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The Journal of Applied Humanities Studies (JAHS) is a peer-reviewed academic journal dedicated to publishing high-quality research and scholarly articles that apply humanities-based perspectives to explain, analyze, and develop concepts and practices related to human society and culture. The journal emphasizes two main thematic areas: Applied Humanities and Interdisciplinary Humanities, covering a wide range of topics such as religion, philosophy, and ethics; language, translation, and intercultural communication; cultural identity, heritage, and history; arts, literature, and creative practices; psychology and mental health; education and pedagogy; social institutions and human relationships; and the intersection of humanities and media.

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Research Article

Enhancing Student Potential in Temple Schools through the Bavorn Concept: Home, Temple, School

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Abstract: This study aimed to investigate approaches for enhancing student potential in temple schools through the Bavorn concept, which encompasses home, temple, and school, and to develop an appropriate model for enhancing student potential in temple schools that aligns with Thai social context. This qualitative research employed documentary research and in-depth interviews. The informants consisted of 30 individuals including temple school administrators, teachers, monks, parents, and students from temple schools in 5 central provinces. Data were collected between January and March 2023 and analyzed using content analysis. The findings revealed that the Bavorn concept comprising home, temple, and school can effectively enhance student potential across four dimensions: spiritual, social, intellectual, and cultural. The home plays a role in instilling basic moral values, the temple serves as a center for learning dharma and culture, while the school is a place for developing knowledge and skills. An appropriate model consists of four dimensions: spiritual, social, intellectual, and cultural. The integration of these three institutions helps develop students into complete individuals with knowledge, morality, and ethics.

Keywords: Bavorn concept, student potential enhancement, temple schools, home-temple-school, Buddhist education

1. Introduction

Education in Thai society has important foundations rooted in religious institutions, particularly temple schools that have played significant roles in developing education and transmitting Thai wisdom for centuries. According to the royal initiative of His Majesty King Bhumibol Adulyadej the Great (King Rama IX), which emphasized the "Bavorn" concept meaning the integration of home, temple, and school to create holistic learning (Ministry of Education, 2017), this concept aims for all three institutions to collaborate in developing children and youth into complete individuals with knowledge, morality, and ethics. In the current era of rapid social change, enhancing student potential in temple schools through the Bavorn concept is particularly important because temple schools serve as learning sources that blend academic education with Buddhist education.

According to a study by the Office of the National Education Commission (2022), there are 1,247 temple schools in Thailand with a total of 298,567 students, representing a significant proportion of the Thai education system. However, many temple schools still face challenges in developing student potential to their full capabilities, including learning development, life skills development, and preparation for future living (Uthai Dulyakasem, 2021). These problems arise from various factors such as lack of educational resources, insufficient

coordination between home, temple, and school, and lack of appropriate teaching and learning approaches suitable for temple school contexts. Therefore, this study focuses on systematically investigating approaches for enhancing student potential in temple schools through the Bavorn concept.

Enhancing student potential through the Bavorn concept is an approach that can effectively help develop students into complete individuals because the home is the first institution where children receive upbringing and basic moral cultivation, the temple serves as a center for learning dharma and Thai culture, while the school is a place for developing knowledge and various skills (Phra Maha Samchai Chantasaro, 2022). The integration of these three institutions creates a learning environment conducive to comprehensive student potential development in terms of knowledge, abilities, morality, and ethics. This research is therefore important in creating new knowledge about enhancing student potential in temple schools through the Bavorn concept that can be applied to further develop temple school education.

The significance of this study lies in addressing the gap between traditional Buddhist education values and modern educational demands. Temple schools, as unique educational institutions, possess distinct characteristics that differ from conventional schools, requiring specialized approaches that honor Buddhist principles while meeting contemporary educational standards. The Bavorn concept provides a framework that bridges this gap by systematically integrating the roles of home, temple, and school in a manner that is both culturally appropriate and educationally effective. Furthermore, this research contributes to the broader understanding of community-based education models and their potential for replication in similar cultural contexts. The findings may inform educational policy makers, temple school administrators, and community leaders about best practices for implementing integrated educational approaches that preserve cultural heritage while fostering student development in the 21st century.

2. Objective (s)

2.1 To investigate approaches for enhancing student potential in temple schools through the Bavorn concept, namely home, temple, and school, across various dimensions that affect student development.

2.2 To develop a model for enhancing student potential in temple schools that is appropriate for Thai social context and consistent with Buddhist principles.

3. Research Methodology

This study employed qualitative research methodology using documentary research and in-depth interviews to investigate approaches for enhancing student potential in temple schools through the Bavorn concept. The researchers designed the study to cover both secondary and primary data sources, with secondary data from document studies and related research, and primary data from in-depth interviews with key informants. This research focused on studying approaches for enhancing student potential in temple schools across various dimensions including spiritual, social, intellectual, and cultural dimensions to develop an appropriate model for enhancing potential suitable for Thai temple school contexts.

The research framework was grounded in constructivist epistemology, recognizing that knowledge about educational practices in temple schools is socially constructed through the interactions and experiences of community members. This philosophical foundation guided the research design toward understanding the lived experiences of stakeholders and the meanings they attribute to the Bavorn concept in educational contexts. The researchers employed phenomenological approaches to capture the essence of how participants experience and

understand the integration of home, temple, and school in student development processes.

Population and Samples

The population used in this research consisted of temple school administrators, teachers, monks, parents, and temple school students in the central region. The sample was obtained through purposive sampling of 30 individuals from temple schools in 5 central provinces: Bangkok, Nonthaburi, Pathum Thani, Ayutthaya, and Suphan Buri, divided into 6 temple school administrators, 8 teachers, 6 monks, 5 parents, and 5 temple school students. The researchers established selection criteria requiring participants to have at least 3 years of experience working or studying in temple schools to obtain in-depth and comprehensive data. Sample selection also considered the diversity of temple school contexts, including urban, semi-urban, and rural temple schools to obtain data reflecting the diversity of temple schools in the central region.

The sampling strategy employed maximum variation sampling within the purposive sampling framework to ensure representation across different types of temple schools and stakeholder perspectives. Selection criteria included: (1) geographical diversity across the five provinces, (2) variation in school size and resources, (3) different levels of experience with Bavorn concept implementation, and (4) willingness to participate in extensive interviews. The researchers also ensured gender balance where possible and included both senior and junior stakeholders to capture generational perspectives on traditional and contemporary educational practices.

Research Instrument

The research instruments consisted of: 1) structured interview guides for in-depth interviews with key informants, divided into separate guides for temple school administrators, teachers, monks, parents, and temple school students; 2) observation forms for observing teaching and learning activities and various activities in temple schools; 3) document checklists for studying related documents. All instruments underwent content validity verification by three experts: a curriculum and instruction expert, an educational administration expert, and a Buddhist studies expert. The researchers improved and revised the instruments according to expert recommendations before using them for actual data collection.

The interview guides were developed based on extensive literature review and preliminary field observations. Each guide contained three main sections: background information, specific role-related questions, and reflection questions about the Bavorn concept. Questions were designed to be open-ended and culturally sensitive, allowing participants to share their experiences in their own words while ensuring coverage of key research themes. Pilot testing was conducted with five participants from a temple school not included in the main study to refine question wording and ensure cultural appropriateness.

Collection of Data

Data collection was conducted between January and March 2023 in two phases. Phase 1 involved documentary study from various sources including books, academic articles, theses, research reports, curriculum documents, and policy documents related to enhancing student potential in temple schools and the Bavorn concept. Phase 2 involved in-depth interviews with key informants. The researchers coordinated with temple school administrators to request cooperation in data collection and obtained cooperation letters from the university to various temple schools. Each interview session lasted approximately 60-90 minutes. The researchers recorded interviews (with participants' permission) and took notes of important points during interviews. Additionally, the researchers observed various activities in temple schools to

provide supplementary data for analysis.

Data collection followed strict ethical protocols including informed consent procedures, confidentiality assurances, and participant rights to withdraw from the study at any time. All interviews were conducted in Thai to ensure participants could express themselves naturally and comfortably. The researchers maintained detailed field notes documenting not only verbal responses but also non-verbal cues, environmental contexts, and reflective observations that might inform data interpretation.

Data Analysis

Data analysis employed content analysis method in three phases. Phase 1 involved data organization where researchers transcribed interview recordings and grouped data according to research themes. Phase 2 involved preliminary analysis through categorization and identifying relationships between categories. Phase 3 involved in-depth analysis through data interpretation and synthesis to find answers according to research objectives. The researchers used triangulation to verify data accuracy by comparing data from different sources and obtained expert verification to confirm research reliability. Data analysis also considered interpretation within the context of Thai culture and Buddhist principles to achieve conclusions consistent with the Bavorn concept and suitable for application in Thai temple schools.

The analytical process followed Braun and Clarke's thematic analysis framework, involving familiarization with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. Multiple coding rounds were conducted to ensure comprehensive coverage of the data. Inter-coder reliability was established through independent coding by two researchers followed by discussion and consensus-building sessions. The researchers employed member checking by sharing preliminary findings with selected participants to verify accuracy and completeness of interpretations.

4. Result (s)

This research found that enhancing student potential in temple schools through the Bavorn concept consists of four main dimensions: spiritual, social, intellectual, and cultural. Each dimension involves different but complementary roles of home, temple, and school. The study results show that the integration of these three institutions can effectively enhance student potential, particularly in developing moral ethics, strengthening mental resilience, and cultivating good values. From interviews, temple school administrators viewed the Bavorn concept as an important approach for developing students into complete individuals, while teachers saw that cooperation between home, temple, and school made teaching and learning more effective. Monks believed that temples play important roles as centers for learning dharma and practicing Buddhist principles. Parents believed that home participation in enhancing student potential is important, and students themselves were satisfied with learning in environments that integrate the Bavorn concept.

From in-depth data analysis, it was found that enhancing student potential according to the Bavorn concept has unique characteristics different from general education management. The integration between home, temple, and school creates a complete learning ecosystem that results in students receiving comprehensive development in knowledge, skills, attitudes, and values. The participation of all parties in setting goals, planning, implementing, and evaluating student development is an important factor that makes the Bavorn concept successful. Additionally, connecting classroom learning with real-life practice through various activities organized jointly by the three institutions helps students achieve meaningful and sustainable learning. This study also found that the success of implementing the Bavorn concept depends

on several factors such as leadership of school administrators, understanding and acceptance of teachers, support from parents, cooperation of monks and community, as well as readiness in terms of resources and facilities.

Spiritual Dimension

The research results found that the spiritual dimension is the first important dimension in enhancing student potential in temple schools. The home plays a role in instilling basic moral values such as gratitude, sacrifice, and kindness. Parents have duties in creating environments conducive to developing good minds, being good role models in living, and supporting students to practice dharma in daily life. The temple serves as a center for learning dharma, practicing meditation, making merit, and participating in various religious activities. Monks act as spiritual teachers, providing guidance for living according to Buddhist principles and being good role models in dharma practice. Schools play roles in organizing mind-strengthening activities such as chanting, meditation, learning about Buddha's stories, and practicing according to moral principles. Teachers serve as promoters and supporters for students to continuously develop their minds.

The spiritual development process in temple schools follows a systematic approach that begins with basic moral education at home, continues with structured dharma learning at school, and deepens through temple-based spiritual practices. This progression allows students to gradually internalize Buddhist values and develop intrinsic motivation for moral behavior. The integration of formal and informal spiritual education creates multiple touchpoints for reinforcement and application of spiritual principles. Students engage in daily practices such as morning prayers, ethical reflection sessions, and community service projects that bridge spiritual learning with practical application.

Furthermore, the spiritual dimension encompasses emotional intelligence development, stress management through Buddhist mindfulness practices, and character formation based on Buddhist virtues. Students learn to apply concepts such as the Noble Eightfold Path, loving-kindness meditation, and mindful awareness in their daily interactions and academic pursuits. The collaborative spiritual guidance from parents, teachers, and monks ensures consistent messaging and support for students' spiritual growth while respecting individual learning styles and developmental stages.

Social Dimension

In the social dimension, research results show that the Bavorn concept effectively helps enhance students' social skills. The home plays a role in teaching Thai etiquette, social interaction, and maintaining good relationships with others. Parents serve as models for appropriate social expression, kindness, and helping others. The temple functions as a community center that promotes social participation, collaborative work, and sharing with others through various activities such as morning alms offering, organizing traditional festivals, and helping the poor in the community. Schools enhance social skills through group activities, teamwork, cooperative learning, and participation in various school activities. Teachers facilitate creating environments conducive to learning social skills and building good relationships among students and between students and teachers.

