
A Mindfulness-Based Development Process for Volunteer Work in Buddhist Healthcare: A Case Study of Siri Wattago Medical Clinic under the Buddhamahametta Foundation

*Wanpatsorn Thanabadeejindapat¹ Phra Medhivajjarapundit²
Phramaha Weerasak Abhinandavedi³*

*International Buddhist Studies College, Mahachulalongkornrajavidyalaya University^{1,2,3}
Corresponding author email: wanpatsorn.tonangel@gmail.com¹*

Received 30/03/2025; Revised 22/06/2025; Accepted 23/06/2025

Abstract

This study investigates the challenges faced by volunteers at the Siri Wattago Medical Clinic (Acupuncture), operating under the Buddhamahametta Foundation, and examines the development and impact of a contemplative volunteer training program centred on mindfulness and loving-kindness (mettā) meditation. The research aimed to (1) identify key problems and obstacles in volunteer work, (2) develop a structured process using Buddhist contemplative practices to enhance peaceful well-being, and (3) evaluate the program's effectiveness in improving volunteer experience and group dynamics. Data were collected through in-depth interviews with 24 active volunteers, field observations during clinic operations and meditation sessions over four weeks, and post-program reflective feedback. The data were analysed using descriptive statistics and thematic content analysis.

Findings revealed three main categories of challenges: (1) personal readiness and emotional well-being, including stress, fatigue, and lack of self-confidence; (2) interpersonal coordination and communication issues, such as misunderstandings, emotional reactivity, and weak collaborative engagement; and (3) insufficient operational training, with unclear role definitions and limited feedback systems. To address these, a three-phase volunteer development model was implemented: (1) awareness-building through mindfulness and loving-kindness workshops, (2) integration of contemplative practices into weekly volunteer routines, including guided meditation and group reflection, and (3) the establishment of communication guidelines rooted in compassion and respect.

Post-intervention assessments indicated significant improvements in emotional regulation, interpersonal patience, and a strengthened sense of purpose among volunteers. Participants reported enhanced inner calm, empathy, and teamwork. The overall group dynamic shifted toward greater harmony and mutual support. This study concludes that the integration of Buddhist

contemplative practices into volunteer development effectively fosters individual well-being and promotes a spiritually grounded, compassionate environment for service delivery.

Keywords: Mindfulness in Volunteer Work; Loving-Kindness Meditation Practice; Volunteer Team Peaceful Well-Being; Buddhist-Based Service Model; Acupuncture Clinic Volunteering

Introduction

In recent years, volunteerism has become an indispensable component of Thailand's healthcare system, bolstering community-based services and helping to alleviate persistent resource constraints. The Ministry of Public Health (2022) has actively promoted volunteer engagement, yet evidence indicates that many volunteers struggle with emotional exhaustion, ambiguous role expectations, and insufficient support structures, factors that undermine their motivation and contribute to high turnover. Cordery, Smith & Proctor-Thomson (2015), Handy and Srinivasan (2004) and Haski-Leventhal (2009) emphasise the necessity of structured training programs, resilience-building strategies, and peer-support mechanisms to sustain volunteer commitment over time.

In Buddhist-informed service settings, such as acupuncture clinics operated by faith-based foundations, volunteers are additionally called upon to embody spiritual qualities, calmness, compassion, and inner mindfulness, that can heighten the emotional demands of their work. Although mindfulness-based interventions (Zou et al., 2016; Baer, 2003; Shapiro et al., 2006) and loving-kindness meditation (Gu et al., 2022; Hofmann, Grossman, & Hinton, 2011) have demonstrated benefits for healthcare professionals' well-being, few studies have systematically woven these practices into volunteer development curricula. This gap is particularly evident in holistic health environments where spiritual cultivation is integral to both personal growth and patient care.

The Siri Wattago Medical Clinic, under the Buddhamahametta Foundation in Phra Nakhon Si Ayutthaya, offers a compelling case study at the intersection of Buddhist values and acupuncture-based healing. Since opening in 2022, the clinic has served over 3,500 patients with the support of more than 700 volunteers. Despite their altruistic intentions, volunteers routinely encounter

challenges in team communication, stress management, and role clarity—issues observed firsthand by the researcher during program implementation and meditation workshops.

