation practices to volunteer populations with diverse experience levels and cultural backgrounds.

For a successful integration, several elements are essential. First, meditation practices must be accessible and relevant, framed not in abstract spiritual terms but in connection to the actual challenges volunteers face. For instance, instead of teaching metta as a distant doctrinal concept, facilitators might link it to real experiences of frustration or misunderstanding within the team. Second, programs should incorporate guided group practice and reflection, allowing volunteers to process experiences, share insights, and build community. Third, leadership buy-in is critical: when coordinators and staff endorse and practice meditation, it gains legitimacy and sets a tone for the entire organization (Bush, 2011).

Finally, meditation must be offered with flexibility and respect for individual differences. Volunteers may come from various faith backgrounds or have different comfort levels with contemplative practices. Offering meditation as an invitation rather than a requirement ensures inclusivity while still creating opportunities for those who wish to participate.

In sum, integrating meditation into volunteer programs has the potential to address both individual and collective dimensions of well-being. By fostering emotional clarity, compassion, and inner peace, practices like mindfulness and loving-kindness can transform how volunteers feel and how they serve, relate, and grow together. For organizations like the Buddhahammetta Foundation, a structured approach to contemplative volunteer development offers a bridge between inner transformation and outer service, a truly Buddhist path of engaged compassion.

This article contributes to a growing interdisciplinary body of knowledge by integrating insights from healthcare volunteerism, Buddhist contemplative practice, and emotional well-being. It focuses on how structured meditation—specifically mindfulness (sati) and loving-kindness (metta) practices—can serve as developmental tools for volunteers in Buddhist-inspired community healthcare settings.

Volunteerism in healthcare environments is frequently accompanied by psychological and structural challenges. Volunteers often face emotional exhaustion, role ambiguity, and interpersonal tension, particularly in low-resource or holistic care settings. These conditions are intensified in Buddhist-oriented clinics where volunteers are expected not only to perform tasks but to embody values such as compassion, calmness, and inner peace. When these expectations are unmet, internal dissonance can arise, leading to reduced motivation or attrition. Recognizing these challenges as systemic rather than personal failures opens new pathways for programmatic and spiritual intervention.

Contemplative practices from the Buddhist tradition offer relevant tools for addressing these challenges. Mindfulness meditation, defined as non-judgmental awareness of the present moment, supports emotional regulation and reduces stress. Evidence from clinical contexts, including studies on Mindfulness-Based Stress Reduction (MBSR) and related interventions, shows that mindfulness enhances attentiveness and emotional resilience, which are especially beneficial for volunteers in high-pressure environments (Baer, 2003; Shapiro et al., 2006).

Loving-kindness meditation (LKM), or metta bhavana, focuses on cultivating goodwill and compassion toward oneself and others. Research demonstrates that regular LKM practice improves social connection and reduces interpersonal conflict (Fredrickson et al., 2008; Hofmann et al., 2011). These effects are highly relevant in team-based volunteer settings, where empathy, cooperation, and emotional harmony directly impact service quality.

To frame these insights within a Buddhist psychological framework, the article introduces the construct of peaceful well-being, which extends beyond hedonic happiness or functional wellness. Rooted in Buddhist teachings, peaceful well-being encompasses moral integrity (*sīla*), equanimity (*upekkhā*), clarity of intention (*sammā-saṅkappa*), and inner calm. As Gethin (1998) and Thanissaro Bhikkhu (2010) have noted, such well-being is cultivated through ethical conduct and sustained meditative awareness, not by external conditions, but through internal transformation.

Thus, integrating mindfulness and loving-kindness meditation into volunteer development programs offers a holistic response to both personal and organizational challenges. These practices serve not only as tools for emotional self-regulation but also as means to align individual service with the institution's spiritual mission. This conceptual approach fills a gap in the existing literature, where meditation is often encouraged in principle but rarely institutionalized in practice.

By articulating a Buddhist-informed model of volunteer development grounded in peaceful well-being, this article contributes to the ongoing conversation in Buddhist studies, volunteer management, and contemplative education. It positions inner transformation not as separate from service, but as foundational to its long-term sustainability and ethical depth.

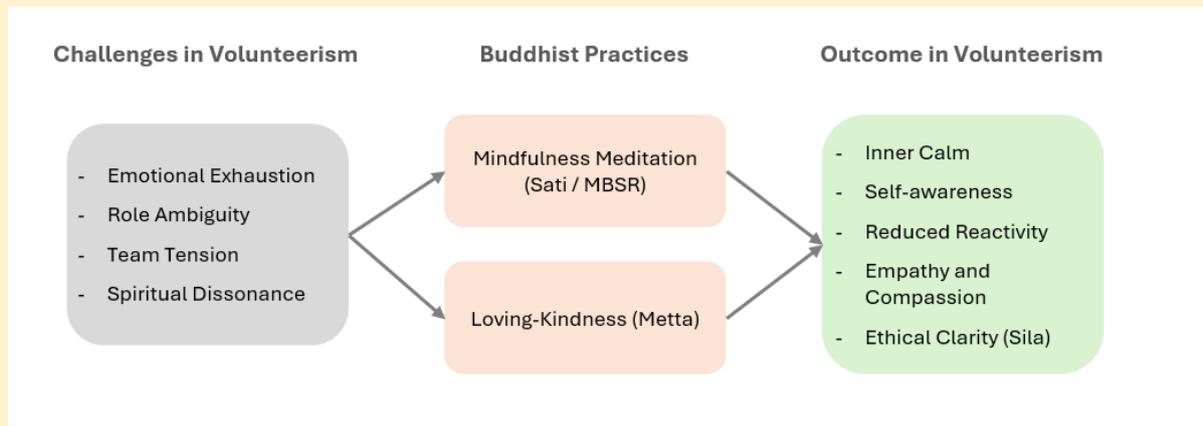


Figure 2: A Buddhist-Informed Model of Volunteer Development

Conclusions

This study examined the challenges volunteers at the Siri wattago Medical Clinic (Acupuncture) under the Buddhamahametta Foundation face and proposed a development process integrating mindfulness and loving-kindness (mettā) meditation to strengthen peaceful well-being and teamwork. The analysis indicates that volunteer difficulties concentrate in three interconnected domains: emotional readiness (stress, fatigue, reduced confidence), team functioning (misunderstandings, communication breakdowns, role ambiguity), and organizational scaffolding (limited orientation, insufficient guidance, and lack of reflective support). These challenges should be interpreted as systemic pressures in demanding service environments rather than as individual shortcomings, especially in Buddhist-oriented settings, where volunteers are implicitly expected to embody calmness and compassion while working under real constraints.

In response, the article advances mindfulness and mettā as “inner infrastructure” for volunteer development. Mindfulness supports present-moment awareness and emotion regulation during stressful interactions, while mettā strengthens goodwill, empathic communication, and conflict-softening intentions within the team. Importantly, these practices are not proposed as substitutes for technical training or operational management; they are complementary capacities that can be embedded into existing structures, such as brief pre-service grounding, orientation modules, regular team meetings, and post-service reflection circles.

Practically, clinics can operationalize this approach through clear role descriptions, communication norms, and simple indicators to monitor volunteer well-being and team climate. Future work should pilot the process in routine service delivery, develop valid measures of peaceful well-being, and assess longer-term outcomes such as retention, satisfaction, and perceived quality of care. Overall, integrating contemplative practice into volunteer management offers a feasible pathway to more sustainable, humane healthcare service over time.

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