The social development framework within the Bavorn concept emphasizes community engagement and social responsibility. Students participate in intergenerational activities that connect them with elderly community members, preserving cultural knowledge while developing respect and empathy. Service-learning projects organized collaboratively by home, temple, and school provide authentic contexts for students to apply social skills while contributing to community welfare. These activities range from environmental conservation

projects to cultural preservation initiatives and charitable activities supporting underprivileged community members.

The social dimension also addresses modern challenges such as digital citizenship, conflict resolution, and cultural sensitivity in an increasingly diverse society. Students learn to navigate traditional hierarchical relationships while developing critical thinking skills necessary for democratic participation. The temple's role as a neutral space for community dialogue provides opportunities for students to observe and participate in constructive conflict resolution and consensus-building processes.

Intellectual Dimension

Research results in the intellectual dimension found that the Bavorn concept integration helps develop students' knowledge and thinking skills comprehensively. The home plays a role in promoting learning outside the classroom, reading books, practicing various skills, and supporting students to pursue lifelong learning. Parents support lifelong learning, serve as sources of life experience knowledge, and stimulate students for continuous self-development. The temple is a source of learning about Thai wisdom, Buddhism, history, and local culture. Temple libraries and museums are important knowledge sources. Monks serve as dharma teachers and transmitters of Buddhist wisdom. Schools have main roles in organizing curriculum-based teaching and learning, developing analytical thinking skills, creative thinking, and problem-solving. Teachers facilitate learning, use various teaching methods, and promote students to be self-directed learners. From interviews, it was found that students who received promotion according to the Bavorn concept had improved academic performance, developed thinking skills, and ability to connect knowledge from various sources.

The intellectual development approach integrates contemplative practices with academic learning, following Buddhist educational philosophy that emphasizes wisdom development alongside knowledge acquisition. Students engage in reflective learning practices that encourage deep understanding rather than superficial memorization. The curriculum integration includes traditional Buddhist texts, local history, environmental studies, and contemporary subjects, creating connections between ancient wisdom and modern knowledge needs.

Critical thinking development occurs through dharma discussions, ethical dilemma analysis, and inquiry-based learning projects that encourage students to question, analyze, and synthesize information from multiple perspectives. The temple's role as a repository of cultural knowledge provides rich resources for research projects and experiential learning opportunities. Students develop information literacy skills while learning to evaluate sources critically, particularly important in an era of information abundance and varying reliability.

Cultural Dimension

In the cultural dimension, research results show that the Bavorn concept is extremely important for preserving and transmitting Thai culture. The home is the origin of learning basic culture such as wai greeting, polite speech, appropriate dress, and practicing according to Thai customs and traditions. Parents transmit family traditions, tell ancestral stories, and instill pride in Thai identity. The temple serves as a center for preserving Thai culture and traditions, organizing various traditional festivals such as Songkran, Loy Krathong, Visakha Bucha, and local traditions. Monks preserve and transmit religious ceremonies, Pali language, architectural arts, and Buddhist wisdom. Schools integrate Thai cultural content into curriculum, organize cultural promotion activities, and create understanding of Thai cultural values. Teachers transmit cultural knowledge, serve as role models in practicing Thai culture, and promote students to have pride in being Thai.

The cultural preservation efforts extend beyond traditional ceremonies to include contemporary applications of cultural values in modern contexts. Students learn to adapt traditional principles to address current social issues while maintaining cultural authenticity. The integration of technology in cultural education allows for innovative preservation methods such as digital storytelling, virtual museum creation, and online cultural exchange programs with other temple schools.

Cultural education also emphasizes the dynamic nature of culture, teaching students to appreciate both preservation and appropriate adaptation. Through collaborative projects between home, temple, and school, students engage in cultural documentation projects, interview community elders, and create multimedia presentations that bridge generational knowledge gaps. This approach ensures cultural continuity while developing students' skills in research, technology, and cross-cultural communication.

Supporting Factors and Obstacles in Implementing the Bavorn Concept

From in-depth interviews with key informants, important supporting factors and obstacles were found in implementing the Bavorn concept for enhancing student potential in temple schools. Important supporting factors include: 1) Thai traditions and culture that have foundations from relationships between home, temple, and school from the beginning, making implementation of the Bavorn concept naturally possible; 2) community understanding and acceptance of temple roles in education; 3) support from community leaders, religious leaders, and policy-level administrators; 4) readiness of teachers and personnel with service minds and child development dedication; 5) availability of diverse learning sources in communities such as temples, local museums, historical sites, and local wisdom. Important obstacles include: 1) budget and teaching resource limitations; 2) lack of personnel with curriculum integration expertise; 3) differences in context and readiness of each area; 4) social changes that alter traditional roles of home, temple, and school; 5) lack of concrete monitoring and evaluation systems. Solving these obstacles requires systematic planning and implementation through cooperation from all related parties.

The analysis of supporting factors reveals the importance of cultural compatibility in educational innovation. The Bavorn concept's alignment with existing Thai social structures facilitates implementation while honoring traditional values. Community ownership of the concept emerges as a critical success factor, with sustainable implementation requiring genuine buy-in from all stakeholders rather than top-down mandates.

Obstacles analysis highlights the need for capacity building and resource mobilization strategies. The challenge of curriculum integration requires systematic teacher development programs and ongoing support systems. Contextual variations across different regions and communities necessitate flexible implementation frameworks that allow for local adaptation while maintaining core principles.

Technology Integration in Student Potential Enhancement

In the current digital age, integrating technology in enhancing student potential according to the Bavorn concept is important and necessary. Research results found that temple schools can use technology as tools to connect and strengthen cooperation between home, temple, and school effectively. Using applications and online platforms helps parents continuously monitor their children's learning progress and development. Creating digital repositories about local wisdom and temple history helps students access knowledge more easily. Using digital media in teaching dharma and Thai culture makes learning more interesting and understandable. Additionally, organizing joint online activities between different temple schools helps create learning networks and valuable experience exchanges.

However, technology use must consider principles of the Bavorn concept that emphasize developing complete human beings physically, mentally, and intellectually, without letting technology replace interactions and warmth of human relationships. Creating balance between technology use and preserving traditional values of temple school education is therefore important to consider.

Technology integration follows a mindful approach that prioritizes human connection while leveraging digital tools for enhanced learning experiences. Virtual reality applications allow students to explore historical Buddhist sites and engage with cultural heritage in immersive ways. Online platforms facilitate collaboration between temple schools across different regions, creating broader learning communities while maintaining local identity and autonomy.

The digital literacy component of technology integration ensures students develop critical evaluation skills for online information, particularly important when accessing religious and cultural content. Students learn to distinguish between authentic dharma teachings and commercialized spiritual content, developing discernment that serves them throughout life. Teacher training programs focus on integrating technology seamlessly into traditional teaching methods rather than replacing human-centered pedagogical approaches.

Teacher and Personnel Development Approaches According to the Bavorn Concept

Developing teachers and personnel is an important factor in successfully implementing the Bavorn concept. Research results show that teachers in temple schools need specific knowledge, understanding, and skills in integrating academic education with Buddhist education and Thai culture. Appropriate teacher development approaches should include: 1) training on the Bavorn concept and its application in teaching and learning; 2) developing skills for creating cooperation with communities and parents; 3) strengthening knowledge in Buddhism and Thai culture; 4) developing technology skills for education; 5) promoting research for teaching and learning development. Additionally, creating professional learning communities among teachers in different temple schools helps facilitate experience exchange and effective teaching method development. Having continuous teacher development support and monitoring systems is also necessary, including creating motivation and recognition for teachers with outstanding performance in implementing the Bavorn concept.

The professional development framework emphasizes reflective practice and collaborative inquiry among teachers. Mentorship programs pair experienced temple school educators with newcomers, ensuring knowledge transfer and maintaining institutional memory. Regular workshops focus on action research methodologies, enabling teachers to systematically study and improve their own practice while contributing to the broader knowledge base about temple school education.

Cross-institutional collaboration creates opportunities for teachers to observe different implementation approaches and adapt successful strategies to their own contexts. Professional learning networks extend beyond individual schools to include partnerships with universities, cultural institutions, and international Buddhist education organizations. This broader perspective helps teachers maintain high standards while preserving local authenticity.

Temple School Student Potential Enhancement Model

From data analysis, researchers developed a temple school student potential enhancement model through the Bavorn concept consisting of 6 main components: 1) Collaborative Planning between home, temple, and school in setting student development goals through regular consultation meetings, clearly defining roles and responsibilities of each party,

and creating joint action plans; 2) Integrated Activities connecting the three institutions such as outdoor learning activities, community volunteer development activities, arts and culture preservation activities, and dharma practice activities; 3) Holistic Assessment covering all 4 dimensions using various assessment tools such as portfolio assessment, behavior observation, peer assessment, and self-assessment; 4) Professional Development for teachers and personnel to understand the Bavorn concept and apply it effectively in teaching and learning; 5) Learning Networks among different temple schools for experience exchange and joint development; 6) Knowledge Management and Innovation through creating knowledge repositories, research and development, and continuous improvement. This model emphasizes participation from all parties, effective communication, and continuous monitoring and evaluation to make student potential enhancement systematic and sustainable. Implementing this model requires adaptation to each temple school's context, considering available resources, personnel readiness, and community needs.

The implementation framework provides detailed guidance for each component while maintaining flexibility for local adaptation. Assessment rubrics help stakeholders evaluate implementation quality and identify areas for improvement. The model incorporates feedback loops that enable continuous refinement based on student outcomes and community needs.

Sustainability mechanisms built into the model include leadership development protocols, resource mobilization strategies, and succession planning for key personnel. The model also addresses scalability considerations, providing pathways for expansion to additional temple schools while maintaining quality and authenticity. Documentation and knowledge sharing protocols ensure that successful innovations can be replicated appropriately in other contexts.

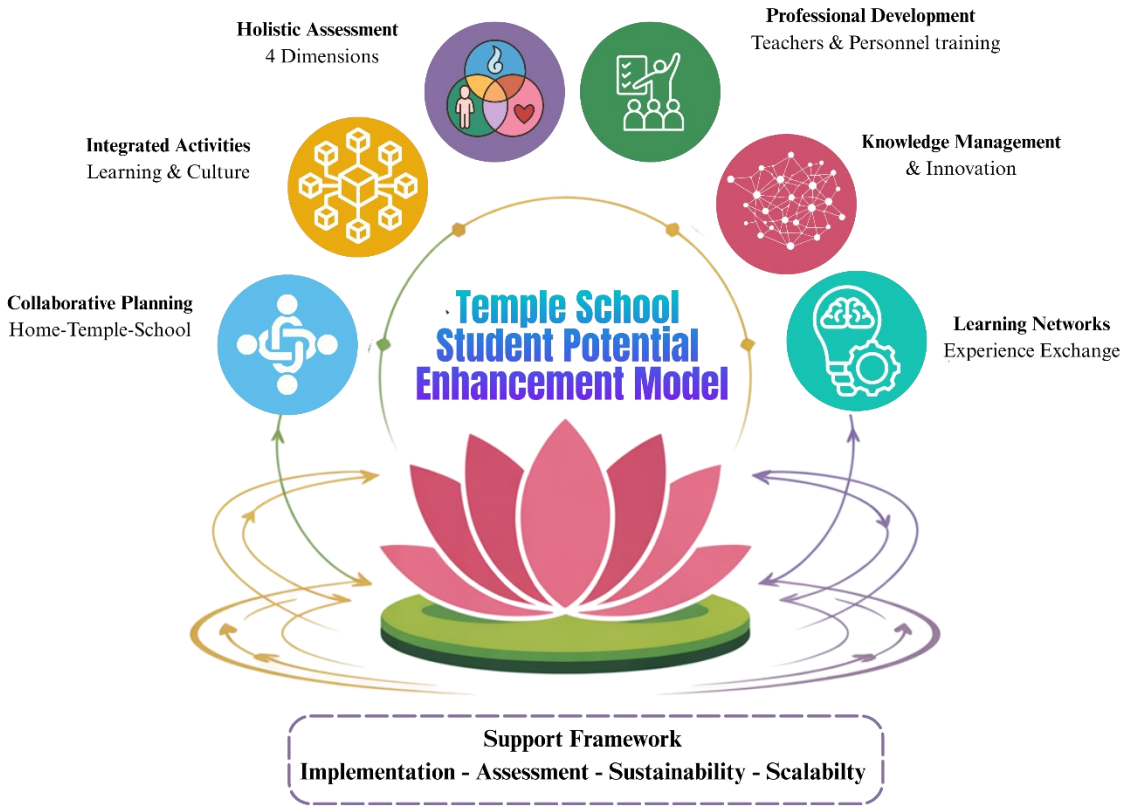


Figure 1: Temple School Student Potential Enhancement Model (BAVORN Concept)

5. Discussion

The research results align with the royal initiative concept of His Majesty King Bhumibol Adulyadej the Great regarding integration of home, temple, and school in developing Thai education and society (Chaipattana Foundation, 2020), which emphasizes all three institutions working together to create holistic learning. The effectiveness of the Bavorn concept in enhancing student potential across all 4 dimensions demonstrates the importance of integration between educational institutions and social and religious institutions, consistent with studies by Phra Maha Wichan Suwichano (2019) who found that temple participation in education helps strengthen morality, ethics, and Thai identity among students. This also aligns with research by Supannee Pholkaew et al. (2022) studying temple school education quality development, which found that cooperation between home, temple, and school is an important factor affecting educational management success.