This study employs a qualitative case-study approach (2023–2024) to: (1) investigate the problems and challenges faced by Siri wattago volunteers, (2) design a volunteer development process grounded in mindfulness and loving-kindness meditation, and (3) evaluate its impact on volunteers' peaceful well-being. By integrating Buddhist contemplative practices into a structured training model, this research aims to offer a culturally grounded framework for cultivating inner transformation alongside effective service delivery, thereby advancing both academic understanding and practical guidance for faith-based healthcare volunteerism.

Research Objectives

1. To study the problems and challenges faced by volunteers working at the Buddhamahametta Foundation.
2. To design a volunteer development process using mindfulness and loving-kindness meditation to promote peaceful well-being
3. To evaluate the outcomes and effects of mindfulness and loving-kindness meditation to enhance the peaceful well-being of volunteers at acupuncture clinic.

Literature Review

Volunteer engagement in healthcare settings often grapples with stress, role ambiguity, and teamwork challenges; few studies have explored how Buddhist contemplative practices can address these issues within faith-based service contexts. This literature review examines previous research on mindfulness and loving-kindness (*mettā*) meditation, volunteer well-being, and Thai cultural measures of mental health to inform the design and evaluation of a Buddhist-informed volunteer development program.

Healthcare volunteers frequently experience high stress, unclear responsibilities, and interpersonal friction that undermine both service quality and personal well-being. In a randomised trial, Mindfulness-Based Stress Reduction

(MBSR) reduced stress and improved emotional regulation among healthcare providers, highlighting unmanaged stress as a key contributor to burnout (Shapiro et al., 2006). In Thailand, culturally adapted measures show that role ambiguity and uneven workload distribution exacerbate volunteers' emotional fatigue (Pimthong et al., 2022). These findings underscore the importance of investigating stressors specific to Buddhist service environments, where clinical tasks and spiritual aspirations intersect.

Embedding contemplative practices into volunteer training can simultaneously develop technical skills and inner resilience. Mindfulness practice—nonjudgmental present-moment awareness—supports emotional clarity and reduces reactivity (Shapiro et al., 2006). Loving-kindness meditation fosters empathy and social cohesion, which are critical for effective teamwork (Gu et al., 2022; Hofmann, Grossman & Hinton, 2011; Fredrickson et al., 2008). Jiwattanasuk et al. (2024) demonstrated that combining these practices in a multicultural program enhanced interpersonal harmony and mental calm. Foundational Buddhist teachings on ethical conduct (*sīla*) and wisdom (*paññā*) provide a theoretical framework for integrating these practices into a structured, three-phase volunteer development model (Thanissaro Bhikkhu, 2010).

Post-intervention assessments of mindfulness and loving-kindness programs consistently report improvements in resilience, empathy, and team cohesion (Gu et al., 2022; Hofmann, Grossman & Hinton, 2011; Fredrickson et al., 2008). In Thai populations, higher mindfulness trait scores correlate with enhanced emotional balance and life satisfaction (Pimthong et al., 2022). Yet, prior research has rarely evaluated these outcomes within a unified, Buddhist-informed volunteer program. Systematic measurement of stress reduction, empathy gains, and shifts in group dynamics before and after a combined mindfulness–*mettā* intervention will address this gap.

In conclusion, literature confirms that mindfulness and loving-kindness meditation bolster emotional resilience, empathy, and teamwork among healthcare professionals and meditation practitioners. However, a replicable, Buddhist-informed volunteer development model integrating these practices has not been rigorously examined. This review provides the theoretical and empirical foundation for a three-phase training process, awareness, integration, and communication aimed at fostering “peaceful well-being” among volunteers at a

Buddhist acupuncture clinic. By systematically evaluating process outcomes, the present study will contribute novel insights into spiritually grounded volunteer development in faith-based healthcare settings.

Conceptual Framework

This research is a case study focused on developing and evaluating a mindfulness-based process for volunteer work in a Buddhist healthcare setting. The conceptual framework was developed through the integration of Buddhist contemplative principles—particularly mindfulness (*sati*) and loving-kindness (*mettā*) meditation—with volunteer development theories that emphasize emotional resilience, ethical conduct, and collaborative functioning.

The framework begins by identifying three major challenges faced by volunteers: emotional fatigue and stress, interpersonal miscommunication and reactivity, and the absence of structured training or feedback systems. In response, a volunteer development process was created, incorporating Buddhist-based contemplative practices into weekly service routines. This process includes mindfulness and loving-kindness meditation, reflective group dialogue, and principles of compassionate communication. These practices are not merely techniques, but part of an ethical-spiritual cultivation process aligned with the values of the Buddhamahametta Foundation.