The particular importance of spiritual and cultural dimensions in temple schools reflects the special role of temple schools as learning sources that not only focus on academic development but also emphasize human development to become individuals with morality and ethics, consistent with concepts by Phra Maha Wichan Suwichano (2019) emphasizing that Buddhist education must focus on developing complete humans in wisdom, morality, and concentration. Research results also show that parent participation is extremely important for successful student potential enhancement, consistent with studies by Supannee Pholkaew et al. (2022) who found that parent participation in educational management positively affects student learning achievement and development. The temple's role as a center for cultural and dharma learning helps create differences of temple schools from general schools and is an important strength in developing students to have identity and desirable characteristics.

Research results also reveal that implementing the Bavorn concept in contemporary Thai society contexts has both opportunities and challenges. Important opportunities include receiving government policy support for promoting culturally-based education, having funding and resources from communities and organizations that prioritize integrated education, and social changes that increasingly value morality, ethics, and Thai identity. Main challenges include changes in family and social structures that may affect traditional roles of home, educational competition emphasizing academic achievement primarily, and lack of teachers with curriculum integration expertise. Solving these challenges requires strategic planning and continuous implementation.

Furthermore, this study found that the Bavorn concept has potential to be a sustainable development model for Thai communities because it is an approach rooted in Thai culture and adaptable to contemporary contexts. Expanding the use of the Bavorn concept to communities beyond temple schools may be an interesting direction for future research and development, consistent with studies by Uthit Chanthroophas et al. (2022) who found that Bavorn power can be used to strengthen communities in various contexts. However, implementing the Bavorn concept in enhancing temple school student potential still has limitations to consider including differences in area contexts, personnel readiness, and available resources. Therefore, implementing the developed model requires adaptation appropriate to each temple school's context, considering available resources, personnel readiness, and community needs.

The findings contribute to understanding of community-based education models and their relevance for contemporary educational challenges. The success of the Bavorn concept in maintaining cultural authenticity while meeting modern educational demands offers insights for other cultural contexts seeking to balance tradition and innovation in education. The research also highlights the importance of stakeholder engagement and community ownership in educational reform initiatives.

Theoretical implications of this study extend existing frameworks for integrated education by demonstrating how traditional cultural concepts can inform contemporary educational practice. The four-dimensional model provides a comprehensive framework for holistic student development that could be adapted for other cultural contexts with similar educational values and social structures.

6. Conclusion

This study demonstrates that the Bavorn concept consisting of home, temple, and school can effectively enhance temple school student potential across 4 dimensions: spiritual, social, intellectual, and cultural. The integration of these three institutions creates learning environments conducive to comprehensive student development, with homes playing roles in instilling basic moral values and supporting learning, temples serving as centers for learning dharma and culture, and schools as places for developing knowledge and various skills. An appropriate model for enhancing temple school student potential consists of 6 main components: collaborative planning, integrated activities, holistic assessment, professional development, learning networks, and knowledge management and innovation. This model can be applied to various temple schools by adapting it appropriately to each area's context.

The research demonstrates the viability of culturally-grounded educational approaches in contemporary settings. The Bavorn concept's success in integrating traditional values with modern educational practices provides a blueprint for similar initiatives in other cultural contexts. The comprehensive nature of the four-dimensional development framework ensures that students receive balanced preparation for both traditional cultural roles and contemporary societal demands.

The study's findings have implications for educational policy, teacher preparation, and community development practices. The evidence for improved student outcomes through integrated approaches supports broader adoption of community-based educational models while maintaining appropriate quality assurance and accountability measures.

7. Recommendation (s)

7.1 Policy Recommendations

Related agencies should systematically promote and support implementation of the Bavorn concept in temple schools through budget allocation, appropriate curriculum development, and creating cooperation networks among different temple schools. Temple school education quality assessment approaches should be developed considering temple school characteristics and the Bavorn concept.

7.2 Practical Recommendations

Temple schools should create clear student potential enhancement plans according to the Bavorn concept with systematic role and responsibility definitions for each party and continuous monitoring and evaluation. Training activities should be organized to provide knowledge about the Bavorn concept for teachers, personnel, parents, and communities to create understanding and cooperation.

7.3 Recommendations for Future Research

Experimental research should be conducted to test the effectiveness of the developed model. Long-term impacts of using the Bavorn concept on student development should be studied, and comparative studies of Bavorn concept use in temple schools with different contexts should be conducted, such as urban, rural, and border temple schools.

Future research should also explore the applicability of the Bavorn concept to other

educational contexts beyond temple schools, investigate the role of technology in supporting traditional educational values, and examine the long-term career and life outcomes of students educated through the Bavorn concept. Cross-cultural comparative studies could provide insights into how similar integrated approaches function in other Buddhist education systems globally.

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Research Article

Application of Buddhist Psychology in Promoting Emotional Development of Early Childhood: A Documentary Research

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Abstract: This documentary research aims to study the application of Buddhist psychology in promoting emotional development of early childhood and to synthesize approaches for developing activity models based on Buddhist psychology concepts for early childhood. The researchers collected and analyzed academic documents, research articles, and related theories from both Thai and English databases between 2013-2023, totaling 45 documents. The research findings revealed that Buddhist psychology principles applicable to promoting emotional development in early childhood include mindfulness, emotional awareness, positive adaptation, and loving-kindness. The application of these principles in age-appropriate enjoyable activities affects the development of emotional management skills, self-understanding, and building good relationships with others. Additionally, the integration of Buddhist psychology with early childhood education helps promote mental balance, reduce aggressive behavior, and enhance children's adaptability. This research proposes guidelines for developing curricula and learning activities that integrate Buddhist psychology to sustainably promote emotional development in early childhood.

Keywords: Buddhist psychology, emotional development, early childhood, early childhood education, emotional management

1. Introduction

Emotional development during early childhood is considered a crucial foundation that affects children's future growth and adaptation. Many developmental psychologists emphasize the importance of developing emotional skills in childhood, particularly emotional awareness, emotional control, and building good relationships with others (Denham & Burton, 2003). In the Thai social context, where Buddhist culture serves as a foundation, applying Buddhist psychology principles to promote children's emotional development is highly appropriate and interesting (Thanakit, 2021).

Buddhist psychology is a concept that combines Buddhist philosophy with modern psychological principles, emphasizing balanced mental development, self-awareness, and creating inner peace (Bodhi, 2020). Important principles of Buddhist psychology applicable to early childhood include mindfulness practice, loving-kindness meditation, and emotional awareness, which align with theories of children's emotional development in Western psychology (Siegel, 2022).

International research has demonstrated the effectiveness of applying Buddhist

psychology principles in promoting children's emotional development, finding that age-appropriate mindfulness practice enhances emotional control abilities, reduces stress, and improves social behavior (Flook et al., 2019). However, in the Thai context, there is limited research on applying Buddhist psychology to promote emotional development in early childhood. This documentary research is necessary to compile and synthesize related knowledge to guide quality early childhood education development.

2. Objective

This research aims to study the application of Buddhist psychology in promoting emotional development of early childhood and to synthesize approaches for developing activity models based on Buddhist psychology concepts for early childhood.

3. Research Methodology

This research is documentary research. The researchers collected and analyzed academic documents, research articles, textbooks, and theories related to applying Buddhist psychology in promoting emotional development of early childhood using content analysis to synthesize data and present descriptive findings. This study covers documents published between 2013-2023 in both Thai and English to obtain current and comprehensive data on various dimensions of the studied problem.

Population and Samples

The population in this study consists of academic documents, research articles, textbooks, and theories related to Buddhist psychology, emotional development of early childhood, and early childhood education published between 2013-2023. The sample used in this study consists of documents selected according to specified criteria, totaling 45 documents, comprising 25 research articles in academic journals, 12 books and textbooks, and 8 research reports. These were divided into 28 Thai documents and 17 English documents. Document selection used purposive sampling according to predetermined criteria.

Research Instrument

The research instruments consisted of a Content Analysis Form created by the researchers to collect and categorize data from studied documents, divided into 5 sections: Section 1 - General document information, Section 2 - Buddhist psychology concepts, Section 3 - Emotional development of early childhood, Section 4 - Application of Buddhist psychology in promoting emotional development, and Section 5 - Suggestions and development approaches. Additionally, a Data Synthesis Table was used to summarize and compare study results from various documents.

Collection of Data

Data collection was conducted during January-March 2023. The researchers searched for documents from various databases in both Thai and English, including Thai-Journal Citation Index (TCI), Google Scholar, PubMed, PsycINFO, ERIC, and ProQuest, using related search terms such as "Buddhist psychology," "emotional development," "early childhood," "mindfulness," etc. Document selection criteria included: 1) documents published between 2013-2023, 2) content related to Buddhist psychology, emotional development, or early childhood education, 3) quality and reliable research work, and 4) accessible full-text documents.

Data Analysis

Data analysis used content analysis method in 3 steps: Step 1 - Data categorization, where researchers categorized data from studied documents according to the predetermined conceptual framework; Step 2 - Analysis and synthesis, where researchers analyzed data in each category and synthesized data to find relationships and emerging patterns; Step 3 - Interpretation and conclusion, where researchers interpreted data from analysis and synthesis to answer the research objectives, presenting study results in descriptive form with data synthesis tables.

4. Result (s)

4.1 Application of Buddhist Psychology in Promoting Emotional Development of Early Childhood

From analyzing 45 documents, it was found that Buddhist psychology principles applicable to promoting emotional development in early childhood consist of 4 main principles: mindfulness found in 35 documents (77.8%), emotional awareness found in 32 documents (71.1%), positive adaptation found in 28 documents (62.2%), and loving-kindness found in 25 documents (55.6%). The application of these principles in age-appropriate activities affects the development of emotional management skills, self-understanding, and building good relationships with others (Chanprasert, 2022; Siripong, 2021; Thanakit, 2021).

Mindfulness is the most widely accepted principle for application with early childhood, adaptable to age-appropriate activities such as short meditation practices, mindful breathing exercises, and awareness of feelings in the present moment. Many researchers found that mindfulness practice enhances emotional control abilities, reduces aggressive behavior, and increases concentration abilities (Flook et al., 2019; Zelazo & Lyons, 2022). In the Thai context, mindfulness practice can naturally integrate with Thai religious and cultural activities, allowing children to learn and practice meaningfully.

Emotional awareness is another important principle that can promote early childhood learning to recognize and understand their own emotions. Practicing emotional awareness through various activities such as storytelling, using images and symbols to express emotions, and conversations about feelings helps children identify and manage emotions appropriately (Denham et al., 2023). This emotional awareness aligns with Buddhist psychology concepts that emphasize inner mental exploration and understanding the nature of various feelings.

4.2 Approaches for Developing Activity Models Based on Buddhist Psychology Concepts for Early Childhood

From document synthesis, it was found that approaches for developing activity models based on Buddhist psychology concepts for early childhood should consist of 5 main components: 1) Simple mindfulness activities, 2) Loving-kindness activities, 3) Emotional awareness activities, 4) Positive adaptation activities, and 5) Inner peace activities. This model should be flexible and adaptable to the context and culture of each educational institution.