The expected outcomes of the model include enhanced emotional regulation, improved interpersonal harmony, and the development of peaceful well-being—defined here as a combination of inner calm, ethical motivation, and relational balance. These outcomes were evaluated both qualitatively and quantitatively in line with the study's objectives. The final conceptual framework thus positions Buddhist inner development practices as central tools for transforming volunteer challenges into growth and service potential.

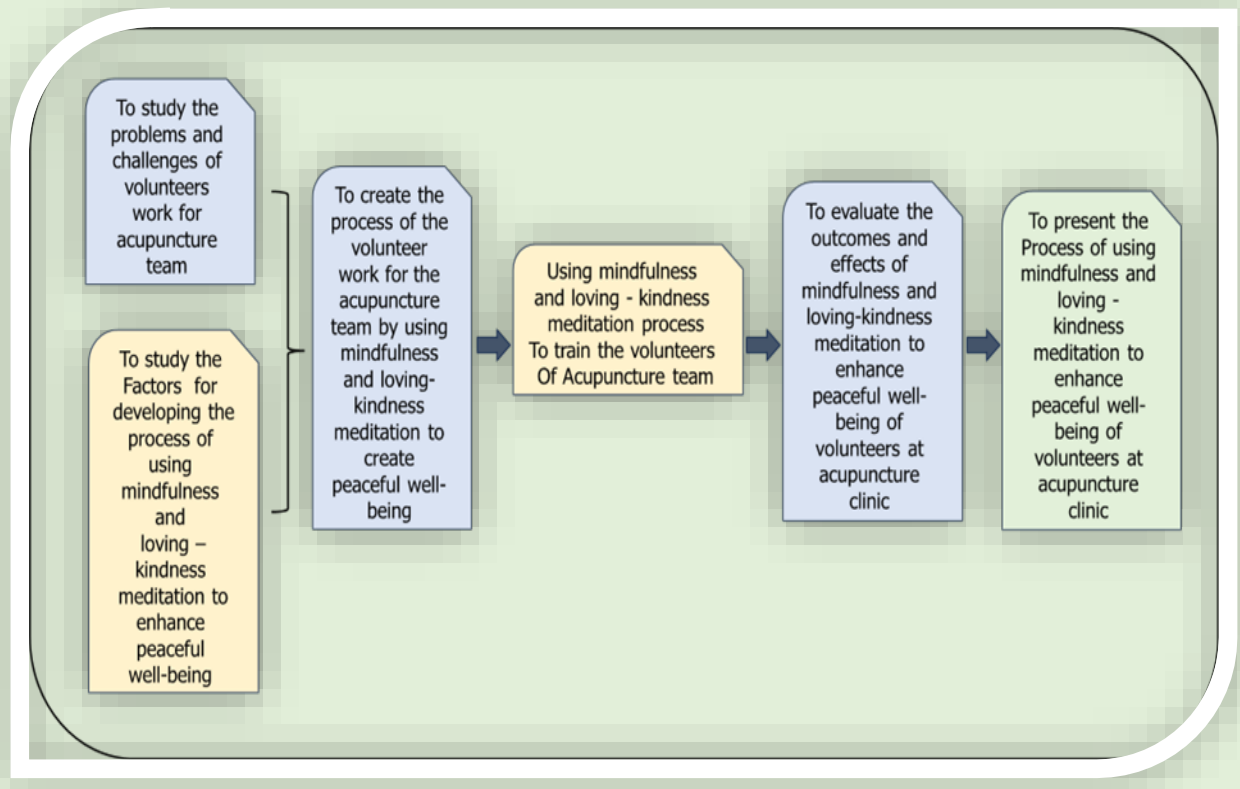


Figure 1: Conceptual Framework

Research Methodology

This research is qualitative research using a case study approach. The research area is Siri Wattago Medical Clinic (Acupuncture), under the Buddhamahametta Foundation, Phra Nakhon Si Ayutthaya Province. The research process is divided into 3 steps as follows:

Step 1: Study of Volunteer Challenges

The sample group consisted of 24 active volunteers who had been engaged at the clinic for at least six months. The tools used were in-depth interview guidelines and field observation checklists. The interview guidelines were validated by three experts in Buddhist studies, volunteerism, and qualitative research. Data collection included face-to-face interviews and observations during weekly volunteer sessions. The data were analyzed using content analysis to identify major themes and patterns related to personal readiness, communication issues, and operational barriers.

Step 2: Development of the Volunteer Work Process

The sample group consisted of 9 focus group members, including doctors, healthcare professionals, a Buddhist scholar, and meditation instructors. The tools used were program development guidelines, focus group discussion protocols, and feedback forms. Tool quality was ensured through triangulation and expert review for alignment with Buddhist contemplative principles and healthcare context. Data collection consisted of focus group sessions, collaborative co-design workshops, and structured feedback cycles. Content analysis was applied to synthesize insights into a structured volunteer development process based on mindfulness and loving-kindness meditation.

Step 3: Evaluation of Outcomes and Effects

The sample group included the same 24 volunteers from Step 1, who participated in the full 4-week program. The tools used were structured reflection forms, post-intervention interviews, and observation logs. Tool validity was ensured through pilot testing and expert consultation. Data collection focused on changes in emotional resilience, interpersonal harmony, and inner well-being. The data were analyzed using descriptive statistics (frequency and percentage) and thematic content analysis to assess the impact of the program on peaceful well-being.

Research Results

Objective 1. The results showed that volunteers encountered a wide range of challenges that could be categorised into three major areas: (1) personal readiness and inner well-being, (2) team coordination and communication, and (3) training and operational support.

1) Personal Readiness and Inner Well-Being:

Volunteers reported emotional fatigue, fear of underperformance, and difficulty maintaining mindfulness while working. Some also cited physical fatigue and family responsibilities as factors that affected their readiness to serve. These internal challenges led to feelings of self-doubt and emotional instability, especially during high-pressure service periods.

2) Team Coordination and Communication:

Miscommunication, overlapping roles, and lack of alignment among volunteers were common. Inconsistent attendance and limited team debriefing opportunities further complicated workflow and reduced the sense of unity. Several participants emphasized the need for more open communication channels and clearer role assignments to maintain harmony within the team.

3) Training and Operational Support:

Many volunteers highlighted the absence of systematic onboarding, visual guidelines, or skill rotation practices. Some reported uncertainty in emergency handling and unfamiliar situations. Limited availability of acupuncture doctors, equipment, and workspace during peak hours also led to increased stress. Volunteers expressed the need for better training modules and structured support systems.

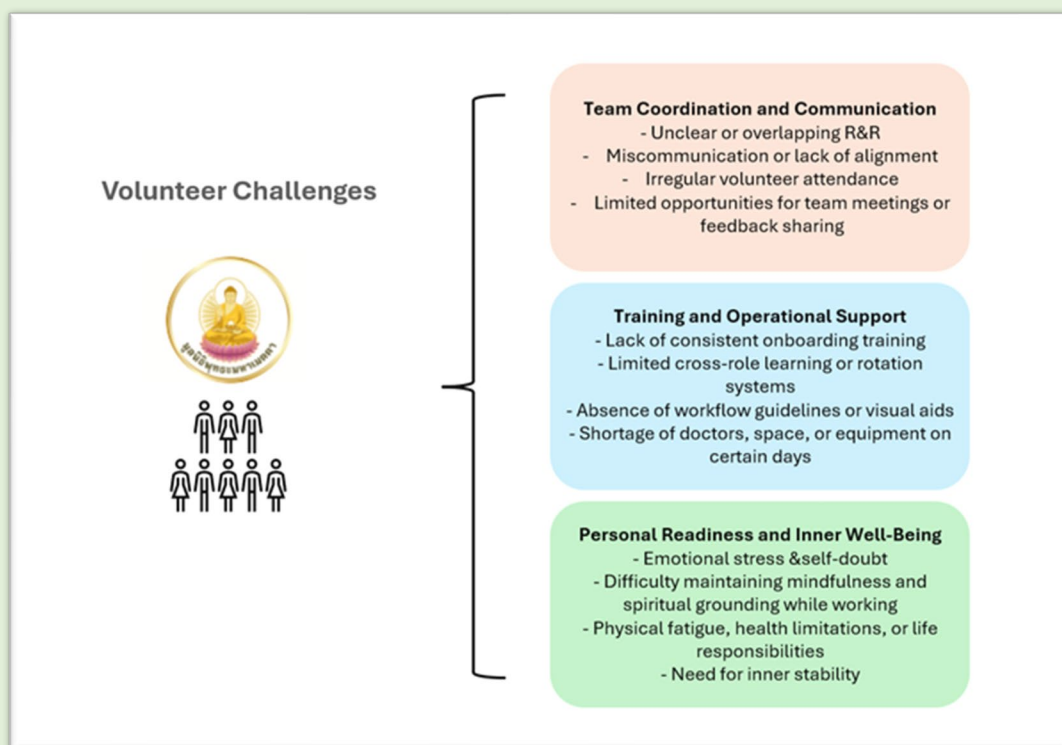


Figure 2: Challenges faced by Volunteers

Objective 2. The results showed that, in response to the identified challenges, the researcher developed a structured one-day meditation-based

training course aimed at cultivating inner transformation alongside practical volunteer skills.