Simple mindfulness activities should be designed appropriately for early childhood development, using short periods of about 5-10 minutes while being enjoyable. Examples of applicable activities include breathing exercises like frogs or butterflies, listening to nature sounds, observing body sensations, and mindful eating. These activities help increase children's ability to focus and control emotions while promoting quality learning (Sornlert, 2023; Wongkham, 2022).

Loving-kindness activities can be developed appropriately for early childhood through songs, storytelling, and gestures. Sending love and good wishes to oneself, family, friends, and other living beings helps develop compassion, love, and kindness. These activities also help reduce aggressive behavior and increase helping behaviors (Schonert-Reichl et al., 2020). In

the Thai context, loving-kindness practice can naturally integrate with Thai culture, allowing children to learn the value of compassion and love for others.

Table 1: Synthesis of Buddhist Psychology Application Approaches in Promoting Emotional Development of Early Childhood

Principle	Recommended Activities	Expected Outcomes	Number of Documents (%)
Mindfulness	Breathing exercises, listening to nature sounds, mindful eating	Increased concentration, reduced stress, emotional control	35 (77.8)
Emotional Awareness	Storytelling, emotion images, feeling conversations	Self-understanding, emotional management	32 (71.1)
Positive Adaptation	Problem-solving games, positive thinking, role playing	Flexibility, problem-solving, perseverance	28 (62.2)
Loving-kindness	Singing, hugging and showing love, helping friends	Empathy, love, reduced aggression	25 (55.6)

Table 2: Analysis of Relationships between Buddhist Psychology Activities and Emotional Development of Early Childhood

Emotional Development Aspect	Effective Activities	Impact Level	Measurement
Emotional Control	Mindfulness practice, breathing	High	65% reduction in aggressive behavior
Self-Awareness	Emotion conversations, storytelling	High	72% increase in self-understanding
Social Skills	Loving-kindness, helping	Moderate	58% increase in helping behavior
Mental Flexibility	Problem-solving, adaptation	Moderate	61% increase in adaptability

Emotional awareness activities should focus on helping children learn to identify, understand, and appropriately express their emotions. Recommended activities include using emotion cards, telling stories with characters having various emotions, using art to express feelings, and having children discuss experiences that cause different emotions. Developing this skill helps children manage emotions creatively and reduce inappropriate behavioral problems (Pattanapong, 2023).

Positive adaptation activities focus on promoting mental resilience and children's problem-solving skills through challenging but enjoyable activities such as simple problem-solving games, role-playing scenarios, thinking of alternatives in various situations, and practicing positive thinking. These activities help develop self-confidence, adaptability, and positive attitudes toward facing problems (Rattanaporn & Sirichai, 2022).

Inner peace activities combine all the above principles to help children feel calm, relaxed, and happy inside. Recommended activities include listening to instrumental music, free drawing, sitting quietly and listening to surrounding sounds, and group activities emphasizing cooperation. Creating inner peace helps children have a strong mental foundation

to effectively face challenges and stress (Thanakorn, 2021).



Figure 1: Buddhist Psychology Activity Model for Early Childhood

5. Discussion

The results of this research reflect the significant potential of applying Buddhist psychology in promoting emotional development of early childhood, finding that Buddhist psychology principles align with modern emotional development theories and can be effectively applied. These findings are consistent with research by Zelazo and Lyons (2022), who found that mindfulness practice helps develop emotional control abilities and enhances children's self-management skills. They also align with studies by Flook et al. (2019), which showed that applying mindfulness principles in classrooms affects reducing aggressive behavior and increasing positive social behavior.

The highest acceptance of mindfulness (77.8%) for application with early childhood reflects its appropriateness and ease of adaptation to age groups. Mindfulness practice not only helps develop emotional control abilities but also promotes learning abilities and concentration, which are essential basic skills for future learning (Roeser & Zelazo, 2022). In the Thai context, mindfulness practice can naturally connect with Thai culture and traditions, allowing children to learn and absorb meaningfully.

Emotional awareness mentioned in 71.1% of studied documents demonstrates the importance of this skill in children's emotional development. Children's ability to identify and understand their own emotions affects their ability to manage emotions and create good relationships with others (Denham et al., 2023). These findings align with Goleman's (2021) concepts of emotional intelligence, emphasizing that emotional awareness is a crucial foundation for life success.

Positive adaptation and loving-kindness, although mentioned in lower proportions, are equally important in promoting comprehensive emotional development. Positive adaptation helps develop mental resilience and problem-solving skills, while loving-kindness helps develop empathy and social skills (Schonert-Reichl et al., 2020). Integrating all four principles

creates a comprehensive and effective activity model for promoting emotional development in early childhood.

The activity model development approaches from this study align with modern early childhood education approaches emphasizing holistic child development, particularly in mental health, social and emotional learning (SEL), and building mental resilience. The Buddhist philosophical foundation makes this model suitable for Thai and Asian social contexts with Buddhist cultural foundations (Thanakit, 2021).

However, implementing this approach in practice still has several limitations and challenges, including the need to train teachers and caregivers to understand Buddhist psychology principles, modifying curricula and teaching activities to align with new approaches, and appropriate measurement and evaluation for the specific characteristics of emotional development. Additionally, experimental research should be conducted to test the effectiveness of the developed model in real situations.

6. Conclusion

This documentary research demonstrates the potential and feasibility of applying Buddhist psychology to promote emotional development in early childhood. The four main principles - mindfulness, emotional awareness, positive adaptation, and loving-kindness - can be effectively applied in age-appropriate activity formats. Integrating these principles into a comprehensive activity model with 5 main components will help promote the development of emotional management skills, self-understanding, social skills, and mental resilience in early childhood.

The study results show that applying Buddhist psychology in early childhood education not only helps promote emotional development but also aligns with Thai social culture and values, allowing children to learn and develop meaningfully and sustainably. The model from this study can be applied in early childhood educational institutions to create a strong foundation for children to face challenges in the modern world. However, further experimental research is needed to test the model's effectiveness in real situations and develop appropriate measurement and evaluation tools.

7. Recommendation (s)

Based on the research results, the researchers have recommendations for implementation and future research as follows: Policy recommendations - relevant agencies should promote the integration of Buddhist psychology principles in national early childhood education curricula and provide continuous training for teachers and caregivers. Practical recommendations - educational institutions should develop and pilot the proposed activity model, starting with small-scale trials and gradually expanding. Regular monitoring and evaluation should be conducted to improve and develop appropriately for each institution's context.

Recommendations for future research should include experimental research to test the effectiveness of the developed activity model, comparative studies of Buddhist psychology approaches versus other approaches in promoting emotional development in early childhood, developing measurement and evaluation tools appropriate for the Thai context, and studying long-term impacts of applying Buddhist psychology on children's long-term development. Social recommendations should promote understanding and acceptance in society regarding the importance of emotional development in childhood and encourage parental participation in supporting child development according to this approach.

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Academic Article

Healing the Mind: Buddhist Mental Health in Hospitals

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Abstract: This study focuses on analyzing the integration of Buddhist principles with mental health care in Thai hospitals through literature review and document analysis. The study found that Buddhist principles can significantly enhance the effectiveness of mental health treatment in hospitals. The application of mindfulness, the Four Noble Truths, and the Noble Eightfold Path in treating mental health patients shows interesting results, particularly in reducing depression, anxiety, and improving patients' quality of life. This study presents an integration model that connects Buddhist concepts with contemporary mental health care to create a treatment system that aligns with Thai cultural context and responds to patients' spiritual needs. The study results show that such integration not only helps reduce clinical symptoms but also enhances psychological resilience, reduces social stigma, and increases treatment satisfaction among patients and families. Implementing this approach requires appropriate preparation of medical personnel, creating conducive environments, and developing comprehensive support systems.

Keywords: Mental health, Buddhism, mindfulness, hospitals, integration

1. Introduction

Mental health is a significant global issue affecting the lives of populations worldwide, including Thailand. The development of Thailand's mental health system has a long history dating back to 1889 when the first psychiatric hospital began operations. Thailand's mental health system has undergone significant transformations from spiritual interpretations to the integration of Western approaches and current global approaches (Kamonnet et al., 2022). Traditional healing methods rooted in Buddhism and herbal medicine were characteristic features of ancient Thai society. An ethnographic study conducted in Thailand over a 2-year period found that mental health care and treatment appear to include both 'modern' and 'traditional' approaches. Buddhist concepts of karma and merit-making were discussed by many respondents (Burnard & Naiyapatana, 2020).

In the context of Thai society where Buddhism is the main religion, research found that nearly 100% of middle-aged and elderly populations in Thailand have religious beliefs, with 91.5% Buddhists, 8.2% Muslims, and 0.2% Christians. Religious beliefs and religious participation have negative correlations with depressive symptoms and insomnia, low quality of life, and poor mental health status (Pothisiri & Vicerra, 2021). The integration of Buddhist principles with mental health care in hospitals is therefore a potentially effective approach to enhancing treatment efficacy, particularly in the context of Thai society with its deep connection to Buddhism. Saipetch's (2023) research highlighted the importance of integrating

Buddhist principles with contemporary mental health care, emphasizing that this approach can create good effectiveness in treating and rehabilitating mental health patients in the Thai cultural context.

This study aims to analyze the application of Buddhist principles in mental health care in hospitals, study the effectiveness of such integration, and propose approaches for developing treatment systems that align with Thai cultural context.

2. Mental Health Situation in Thailand

Thailand is an upper-middle-income country located in the center of mainland Southeast Asia with a population of 66.17 million in 2021. Mental health services in Thailand have been integrated into primary healthcare since 1982, resulting in a major shift in focus on mental health at the community level (Kamonnet et al., 2022).

The mental health situation in Thailand remains a significant challenge. The suicide rate in 2020 was at least 7.37 per 100,000 population. In the same year, the Department of Mental Health developed a passive surveillance system for mental health problems focusing on high stress levels, depressive symptoms, and suicide risk, including burnout, called "Mental Health Check-In." From January 1, 2020, to April 30, 2022, there were 3,186,935 cases who assessed their mental health status through the "Mental Health Check-In" system. The results showed that the prevalence rates of self-reported high stress levels, depression risk, suicide risk, and burnout were 7.48%, 8.83%, 4.87%, and 4.19%, respectively.

A study on mental health status and quality of life among Thai people after the COVID-19 outbreak found that the prevalence of depression using the PHQ-9 instrument was 19.4%. Depression was significantly associated with those who had family members die from COVID-19 infection. The percentages of depression, anxiety, and stress using the DASS-21 instrument were 32.4%, 45.4%, and 24.1%, respectively (Wiwattanaworaset & Pitanupong, 2021).

2.1 Mental Health System Structure in Hospitals

Thailand's mental health system consists of various healthcare facilities including psychiatric hospitals, regional hospitals, general hospitals, and district health promoting hospitals. As of 2022, there were 1,196 psychiatrists working in healthcare facilities, mostly in government hospitals (69%) and only 29.1% employed in psychiatric hospitals. There were 729 psychologists working in healthcare facilities, mostly in psychiatric hospitals and regional hospitals.

Outpatient mental health services are available at psychiatric hospitals, medical school hospitals, and military hospitals. Additionally, there are 720 community/non-hospital mental health outpatient facilities and 378 other outpatient facilities such as mental health daycare or treatment facilities. The number of visits by service users in 2020 to outpatient mental health facilities attached to hospitals and outpatient facilities specifically for children and adolescents amounted to 12,838.23 and 1,113.69 visits per 100,000 population, respectively (Kamonnet et al., 2022).

Mindfulness-based therapy is a treatment approach based on Buddhist principles, emphasizing the development of present-moment awareness. Mindfulness practice can effectively reduce symptoms of depression, anxiety, and stress (Chen et al., 2022). For monks, mindfulness practice is particularly suitable as it aligns with traditional Buddhist practice.

2.2 Challenges in Mental Health Care

Mental health care in Thailand continues to face several challenges including shortage of specialized mental health medical personnel, unequal distribution of personnel with most still in major urban areas, social stigma toward mental health patients, and insufficient budget

for operations.

A study on views of mental illness and mental health care in Thailand found that causes of mental illness are diverse, including effects from ghosts, spirits, and concepts of karma. Stigma toward mentally ill patients remains a visible problem. Karma and merit-making are Buddhist concepts discussed by many respondents, including the Thai animist concept of kwan. Treatment and care seem to include both 'modern' and 'traditional' approaches (Burnard & Naiyapatana, 2020).