The program included:

- Mindful Sitting and Walking Meditation
- Loving-Kindness (Mettā) Practice
- Dhamma Talk and Group Sharing
- Compassionate Communication Exercises
- Role-Based Volunteer Preparation
- Emergency Handling Simulations

This structure was refined through feedback from a focus group of nine experts, including doctors, healthcare professionals, meditation instructors, and a Buddhist scholar. The group emphasized three key elements:

- Beginning the day with meditation to ground emotional states
- Using the course as both orientation and ongoing development
- Having a skilled facilitator to hold space for reflection and feedback

Objective 3. The results showed significant positive changes in volunteers' peaceful well-being, based on both quantitative and qualitative assessments.

Quantitative Findings (from the 25-item Peaceful Well-Being Questionnaire):

- Psychological well-being increased by 44% (greater emotional stability and reduced stress)
- Intellectual well-being increased by 38% (enhanced clarity, attention, and insight)
- Behavioral well-being rose by 31% (more mindful, intentional conduct)
- Physical well-being improved by 28% (better energy, posture, and calm)

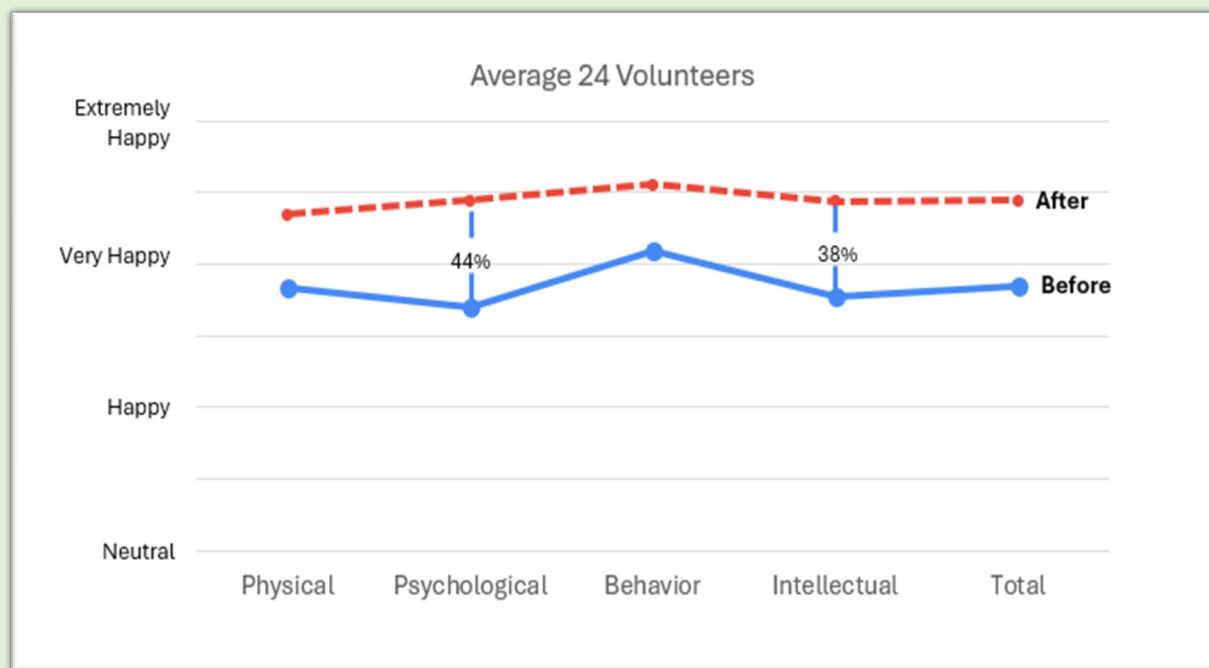


Figure 3: Average 24 Volunteers Results

These quantitative results reflect positive transformation in areas that were identified as key challenges in Objective 1. Where volunteers previously reported emotional fatigue, low self-confidence, and reactive communication, the training led to a 44% increase in psychological well-being and a 31% improvement in behavioural regulation. Intellectual well-being also increased by 38%, addressing earlier concerns around confusion, lack of clarity, and emotional overwhelm during service tasks. Furthermore, the improvement in physical well-being (28%) aligns with feedback from volunteers regarding service-related exhaustion. These results confirm that the mindfulness and loving-kindness-based training process effectively transformed the key stressors identified at the beginning of the study into measurable dimensions of peaceful well-being.

Refer to Figure 3: Average Scores of 24 Volunteers for the pre- and post-workshop score comparison.

Qualitative Findings (from post-workshop interviews): Five themes emerged:

1. Emotional calm and inner peace
2. Greater self-awareness and regulation
3. More empathetic communication and teamwork

4. Increased confidence and joy in service
5. Desire for continued meditation practice

Participants described feeling “lighter,” more “centered,” and “emotionally grounded.” Many expressed that meditation helped them feel spiritually connected and better equipped to serve compassionately. Satisfaction ratings averaged between 4.5–5 out of 5, with many requesting continued sessions.

Discussions

The discussion of this study’s findings is organised by the three research objectives and situates the results within contemporary volunteerism and meditation literature.

Objective 1: Challenges Faced by Volunteers

Volunteers at Siriwattago Medical Clinic reported significant obstacles in personal readiness, emotional regulation, team communication, and lack of structured training. These barriers mirror Wilson’s (2000) assertion that emotional burden and role ambiguity undermine volunteer effectiveness. Similarly, Handy and Srinivasan (2004) found that unclear responsibilities and insufficient preparation lead to frustration and disengagement, while Haski-Leventhal (2009) and Huang (2019) characterised these symptoms as “compassion fatigue” among caregiving volunteers. In the Thai context, the Ministry of Public Health (2022) documented high dropout rates among volunteers lacking institutional support, demonstrating that spiritual motivation alone cannot sustain long-term engagement.

Objective 2: Designing a Contemplative Development Process

The three-phase model, comprising mindfulness and loving-kindness workshops, integrated practice, and compassionate communication guidelines, proved effective in addressing the challenges identified. This approach aligns with Kabat-Zinn’s (2003) framework, which positions mindfulness as a mechanism for stress regulation and enhanced present-moment awareness, and with Salzberg’s (2011) findings on loving-kindness meditation’s role in fostering empathy and reducing reactivity. By rooting the curriculum in the Buddhist schema of *sīla* (ethics), *samādhi* (concentration), and *paññā* (wisdom), the program applies ancient contemplative principles to modern volunteer training.

Consistent with Shapiro et al. (2006) and Seppälä, Rossomando, and Doty (2014), the intervention improved volunteers' emotional resilience and diminished interpersonal conflict within caregiving teams.

Objective 3: Evaluating Program Outcomes

Post-intervention assessments revealed significant gains in peaceful well-being, including increased calmness, emotional balance, and collaborative equipoise. These outcomes reflect Buddhist conceptions of well-being as mental clarity and equanimity (Ricard, 2006; Thanissaro Bhikkhu, 2010). Quantitatively, higher mindfulness trait scores on the Thai Mental Well-Being Scale correlated with greater resilience and life satisfaction (Pimthong et al., 2022). Parallel findings in multicultural cohorts (Jiwattanasuk et al., 2024) and clinical reviews of loving-kindness training (Gu et al., 2022; Hofmann, Grossman, & Hinton, 2011) further corroborate that meditation-based models cultivate compassionate, sustainable volunteer teams in faith-based healthcare settings.

Volunteers at Siri Wattago Medical Clinic experienced stress, role ambiguity, and communication gaps that mirror broader findings on burnout and “compassion fatigue” in healthcare settings. A three-phase training model, combining mindfulness workshops, loving-kindness practices, and compassionate communication guidelines, successfully enhanced emotional resilience, empathy, and team cohesion. Post-program evaluations showed increased calmness, balanced affect, and more harmonious collaboration. These results suggest that integrating Buddhist contemplative principles into volunteer development can foster “peaceful well-being” and sustainable engagement in faith-based healthcare environments.

Knowledge from Research

This research produced new knowledge in the field of volunteer development by integrating Buddhist contemplative practices, specifically mindfulness and loving-kindness meditation, into a structured training process. The outcomes led to a synthesised model of peaceful well-being for volunteers, grounded in spiritual transformation, emotional resilience, and compassionate service. The knowledge gained from this study aligns with its three core objectives and contributes both theoretical insight and practical innovation to Buddhist-informed healthcare volunteerism.