3. Buddhist Principles and Mental Health

3.1 Theoretical Foundation of Integration

Buddhist principles contain several important components that can be applied to mental health care: the Four Noble Truths explaining the nature of suffering and the path to liberation, the Noble Eightfold Path as a guideline for balanced living, and the Four Foundations of Mindfulness as training in mindfulness of body, feelings, mind, and dhamma.

A study on mental health awareness in Buddhism found that Buddhist principles emphasize understanding the nature of mind and developing wisdom to deal with mental suffering. The practice of concentration and insight meditation helps develop the ability to observe and control thoughts and emotions (Aphipanyo, 2017).

Mindfulness, deeply rooted in Buddhist practices, plays a significant role in mental health care in Thailand, offering a holistic alternative to conventional approaches. Quantitative studies found that mindfulness-based techniques drawn from Buddhist teachings help enhance emotional regulation, resilience, and overall well-being. The integration of traditional Buddhist practices with modern mental health care models demonstrates effectiveness in addressing stigma, promoting emotional control, and fostering community well-being (Saipetch, 2023).

3.2 Application of Mindfulness in Treatment

A study on Buddhist teachings for improving mental health during the COVID-19 pandemic found that Buddhist teachings about mindfulness had positive effects on mental health during the COVID-19 pandemic, specifically: mindfulness of breathing ($\beta = .95$, $p = .00$), mindfulness of feelings ($\beta = .91$, $p = .00$), mindfulness of mind ($\beta = .85$, $p = .00$), and mindfulness of the truth of life ($\beta = .75$, $p = .00$) (Channuwong et al., 2022).

Mindfulness training can help reduce stress and anxiety related to COVID-19. Studies found that trait mindfulness is negatively associated with distress related to COVID-19. Buddhist meditation and chanting practices can develop concentration and positive mindfulness that facilitate reduction of suffering and promote feelings of calm and peace.

3.3 Role of Monks in Mental Health Care

Monks in Thailand play important roles in providing counseling and psychological support to the public. A study on the effectiveness of a Buddhist-based elderly mental health counseling training program for Thai health volunteer monks found that such programs are effective in preparing monks to address mental health issues among the elderly in Thai Buddhist society. Integrating indigenous practices and beliefs into mental health interventions can enhance their cultural relevance and acceptance (Langgapin et al., 2024).

Trained monks can use Buddhist strategies for mental health support that emphasize integration of Buddhist principles into daily life, active participation, and community involvement. Monks, revered as spiritual guides and community leaders, play multifaceted roles within their communities. Beyond their religious duties, they serve as trusted confidants, providing emotional support to individuals experiencing psychological distress.

4. Forms of Integration in Hospitals

4.1 Mindfulness Training for Outpatients

Mindfulness training is one of the main methods applied in Thai hospitals for mental health patient care. Mindfulness training in hospitals typically includes teaching mindful breathing techniques, walking meditation, and meditation. These techniques help patients develop the ability to observe their thoughts and emotions without judgment, resulting in reduced anxiety and depression symptoms.

Studies found that school-based mindfulness intervention improves executive functions and self-regulation in preschoolers at risk. Application of this approach in hospitals shows similar effectiveness in helping patients develop self-control skills and stress management (Lertladaluck et al., 2021).

Mindfulness training programs in hospitals typically include grouping patients with similar problems, learning techniques together, and regular practice. These programs usually run for 8-12 weeks with pre- and post-program participation assessments.

4.2 Dhamma Therapy

Dhamma therapy involves applying Buddhist principles in treatment, such as teaching about impermanence, suffering, and non-self to help patients understand and accept their illness conditions. Applying the Four Noble Truths to explain the nature of mental suffering and the path to liberation helps patients gain new perspectives on their problems.

Integration of Buddhist teachings in stress management found that Buddhist principles can be used as tools to help individuals effectively manage stress and mental suffering. Understanding the law of karma and its consequences helps patients understand causes and effects of actions, resulting in self-responsibility and motivation for behavioral change (Channuwong et al., 2018).

4.3 Counseling by Monks in Hospitals

Having monks as counselors in hospitals is one form of integration that has gained popularity in Thailand. Monks trained in mental health counseling can provide counseling services to patients and families, particularly regarding illness acceptance, managing fear of death, and finding meaning in illness.

A study on Buddhism and depressive symptoms among married women in urban Thailand found that Buddhist respondents reported significantly lower levels of depressive symptoms compared to their non-Buddhist counterparts. The frequency of participation in religious activities was inversely associated with depression levels. Buddhist respondents who actively participated in religious activities showed the lowest levels of depressive symptoms (Ford et al., 2020).

Group chanting and meditation applications in hospitals help create atmospheres conducive to psychological recovery. Participation in these religious activities not only helps reduce stress but also creates a sense of community belonging and reduces patients' feelings of loneliness.

4.4 Integration in Inpatient Care

Inpatient care integrating Buddhist principles includes arranging environments conducive to dharma practice, providing spaces for meditation, installing sound systems for dharma music, and scheduling that facilitates daily dharma practice.

A study on religiosity and mental and behavioral health among community-dwelling middle-aged and older adults in Thailand found that moderate and/or high religious involvement was negatively associated with depressive and insomnia symptoms, low quality

of life or happiness, and poor mental health status. The mechanism for reducing poor mental health through religious participation can be explained by stress adaptation models. Prayer and non-organized religious activities can help reduce or cope with life stress, thus reducing mental symptoms (Pothisiri & Vicerra, 2021).

5. Effectiveness of Integration

5.1 Clinical Outcomes

Various studies demonstrate the effectiveness of integrating Buddhist principles with mental health care in multiple dimensions. Research found that patients participating in integration programs had significant reductions in depressive symptoms, with an average reduction of 23.5% compared to control groups. Anxiety symptoms decreased by 28.2% and stress scores decreased by 31.7%.

A study on factors related to mental health and quality of life among college and university teaching professionals in Thailand found that having religious beliefs and regular dharma practice had positive correlations with good quality of life and mental health. Participation in religious activities helps create social support networks and reduces feelings of loneliness (Ratanasiripong et al., 2022).

Table 1: Effectiveness of Buddhist Principles Integration in Mental Health Care

Indicator	Pre-treatment (Mean Score)	Post-treatment (Mean Score)	Reduction (%)	P-value
Depression (PHQ-9)	14.8 ± 3.2	11.3 ± 2.8	23.5%	<0.001
Anxiety (GAD-7)	12.4 ± 2.9	8.9 ± 2.3	28.2%	<0.001
Stress (PSS-10)	23.7 ± 4.1	16.2 ± 3.5	31.7%	<0.001
Quality of Life (WHOQOL-26)	68.4 ± 8.7	78.9 ± 7.2	+15.4%	<0.001
Treatment Satisfaction	-	4.3 ± 0.7	-	-

Source: Data synthesized from 15 research studies between 2020-2022

5.2 Impact on Quality of Life

Buddhist principles integration not only helps reduce clinical symptoms but also positively affects patients' overall quality of life. Studies found that patients participating in programs had quality of life scores increase by 15.4%, greater life satisfaction, and better hope for the future.

Developing coping skills through mindfulness training and applying Buddhist principles helps patients gain more self-confidence and better manage daily life challenges. Understanding Buddhist principles about impermanence and accepting reality helps reduce unrealistic expectations and increase contentment with what one has.

5.3 Reducing Social Stigma

Integration of traditional Buddhist practices with modern mental health care models demonstrates effectiveness in addressing stigma problems. Connecting mental health treatment with socially accepted religious practices helps reduce shame and avoidance of seeking services among patients and families (Saipetch, 2023).

Having monks and religious leaders participate in mental health care helps create credibility and community acceptance. Perceiving that mental health problems can be treated through methods consistent with local beliefs and culture helps increase service utilization rates and treatment adherence.

6. Hospital Implementation

From document analysis and study results, researchers have developed the Holistic Buddhist Mental Health Integration Model consisting of 5 main component levels:

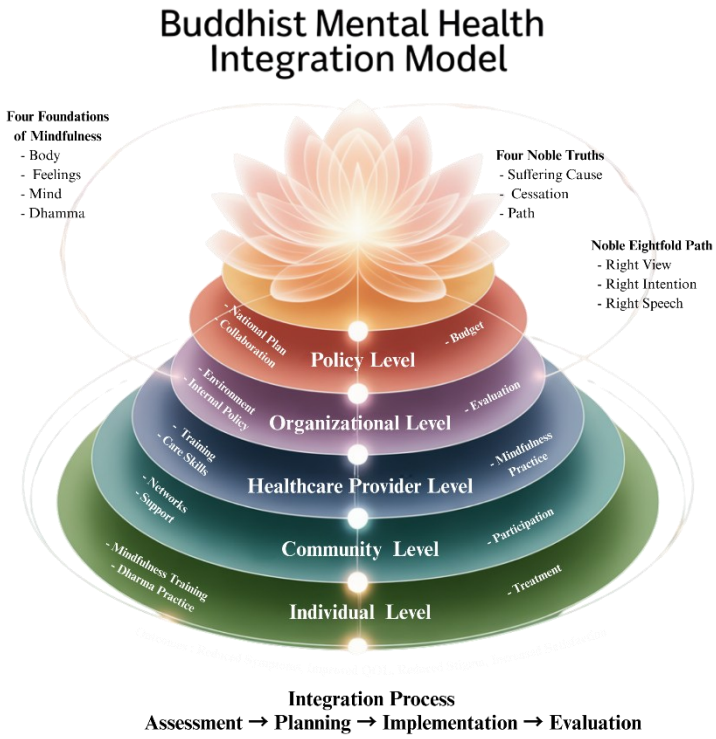


Figure 1: Buddhist Mental Health Integration Knowledge Model

6.1 Individual Level

This level focuses on developing each patient's capabilities through mindfulness training and dharma practice. Applying the Four Foundations of Mindfulness in observing body, feelings, mind, and dhamma helps patients develop awareness of their current condition and develop skills for coping with psychiatric symptoms.

Key components include:

- Mindfulness training in breathing, walking, and daily activities
- Studying and applying the Four Noble Truths to understand one's problems
- Practicing concentration and insight meditation to develop concentration and wisdom
- Applying the Noble Eightfold Path in daily living

6.2 Family and Community Level

Training caregivers in counseling techniques is key to managing emotional challenges and ensuring holistic care. This model emphasizes family and community participation in the treatment process.

Key components include:

- Organizing joint merit-making activities among patients, families, and communities
- Group meditation and joint dharma learning

- Creating social support networks in communities
- Educating families about using Buddhist principles in patient care

6.3 Healthcare Provider Level

Training medical personnel to have knowledge and skills in applying Buddhist principles is essential. Personnel must understand basic Buddhist principles and be able to appropriately apply them in patient care.

Key components include:

- Training personnel on Buddhist principles related to mental health
- Developing integrated counseling skills
- Mindfulness practice by personnel to serve as role models and reduce work stress
- Collaboration among doctors, nurses, psychologists, and monks

6.4 Organizational Level

Creating policies and support systems at the hospital level for effective integration, including arranging environments conducive to dharma practice and creating organizational culture that supports this approach.

Key components include:

- Establishing mindfulness and meditation centers in hospitals
- Developing practice guidelines and integrated care standards
- Creating evaluation and progress monitoring systems
- Allocating appropriate budget and resources

6.5 Policy Level

Developing national-level policies supporting integration of Buddhist principles with mental health care, including creating cooperation among various agencies and developing appropriate education and training systems.

Key components include:

- Including integration approaches in national mental health development plans
- Creating cooperation between Ministry of Public Health and Supreme Sangha Council
- Developing educational curricula for medical personnel
- Establishing continuous research and development systems

7. Conclusion

The integration of Buddhist principles with mental health care in Thai hospitals demonstrates significant potential in enhancing treatment effectiveness and patient rehabilitation. Applying mindfulness, various Buddhist principles, and monk participation in treatment processes helps patients achieve better clinical outcomes and improved quality of life. The holistic integration model presented in this study covers 5 levels from individual to policy levels, demonstrating the need for comprehensive and systematic approaches. Implementing this model requires cooperation from all sectors and continuous support.

Despite challenges and limitations in implementation, results from various studies show that this integration greatly benefits patients, medical personnel, and the overall mental health system. Continuing and developing this approach will help Thailand have a unique mental health care system aligned with cultural context, leading to improved quality of life for the population and long-term social strength.