1. Identifying Volunteer Challenges

The study revealed three major categories of challenge faced by acupuncture clinic volunteers:

- Personal readiness and inner well-being: including stress, fatigue, and emotional instability.
- Team coordination and communication: involving unclear roles, interpersonal conflict, and inconsistent teamwork.
- Training and operational support: such as the lack of orientation systems, feedback, and practical guidance.

These challenges are not only logistical but also emotional and spiritual—requiring a deeper approach that addresses both inner states and team dynamics.

2. Designing a Buddhist-Based Development Process

In response, the study created a development process based on Buddhist contemplative principles, with a specific focus on mindfulness (*sati*) and loving-kindness (*mettā*) meditation. The process includes:

- Structured workshops combining meditation with reflective practice.
- Communication exercises grounded in compassionate speech.
- Practical training sessions on service roles and team flow.

This process was co-developed with a focus group of experts in meditation, healthcare, and Buddhist studies. It offers a context-specific model that harmonizes inner cultivation with service competency.

3. Outcomes: Peaceful Well-Being as an Applied Model

The final outcome is a model of peaceful well-being developed from the synthesis of volunteer feedback, expert insight, and contemplative practice. It includes:

- Inner calm and self-regulation as foundations for service
- Empathetic team communication
- Sustained volunteer motivation and satisfaction

This new knowledge extends the scope of volunteer development beyond task efficiency to include spiritual nourishment and ethical engagement.



Figure.4: Holistic Framework for Volunteer Well-Being in Buddhist Healthcare Settings

The volunteer development model presented in Figure 4 can be transferred and applied across academic, healthcare, and community settings. In academic contexts, the model can support curriculum development in fields such as volunteer management, Buddhist studies, or contemplative education. It also offers a case study for integrating spiritual practice into service learning. In healthcare and nonprofit organisations, the model provides a practical structure for training volunteers, particularly in emotionally demanding roles, by fostering emotional resilience and compassionate teamwork through mindfulness and loving-kindness meditation. Community and temple-based groups may also adopt the model to strengthen inner development and harmony among lay volunteers. Additionally, the findings may contribute to public health initiatives by offering a culturally grounded framework for enhancing mental well-being among volunteer teams. With adaptation and proper support, this model can be scaled or customised for wider use in Thailand's healthcare volunteer programs or similar contexts.

Conclusion

This research investigated the challenges faced by volunteers at the Siri Wattago Medical Clinic and developed a contemplative training process to enhance peaceful well-being through mindfulness and loving-kindness meditation. The study identified three core areas of difficulty—personal readiness, team coordination, and lack of structured support, which significantly impacted volunteer motivation and emotional resilience. In response, a context-specific development model was created, combining Buddhist contemplative practices with practical training.

The core knowledge resulting from this research is a Buddhist-informed framework for volunteer development that bridges inner transformation with outer service. By embedding mindfulness and loving-kindness into volunteer routines, the model promotes emotional calm, interpersonal harmony, and sustainable motivation. This approach moves beyond traditional volunteer management by integrating spiritual cultivation as a foundation for compassionate care. The findings contribute to both theory and practice, offering a replicable model that can be applied in healthcare, education, and community service settings, particularly within spiritually grounded environments.

The primary contribution of this research is a Buddhist-informed framework that bridges inner transformation with practical service delivery, an approach that transcends conventional volunteer management by positioning spiritual cultivation at the heart of compassionate care. While this model was developed in a Thai acupuncture clinic, its principles are readily adaptable to other healthcare, educational, and community settings that value holistic well-being. Future studies might explore long-term impacts on volunteer retention and patient satisfaction, as well as quantitative measures of stress biomarkers. Ultimately, by harmonising contemplative practice with volunteer development, faith-based organisations can nurture more resilient, empathetic, and spiritually grounded teams.

Suggestions

This research has found that inner transformation through mindfulness and loving-kindness meditation can significantly enhance the well-being, emotional resilience, and team harmony of healthcare volunteers. The important insight is that spiritual practices, when applied systematically, can be used not only for personal development but also for improving volunteer service environments. This model can be applied to other community health clinics, Buddhist organisations, and volunteer-based programs seeking to foster compassionate service and reduce emotional burnout. Greater importance should be given to integrating contemplative methods into volunteer training programs, especially in emotionally demanding or spiritually oriented contexts.