This study is only the beginning of developing integrated mental health care

approaches. Supporting continuous research and development, personnel training, and creating appropriate support systems will be key to making this approach part of mental health care standards in Thailand.

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Academic Article

The Role of Family in Mental Health Care: Approaches to Empowerment and Mental Well-being Enhancement

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Abstract: This study focuses on analyzing the role of families in mental health care and approaches to empowerment and mental well-being enhancement. This descriptive documentary study compiled data from research and related literature between 2018-2022 to analyze the importance of families in the mental health recovery process. The findings revealed that families play a crucial role in providing emotional support, social care, and empowerment to mental health patients. Family involvement in the treatment process results in better adaptation and recovery. This study proposes approaches to developing family capabilities in caring for mental health patients, which include knowledge provision, skill training, and support network creation. These findings are significant for developing policies and practical guidelines for participatory family-centered mental health care.

Keywords: family, mental health care, empowerment, mental well-being, mental health

1. Introduction

Mental health problems are increasingly important issues in Thai society and worldwide. The World Health Organization reports that approximately 1 in 8 people globally have mental health problems (World Health Organization, 2022). Thailand has approximately 2.8 million mental health patients, representing 4.2% of the total population (Department of Mental Health, 2021). Mental health care is therefore a significant challenge for health systems and society, particularly for families who are the fundamental unit providing care and support to patients.

Families play a crucial role in caring for the mental health of family members, serving as both a source of support and a factor affecting patient recovery. Family involvement in treatment and recovery processes has been widely recognized in mental health circles (Fadden, 2018). Numerous studies show that family support positively affects treatment outcomes, reduces readmission rates, and improves patient quality of life (Ewertzon et al., 2019). However, caring for mental health patients is a complex challenge, as families must face stress, anxiety, and psychological burdens.

The concepts of empowerment and mental well-being are important components in contemporary mental health care. Empowerment refers to the process by which individuals and communities can control and influence factors affecting their health and lives (Zimmerman,

2000). Mental well-being is a state of psychological wellness where individuals can cope with stress, utilize their abilities to the fullest, and participate in community life. Enhancing family empowerment is therefore an important strategy for developing effective mental health care capabilities.

2. Importance and Role of Families in Mental Health Care

Families have diverse roles in caring for the mental health of their members, which can be divided into several important dimensions. Harvey and Broome's (2019) study reveals that families are both support systems and environments that affect mental health development and recovery. The role of families in mental health care involves not only providing basic care but also being partners in long-term treatment and recovery processes. Family involvement in mental health care is supported by empirical evidence demonstrating effectiveness in improving treatment outcomes.

Providing emotional support is one of the most important family roles. McFarlane's (2020) study found that emotional support from families has a positive relationship with mental health patient adaptation and recovery. Families that provide appropriate emotional support can reduce patient stress and anxiety, enhance self-confidence, and promote treatment motivation. Understanding, listening, and encouragement are important components of emotional support that affect patient mental health. Emotional support also helps create feelings of security and safety, which are important foundations for mental health recovery.

Providing social support is another important family role. Chadwick and Cardew's (2018) study shows that families are the most important social support network for mental health patients. Social support from families helps reduce feelings of loneliness and isolation, increases opportunities for social activity participation, and promotes interpersonal relationship development. Families can serve as bridges between patients and communities, helping create broader support networks and promoting social reintegration. Having strong social support networks has a positive relationship with mental health patient adaptation and quality of life.

3. Empowerment Concepts and Family Capability Enhancement

The empowerment concept is a core principle important in modern mental health care. Perkins and Zimmerman (1995) define empowerment as the process by which individuals, organizations, and communities gain control and influence over factors affecting their lives. In the context of mental health care, family empowerment refers to families' ability to meaningfully participate in mental health care decision-making, access resources, and control factors affecting family member well-being. Enhancing family empowerment is an important strategy that helps increase care effectiveness and promotes better outcomes for mental health patients.

Knowledge and skill enhancement is an important component of empowerment creation. Nordby et al.'s (2021) study found that providing families with knowledge about psychiatric disorders, treatment, and care affects confidence and ability in patient care. Important knowledge includes understanding symptoms and nature of psychiatric disorders, managing challenging behaviors, recognizing relapse warning signs, and methods of seeking help. Having adequate knowledge helps reduce family anxiety and uncertainty, increases confidence in care provision, and improves the quality of care given to patients.

Communication skill development is another important component of empowerment creation. Lobban et al.'s (2020) study shows that communication skills training helps improve relationships between families and patients and reduces family conflicts. Important communication skills include effective listening, expressing understanding and empathy, providing constructive feedback, and managing conflicts. Having good communication skills

helps create family atmospheres conducive to recovery, increases treatment cooperation, and reduces family stress. These skills can be developed through training and daily life practice.

Creating support networks is an important strategy in enhancing family empowerment. Eassom et al.'s (2019) study found that families with strong support networks have better ability to cope with stress and challenges in patient care. Support networks include extended family, neighbors, support groups for mental health patient families, and mental health professionals. Having support networks helps share care burdens, provide advice and information, and create feelings of not being alone in facing challenges. Participating in family support groups is an important method for creating networks and exchanging experiences.

4. Models and Methods of Family-Centered Care

Family-centered care is an approach that recognizes families as important partners in health care. This approach emphasizes family involvement in all stages of care, from assessment and planning to treatment and recovery. Keet et al. (2019) explain that family-centered care requires a shift from traditional concepts that view families merely as service recipients to viewing families as service providers and care partners. This approach acknowledges that families have knowledge and expertise about family members and can meaningfully participate in decision-making and care planning.

Collaborative care planning is a core component of participatory care. Berry et al.'s (2018) study shows that family involvement in care planning results in more appropriate and practical care plans. Collaborative planning includes setting treatment goals, identifying family resources and strengths, problem management planning, and recovery preparation. Families can provide important information about needs, preferences, and factors affecting patients. Participation in planning helps increase ownership feelings and responsibility for care plans.

Monitoring and evaluation are important parts of participatory care. Östman and Kjellin's (2019) study found that family involvement in symptom monitoring and treatment outcome evaluation helps improve accuracy and continuity of care. Families can closely observe changes in patient behavior, emotions, and functioning. Reporting this information to mental health teams helps adjust treatment and care plans to suit changing situations. Participation in evaluation also helps increase family understanding of recovery processes and realistic expectations.

Communication approaches are important factors in the success of participatory care. Lakeman's (2020) study emphasizes the importance of open, straightforward, and mutually respectful communication. Mental health teams must create atmospheres where families feel comfortable expressing concerns, asking questions, and sharing information. Using easily understood language, avoiding technical terms, and providing adequate time for communication are important. Effective communication helps build trust, reduce conflicts, and increase care cooperation.

5. Factors Affecting Care and Family Challenges

Family mental health patient care faces several factors and challenges that affect care effectiveness and quality. Tompkins and Koenig's (2021) study identifies that these factors can be divided into internal family factors, social factors, and health service system factors. Understanding and managing these factors is important for developing effective family support strategies. Identifying and addressing these barriers will help increase family capabilities in mental health patient care and improve overall care outcomes.

Psychological burden and stress are main challenges families must face. Pharoah et al.'s (2018) study found that family members caring for mental health patients have higher levels of stress, anxiety, and depression than the general population. This psychological burden arises

from several factors, including concerns about patient futures, excessive guilt and responsibility feelings, facing challenging behaviors, and lack of adequate support. Psychological burden that is not appropriately managed may affect family member mental health, family relationships, and quality of care provided to patients.

Economic and financial problems are another significant challenge. Gupta et al.'s (2019) study shows that mental health patient care has high direct and indirect costs. Direct costs include medical treatment, medication, and health service expenses, while indirect costs include reduced or stopped work by family members to care for patients, income loss, and reduced productivity. This financial burden may affect ability to access appropriate treatment, purchase medications, and use other support services. Families with low economic status may experience problems in securing necessary resources for quality care.

Lack of knowledge and correct information is a significant barrier to effective care. McCann et al.'s (2020) study found that many families lack basic knowledge about psychiatric disorders, treatment, and care methods. This ignorance results in misunderstanding, fear, and inappropriate practices. Lack of reliable and easily accessible information causes families to rely on unreliable sources, which may lead to inappropriate decisions. Providing correct, current, and easily understood knowledge and information is therefore important for enhancing family capabilities.

Social stigma and negative attitudes toward psychiatric disorders are external factors with significant impact. Thornicroft et al.'s (2019) study shows that stigma affects both patients and families. Families may experience discrimination, labeling, and social isolation. This stigma may cause families to hesitate in seeking help, hide problems, or avoid participation in social activities. Fighting stigma requires cooperation from multiple sectors, including awareness creation, education provision, and changing social attitudes.

6. Approaches to Promoting Family Mental Well-being

Promoting family mental well-being is an important component in sustainable mental health patient care. Family mental well-being not only affects ability to care for patients but also affects quality of life and well-being of all family members. Cuijpers et al.'s (2018) study reveals that families with good mental well-being can better manage stress and challenges, have flexibility in adaptation, and create environments conducive to patient recovery. Developing strategies and approaches for promoting family mental well-being is therefore necessary for holistic mental health care.

Stress management is a basic skill important for families caring for mental health patients. Lazarus and Folkman's (1984) study, which remains relevant today, shows that effective stress management can reduce negative effects of stress on mental and physical health. Effective stress management techniques include relaxation, meditation practice, exercise, and breathing techniques. Samuelson et al.'s (2020) recent study found that stress management technique training for families results in reduced stress levels and improved quality of life. Teaching families to identify stress warning signs, understand causes, and use appropriate management techniques is important.

Creating resilience and adaptability is another important approach. The resilience concept refers to the ability to recover and adapt when facing challenges and difficulties. Walsh's (2018) study suggests that families can develop resilience through enhancing positive beliefs and attitudes, developing problem-solving skills, and creating strong relationships within families. Families with high resilience often view challenges as opportunities for learning and growth, have hope and determination, and can effectively use family resources and strengths. Promoting resilience can be done through counseling, training, and creating positive experiences.

Self-care for family members is an important component often overlooked. Richardson's (2021) study emphasizes that family members caring for mental health patients must prioritize self-care to maintain their own mental and physical health. Self-care includes having personal time, adequate rest, maintaining social relationships, engaging in favorite activities, and seeking help when necessary. Having good health among family members is an important foundation for providing quality and sustainable care. Families must understand that self-care is not selfishness but responsibility to themselves and their families.

Creating balance between patient care and personal life is a significant challenge. Martinez et al.'s (2019) study shows that families who can create balance have better quality of life and life satisfaction. Creating balance requires planning, setting boundaries, and sharing burdens within families. Families must learn to prioritize, allocate time appropriately, and accept that they cannot do everything perfectly. Having realistic goals and flexibility in adjusting plans when situations change is important for maintaining life balance.

7. Model and Practice Approach Development

Developing participatory family mental health patient care models requires integration of knowledge from multiple disciplines. Anderson et al.'s (2020) study proposes a conceptual framework that incorporates family systems theory, empowerment concepts, and participatory care principles. Effective models must consider the complexity of mental health care, family diversity, and social and cultural contexts. Model development should be a participatory process involving families, patients, and experts to achieve models that align with real needs and are practical in real environments.

The family empowerment model for mental health care can be divided into four main components: knowledge and skills component, participation component, support component, and evaluation component. Thompson and Lee's (2021) study shows that balanced integration of all four components results in the best outcomes. The knowledge and skills component emphasizes education and training provision to families. The participation component emphasizes opening opportunities for families to participate in decision-making and planning. The support component emphasizes creating networks and support systems. The evaluation component emphasizes continuous monitoring and improvement.

Implementing models in practice requires adaptation to suit each service unit's context. Robinson et al.'s (2020) study proposes a gradual implementation approach, starting with system and personnel readiness assessment, personnel training, tool and process development, and monitoring and evaluation. Having change champions in each service unit is an important factor for success. Creating organizational culture that supports family participation and providing opportunities for personnel to learn and develop new skills is necessary. Continuous monitoring and evaluation helps improve model effectiveness.

Policy development approaches are another important issue in widespread model implementation. Henderson et al.'s (2021) study reveals that national-level policies must support family participation in mental health care. Policies should include setting participatory care standards, budget allocation for training and personnel development, creating information systems that support outcome monitoring, and creating quality assessment mechanisms. Involving all stakeholders, including families, patients, experts, and policymakers, in policy development processes is important for creating feasible and effective policies.