For future research, studies should explore the long-term effects of meditation-based volunteer programs on volunteer retention, quality of patient care, and community engagement. It would also be valuable to compare outcomes across different religious or cultural settings to assess the model's adaptability and effectiveness in diverse environments.

References

- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10(2), 125–143. <https://doi.org/10.1093/clipsy.bpg015>
- Cattan, M., Hogg, E., & Hardill, I. (2011). Improving quality of life in ageing populations: What can volunteering do? *Maturitas*, 70(4), 328–332.
- Cordery, C. J., Smith, K. A., & Proctor-Thomson, S. B. (2015). Staff and Volunteers' Perceptions of the Volunteer Programme: an alternative use of the Net Benefits Index. *Voluntary Sector Review*, 6(2), 173–191. <https://doi.org/10.1332/204080515X14291983096544>
- Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J., & Finkel, S. M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology*, 95(5), 1045–1062. <https://doi.org/10.1037/a0013262>
- Gethin, R. (1998). *The foundations of Buddhism*. Oxford University Press.

- Gu, X., Luo, W., Zhao, X., Chen, Y., Zheng, Y., Zhou, J., Zeng, X., Yan, L., Chen, Y., Zhang, X., Lv, J., Lang, Y., Wang, Z., Gao, C., Jiang, Y. & Li, R. (2022). The effects of loving-kindness and compassion meditation on life satisfaction: A systematic review and meta-analysis. *Applied Psychology: Health and Well-Being*, 14(3), 1081-1101. <https://doi.org/10.1111/aphw.12367>
- Handy, F., & Srinivasan, N. (2004). Valuing volunteers: An economic evaluation of the net benefits of hospital volunteers. *Nonprofit and Voluntary Sector Quarterly*, 33(1), 28–54. <https://doi.org/10.1177/0899764003260961>
- Haski-Leventhal, D. (2009). Elderly volunteering and well-being: A cross-European comparison based on SHARE data. *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, 20, 388–404. <https://doi.org/10.1007/s11266-009-9096-x>
- Hofmann, S. G., Grossman, P., & Hinton, D. E. (2011). Loving-kindness and compassion meditation: Potential for psychological interventions. *Clinical Psychology Review*, 31(7), 1126–1132. <https://doi.org/10.1016/j.cpr.2011.07.003>
- Huang, L. H. (2019). Well-being and volunteering: Evidence from aging societies in Asia. *Social science & medicine*, 229, 172-180. <https://doi.org/10.1016/j.socscimed.2018.09.004>
- Jiwattanasuk, N., Prachakittikun, S., & Keetawattananon, T. (2024). *Mindfulness-based practice for multicultural meditation practitioners to develop mental well-being* [Research report]. Buddhist Research Institute, Mahachulalongkornrajavidyalaya University.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144–156. <https://doi.org/10.1093/clipsy.bpg016>
- Pimthong, S., Suwanwong, C., Surakarn, A., Chiangkhong, A., Sumalrot, T., & Khunakorncharatphong, A. (2022). Development and validation of the Thai mental well-being scale. *Heliyon*, 8(4). e09296 <https://doi.org/10.1016/j.heliyon.2022.e09296>
- Ricard, M. (2006). *Happiness: A guide to developing life's most important skill* (S. Whiteside, Trans.). Little, Brown and Company.
- Salzberg, S. (2011). *Real happiness: The power of meditation*. Workman Publishing.

- Seppala, E. M., Rossomando, T., & Doty, J. R. (2014). Social connection and compassion: Important predictors of health and well-being. *Social Research: An International Quarterly*, 80(2), 411–430.
- Shapiro, S. L., Astin, J. A., Bishop, S. R., & Cordova, M. (2006). Mindfulness-based stress reduction for health care professionals: Results from a randomized trial. *International Journal of Stress Management*, 12(2), 164–176. <https://doi.org/10.1037/1072-5245.12.2.164>
- Thanissaro Bhikkhu. (2010). *The wings to awakening: An anthology from the Pali canon*. Metta Forest Monastery.
- The Ministry of Public Health. (2022). *Annual report on public health volunteer development*. Department of Health Service Support.
- Wilson, J. (2000). Volunteering. *Annual Review of Sociology*, 26, 215–240. <https://doi.org/10.1146/annurev.soc.26.1.215>
- Zou, T., Wu, C., & Fan, X. (2016). The Clinical Value, Principle, and Basic Practical Technique of Mindfulness Intervention. *Shanghai Archives of Psychiatry*, 28(3), 121–130. <https://doi.org/10.11919/J.ISSN.1002-0829.216060>