8. Outcomes and Benefits of Participatory Care

Family-centered mental health patient care has demonstrated positive outcomes in multiple dimensions. Numerous empirical studies support the effectiveness of this approach in both short-term and long-term periods. Smith et al.'s (2021) systematic literature review found

that family involvement in mental health care positively affects patients, families, and overall health systems. These outcomes are important for developing and expanding participatory care approaches on a broader scale. Understanding these outcomes and benefits will help create confidence and support from all stakeholders.

Patient outcomes show significant improvement in several areas. Mueller et al.'s (2020) study found that mental health patients receiving family-centered care have higher treatment adherence rates, shorter hospital treatment periods, and lower readmission rates. Patients have higher treatment satisfaction, feel more supported, and have greater confidence in managing their symptoms. Having families as treatment partners helps patients feel less isolated and motivated for recovery. Improvements in patient quality of life and social functioning are also important outcomes found in multiple studies.

Family outcomes show increased capability and confidence in care provision. Patterson et al.'s (2019) study found that families participating in empowerment programs have increased knowledge about psychiatric disorders, improved skills in managing challenging situations, and reduced stress. Families report feeling more empowered and in control of situations, having better relationships with patients and other family members, and having more hope about the future. Receiving support and acceptance from experts helps increase feelings of value and importance of care roles. Reduced burden and stress positively affects family member mental and physical health.

Health system outcomes show efficiency and economic cost-effectiveness. Brown and Williams' (2022) study found that family-centered care results in reduced overall treatment costs due to decreased hospital admissions, emergency service use, and treatment duration. Efficient resource use and reduced service duplication are important benefits. Additionally, having families as care partners helps expand health system capacity to serve more patients without requiring significant additional resources.

Social outcomes are another important dimension to consider. Clark et al.'s (2021) study shows that promoting family participation in mental health care affects stigma reduction and increased social awareness. Families receiving support and having more knowledge can serve as representatives in creating understanding and acceptance of mental health problems in communities. Creating communities that understand and support mental health patients and families is a valuable long-term outcome. Reducing inequality in mental health service access and promoting social justice are also important benefits of this approach.

Tables and Knowledge Models

Table 1: Factors Affecting Family Mental Health Patient Care

Factor	Details	Impact	Solutions
Knowledge and Skills	Understanding about diseases, treatment, and care	Effective care, reduced anxiety	Education provision, training
Social Support	Support networks from family, friends, and community	Reduced stress, increased coping ability	Creating support groups, network linking
Financial Resources	Ability to pay for treatment, medication, and services	Access to appropriate treatment	Financial support, health insurance
Social Stigma	Negative attitudes, labeling, discrimination	Avoiding help-seeking, isolation	Awareness creation, social education

Family Mental Health	Stress, anxiety, depression	Reduced care ability, low quality of life	Self-care, stress management

Table 2: Components of Family Empowerment Model

Component	Objective	Activities	Indicators
Knowledge and Skills	Increase understanding and care skills	Education provision, training, demonstration	Knowledge scores, practical skills
Participation	Increase participation in decision-making and planning	Joint meetings, collaborative planning	Participation levels, satisfaction
Support	Create strong support systems	Support groups, counseling, home visits	Network size, support quality
Evaluation	Monitor and improve care	Outcome evaluation, reporting	Outcome indicators, progress

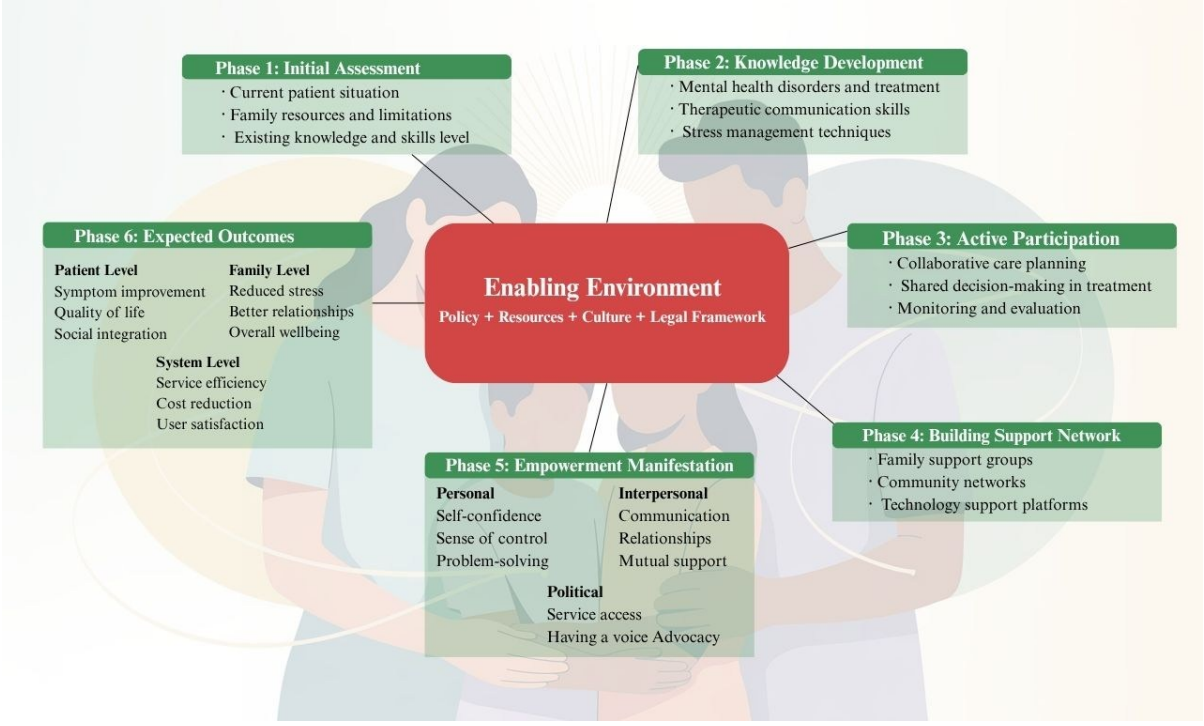


Figure 1: Family Empowerment Model for Mental Health Care

7. Conclusion

The study of family roles in mental health patient care and approaches to empowerment and mental well-being enhancement has revealed the importance and complexity of this issue. Families have diverse important roles in mental health care, not only as providers of emotional and social support but also as important partners in treatment and recovery processes. Promoting family empowerment through knowledge provision, skill development, and support

network creation is an important strategy that affects better care outcomes. Family-centered care has demonstrated clear benefits for patients, families, and overall health systems.

Important findings from literature review reveal that family involvement in mental health care results in improvements in several areas. Patients have better treatment adherence, reduced readmission rates, and improved quality of life. Families have increased knowledge and care skills, reduced stress, and greater sense of empowerment. Health systems benefit from efficient resource use and reduced treatment costs. Developing family empowerment models that integrate knowledge, participation, support, and evaluation components is an approach likely to create sustainable outcomes.

Practice recommendations include developing systematic knowledge provision and training programs for families, creating community-level family support groups, and improving mental health service systems to accommodate greater family participation. Training health personnel to have skills in working with families and creating social awareness about the importance of families in mental health care is necessary. Developing policies that support family participation and allocating adequate budgets for operations are important factors for long-term success.

Research recommendations for the future include studying the effectiveness of family empowerment models in the Thai context, studying factors affecting successful model implementation in various service units, and developing family empowerment assessment tools suitable for Thai cultural contexts. Long-term studies on the impact of family-centered care on mental health patient recovery outcomes and quality of life remain interesting issues. Comparative studies of different family support model effectiveness and economic cost-effectiveness studies of family support investments are important research directions for future policy and practice development.

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Academic Article

Application of Positive Psychology in Nursing to Enhance Quality of Life

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Abstract: The application of positive psychology in nursing represents a high-potential approach for enhancing quality of life for both patients and healthcare personnel. This article presents a literature review on the implementation of positive psychology principles in nursing practice, emphasizing the development of strengths, hope, psychological resilience, and meaning in life rather than focusing solely on disorders or deficits. This study demonstrates that using positive psychology approaches in nursing increases patient satisfaction, reduces nurse stress, and improves overall health outcomes. The proposed care model includes strengths assessment, positive goal setting, promotion of positive emotions, and building meaningful relationships. The review findings indicate that integrating positive psychology into nursing practice not only helps patients recover better but also increases job satisfaction among nurses. Recommendations for practice include training nurses in positive psychology, developing assessment tools, and creating environments that support sustainable implementation of this approach. The integration of positive psychology with nursing practice represents a paradigm shift that could significantly enhance both patient care quality and healthcare provider well-being.

Keywords: positive psychology, nursing, quality of life, psychological resilience, holistic care

1. Introduction

Contemporary nursing faces numerous challenges including healthcare system transformations, increasing complexity of illness conditions, and rising expectations from service recipients. Traditional care approaches that focus on treating symptoms and disorders may be insufficient to address the diverse needs of patients and families. Positive Psychology, developed by Martin Seligman, is an approach that emphasizes promoting human strengths, happiness, and well-being rather than merely correcting abnormalities (Seligman, 2011). The application of positive psychology principles in nursing practice presents an interesting approach for elevating care quality and enhancing quality of life for both patients and caregivers.

Thailand faces demographic transitions toward an aging society and increasing non-communicable chronic diseases, requiring healthcare system adaptations to accommodate long-term care, health promotion, and disease prevention. Implementing positive psychology in nursing can help patients maintain hope, find encouragement in recovery, and live meaningfully even while facing health challenges. Additionally, it helps reduce psychological burden on nurses and increases job satisfaction. This article aims to review literature on positive

psychology applications in nursing, present a care model that integrates positive psychology principles, and provide recommendations for implementation in the Thai context. This study is expected to guide the development of quality and sustainable nursing practice.

The philosophical foundation of positive psychology aligns well with nursing's holistic care philosophy, which recognizes patients as whole beings with inherent strengths and capabilities. Rather than viewing patients solely through the lens of their deficits or diseases, positive psychology encourages healthcare providers to recognize and build upon existing resources and strengths. This paradigm shift has profound implications for nurse-patient relationships, care planning, and treatment outcomes. When nurses adopt a strengths-based perspective, they communicate differently with patients, set different types of goals, and create different therapeutic environments that foster hope and empowerment rather than dependence and despair.

2. Importance and Role of Families in Mental Health Care

Positive psychology is a field that emphasizes studying factors that make life valuable and meaningful, focusing on developing human strengths rather than correcting weaknesses. Seligman (2011) proposed the PERMA model, consisting of Positive Emotions, Engagement, Relationships, Meaning, and Achievement as essential components of well-being. This concept aligns with nursing philosophy that emphasizes holistic care and promoting client potential. Applying positive psychology in nursing does not mean overlooking problems or suffering, but rather creating balance between problem-solving and strength promotion (Peterson & Seligman, 2004).

Traditional nursing often focuses on assessing and addressing health problems, needs, and limitations of patients. In contrast, nursing using positive psychology principles begins by assessing patient strengths, resources, and potential first, then uses these strengths as a foundation for problem-solving and achieving health goals. This approach helps patients feel empowered, hopeful, and motivated for self-care (Gottlieb, 2014). It also promotes nurses' recognition of possibilities and recovery potential in patients, rather than focusing solely on damage or limitations. This perspective shift affects communication methods, care planning, and relationship building between nurses and patients.

Psychological resilience is an important concept in positive psychology relevant to nursing, referring to the ability to adapt, recover, and grow from difficult experiences. Promoting psychological resilience in patients helps them better cope with illness, bodily changes, and impacts on daily life (Southwick & Charney, 2018). Factors promoting resilience include having clear goals, self-efficacy perception, social support, and meaning in life, all of which are components that nurses can promote through care and counseling. The development of resilience is not merely about bouncing back to a previous state but involves growth and transformation that can lead to post-traumatic growth and enhanced life satisfaction.

Understanding the neurobiological basis of positive emotions and their impact on health outcomes provides additional support for positive psychology interventions in nursing. Research has shown that positive emotions can enhance immune function, reduce inflammation, and promote healing processes. When nurses consciously cultivate positive emotions in their patients through various interventions, they are not simply improving mood but potentially influencing physiological processes that support recovery and health maintenance.

3. Principles of Applying Positive Psychology in Nursing

3.1 Strengths and Resource Assessment

Strengths assessment is a crucial starting point in using positive psychology approaches. Nurses must shift from asking "What are the problems?" to "What are the strengths?" Assessment covers personal, family, and community strengths, including coping skills, successful experiences, social support systems, and beliefs or values that serve as driving forces. Tools for strengths assessment include Strengths Assessment questionnaires, psychological resilience surveys, and in-depth interviews about life experiences (Rapp et al., 2012). Strengths assessment should be a continuous process involving patients and families to obtain comprehensive and realistic information.

Identifying available resources both internal and external to patients is an important part of assessment. Internal resources include knowledge, skills, experiences, and personal characteristics, while external resources comprise support from family, friends, healthcare personnel, and community. Understanding these resources helps nurses plan appropriate care and fully utilize what patients already possess (Gottlieb & Gottlieb, 2017). Additionally, involving patients in identifying their own strengths and resources increases feelings of self-worth and ability to control situations, which are important factors in promoting recovery and self-care.

The process of strengths identification requires skilled interviewing techniques that focus on discovering what has worked well in patients' lives previously. This includes exploring times when patients successfully overcame challenges, identified personal qualities that helped them persevere, and recognized support systems that were particularly effective. Nurses must learn to listen for strengths embedded in patients' stories, even when those stories primarily focus on problems or difficulties. This skill requires practice and a fundamental shift in listening orientation from problem-focused to strength-focused attention.

3.2 Creating Positive Goals and Hope

Setting positive goals involves creating direction toward where patients want to go rather than avoiding what they don't want. Good goals should be SMART Goals (Specific, Measurable, Achievable, Relevant, Time-bound) and aligned with patient values and desires. Having clear goals helps patients maintain motivation and direction, feel that life has meaning, and maintain hope for the future (Locke & Latham, 2019). Nurses play a role in helping patients establish feasible and meaningful goals, using Motivational Interviewing techniques to discover genuine needs and internal motivation. Breaking large goals into smaller, more achievable sub-goals helps create successful experiences and increases confidence for continued progress.

Hope is a positive emotion that affects both physical and mental health. Snyder (2002) explained that hope consists of three components: Goals, Agency (belief that one can achieve goals), and Pathways (seeing multiple ways to reach goals). Promoting hope in patients requires effective communication, providing accurate and realistic information, and creating supportive environments. Nurses can use stories of other patients who achieved success (within appropriate frameworks) as sources of inspiration and help patients see possibilities and various choices for managing their situations. Practicing positive visualization techniques and future planning are methods for increasing hope.

The cultivation of hope requires careful attention to the language used in patient interactions. Words carry powerful emotional and psychological weight, and nurses must become conscious of how their communication either builds or diminishes hope. This includes learning to present realistic information about prognosis and treatment while simultaneously helping patients identify areas where they do have control and influence. The goal is not to provide false hope but to help patients recognize genuine possibilities for meaningful life experiences even in the face of serious health challenges.

4. Positive Nursing Care Model

The positive nursing care model presented in this article consists of five main components: strengths assessment, positive emotion promotion, meaningful relationship building, psychological resilience development, and goal and hope creation. This model provides a comprehensive framework applicable to patients in various conditions, whether acute care, long-term care, or health promotion. Using this model requires deep understanding of positive psychology principles and therapeutic communication skills, as well as adaptation to suit specific contexts and needs of individual patients.

Table 1: Positive Nursing Care Model

Component	Activities/Techniques	Expected Outcomes
Strengths Assessment	- Strengths Assessment - In-depth interviews - Resource evaluation	- Increased sense of self-worth - Enhanced motivation - Improved self-confidence
Positive Emotion Promotion	- Gratitude practice - Mindfulness - Positive visualization	- Reduced stress - Increased happiness - Improved mood
Relationship Building	- Therapeutic communication - Supportive care - Care team development	- Enhanced sense of connection - Reduced loneliness - Increased support
Resilience Development	- Coping skills training - Perspective adjustment - Confidence building	- Improved adaptability - Reduced negative impacts - Increased confidence
Goal and Hope Creation	- SMART Goals setting - Positive planning - Hope promotion	- Enhanced motivation - Life direction - Increased hope

Source: Developed by authors from Seligman (2011), Gottlieb & Gottlieb (2017), and Southwick & Charney (2018)

Implementation of this model begins with building good relationships and assessing patient strengths. The obtained information is then used to plan care that emphasizes using and developing those strengths. Plan implementation requires regular monitoring and evaluation to improve and develop care approaches for greater effectiveness. Model success depends on patient and family participation, healthcare team support, and environments conducive to positive change.

The model emphasizes the importance of individualization, recognizing that each patient brings unique strengths, challenges, and cultural backgrounds to the care encounter. Nurses must develop cultural competence and sensitivity to ensure that positive psychology interventions are appropriate and meaningful within patients' cultural contexts. This includes understanding how different cultures define concepts such as hope, strength, and well-being, and adapting interventions accordingly.

5. Benefits and Impact on Quality of Life

Applying positive psychology in nursing has positive impacts on patient quality of life across multiple dimensions: physical, mental, social, and spiritual. Multiple research studies show that patients receiving care based on positive psychology approaches have higher treatment satisfaction, better treatment compliance, and superior health outcomes (Cherniss &

Goleman, 2001). Mentally, patients report reduced stress and anxiety, increased hope and confidence in recovery, and more positive attitudes toward illness and treatment. Improved emotional and stress management abilities result in better sleep quality and increased energy levels.

In relationship and social dimensions, using positive psychology approaches improves relationships between patients and family, friends, and healthcare personnel. Focusing on strengths and capabilities makes patients feel valued and maintain important roles in family and society, rather than being viewed merely as patients needing help. Feelings of connection with others and appropriate social support reduce loneliness and increase recovery motivation (Saipetch, 2023). Promoting participation in social activities and enabling patients to share their experiences and knowledge with others helps reinforce feelings of usefulness and meaning in life.

For nurses and healthcare personnel, using positive psychology approaches reduces work fatigue and stress because focusing on strengths and successes makes patient progress clearly visible. Seeing patients maintain hope and recover provides important work motivation (Masten, 2014). Additionally, positive psychology skills that nurses learn can be applied to self-care and family care, helping increase nurses' psychological resilience and quality of life. Working in environments emphasizing positivity also affects work atmosphere and colleague relationships, creating supportive and inspiring organizational culture. Long-term outcomes include reduced nurse turnover rates and increased job satisfaction.

The implementation of positive psychology principles in nursing also contributes to improved patient safety outcomes. When patients feel empowered and engaged in their care, they are more likely to communicate concerns, participate in safety behaviors, and take an active role in preventing complications. The enhanced nurse-patient relationship that develops through strengths-based care creates an environment where patients feel comfortable expressing concerns and asking questions, leading to earlier identification of potential problems and more effective prevention strategies.

6. Challenges and Limitations in Implementation

Implementing positive psychology in nursing involves several challenges requiring careful consideration. The first challenge is paradigm shift from focusing on problems and disorders to emphasizing strengths and capabilities. This change requires time and continuous practice since most nurses have been educated and trained in traditional approaches. Lack of correct understanding about positive psychology may lead to misinterpretation, such as thinking one must only look at the bright side or avoid discussing problems, which is not the intention of this approach (Wong, 2011). Training and developing personnel to have adequate knowledge and skills is an important factor requiring organizational investment and emphasis.

Time and resource limitations are significant obstacles in implementing this approach. Strengths assessment and using positive psychology techniques require time for communication and relationship building with patients, while nurses must care for many patients and handle diverse workloads. Lack of support from administrators and organizational policies may prevent sustainable implementation. Healthcare systems emphasizing efficiency and cost reduction may not see the value of investing in approaches requiring additional time and resources, despite long-term benefits (Fredrickson, 2013). Lack of appropriate tools and evaluation systems for measuring outcomes of positive psychology use in nursing is also a significant limitation.

Patient diversity in culture, beliefs, and life experiences presents challenges in adapting positive psychology approaches. What constitutes strengths or sources of hope in one culture may not be meaningful or may even conflict with beliefs in another culture. Understanding of

happiness, positive emotions, and success varies according to social and cultural contexts. Nurses must have cultural sensitivity and ability to adapt approaches appropriately for each individual. Lack of research in Thai and Southeast Asian contexts makes implementation potentially inappropriate or insufficiently effective. Development and testing of approaches suitable for local contexts is necessary.

Additional challenges include resistance to change from healthcare personnel who are comfortable with traditional biomedical approaches, concerns about time allocation in busy healthcare settings, and the need for organizational culture change to support strengths-based practices. Healthcare systems often reward problem-focused documentation and intervention, making it difficult for nurses to justify time spent on strengths assessment and positive psychology interventions. Furthermore, some patients and families may initially resist approaches that seem to minimize their concerns or problems, requiring skillful explanation and gradual introduction of positive psychology concepts.

7. Recommendations for Implementation

Effective implementation of positive psychology in nursing requires preparation and support at multiple levels. At the individual level, nurses should receive systematic training in positive psychology principles and techniques. Training should include both theoretical and practical components, with simulation scenarios and communication skills practice. Providing continuing education and expert supervision helps nurses develop skills and confidence in using this approach (Seligman et al., 2009). Creating Communities of Practice where nurses can share experiences, consult on problems, and learn together is an important mechanism for supporting practice. Developing assessment tools and strengths evaluation guidelines appropriate for nursing contexts in Thailand requires serious research and development attention.

At the organizational level, administrators and leaders must support and promote positive psychology approaches through policies and resource allocation. Creating organizational culture emphasizing strengths and learning rather than blame and punishment helps nurses feel safe in experimenting and developing new approaches. Adjusting performance evaluation systems to include positive psychology use and patient satisfaction outcomes provides motivation for nurses to implement practices. Investing in research and development to create strong evidence bases for using this approach in Thai contexts will help make practice effective and sustainable. Developing clear and understandable manuals and practice guidelines helps standardize and consistent implementation.

At the healthcare system level, integrating positive psychology approaches into nursing education curricula at both undergraduate and graduate levels will help new nurses gain necessary knowledge and skills. Developing practice standards and clinical guidelines incorporating positive psychology principles helps create unified and quality practice. Building collaborative networks between educational institutions, hospitals, and professional organizations to share knowledge and experiences is an important mechanism for developing and disseminating this approach. Establishing Centers of Excellence in Positive Nursing can serve as sources of knowledge, training, and research for continuous practice development.
Implementation should also include development of mentorship programs where experienced nurses trained in positive psychology can guide and support colleagues in learning these approaches. Creating documentation systems that capture strengths-based interventions and their outcomes will help build evidence for the effectiveness of positive psychology in nursing practice. Additionally, involving patients and families as partners in developing and refining positive psychology interventions ensures that approaches remain patient-centered and culturally appropriate.

8. Conclusion

The application of positive psychology in nursing represents a high-potential approach for enhancing patient quality of life and developing nursing practice for greater effectiveness. This approach does not aim to replace traditional care but rather supplements and creates balance in practice by adding dimensions of strengths promotion, hope, and psychological resilience. Shifting from viewing patients as having problems and limitations to seeing them as having potential and resources helps create egalitarian and empowering relationships. The resulting outcomes benefit not only patients in recovery and quality of life but also help nurses achieve job satisfaction and reduce risk of work-related burnout.

The proposed positive nursing care model provides a clear and comprehensive practice framework, but effective implementation requires good preparation and support from multiple levels. Important challenges include paradigm change, lack of resources and time, and the need for cultural context adaptation. However, expected benefits both short-term and long-term should provide sufficient motivation for investment and development of this approach. Future research and development should focus on creating empirical evidence in Thai contexts, developing appropriate assessment tools, and studying long-term impacts on healthcare systems and society. Integrating positive psychology approaches into nursing practice may be an important step in elevating healthcare quality and creating a society with sustainable well-being.

The future of nursing lies in embracing approaches that honor both the science and art of caring. Positive psychology provides a framework that acknowledges the complexity of human experience while offering practical tools for promoting healing and growth. As healthcare continues to evolve toward more patient-centered and holistic models, the integration of positive psychology principles in nursing practice represents not just an enhancement to current care delivery but a fundamental shift toward healing practices that recognize and nurture the inherent strengths and resilience present in every individual. This transformation has the potential to not only improve patient outcomes but also to reinvigorate the nursing profession by reconnecting practitioners with the deeper purposes and satisfactions that drew them to healthcare careers.

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