

## **Working Problems and Obstacles of Volunteer Dentist Team: A Case Study of Sirivaddhako Dental Clinic, Buddhamahametta Foundation**

Pinthip Nakarit\*, Phrakrupalad Pannavoravat\*\*, Pataraporn Sirikanchana\*\*\*  
International Buddhist Studies College, Mahachulalongkornrajavidyalaya University

### **Abstract**

The objective of this paper was to study the work of the volunteer dentist team and analyse working problems and obstacles at Sirivaddhako Dental Clinic (SDC), Buddhamahametta Foundation. Oral health strongly influenced on one's health both physically and mentally. Having a good oral health provided a positive impact on the general well-being of a person's daily life activities and vice versa. The statistical figures showed that dental service accessibility of Thai population was limited to less than 10% during 2007 – 2015 and towards downward trend in the future. This qualitative research applied in-depth interviews with 22 key informants consisting of 12 dentists and 10 dental assistants who were all practitioners attending meditation practices and thereafter participated in volunteer dentist team to provide free of charge dental treatments for monks, novices, nuns, practitioners, volunteers, and general public upon advanced appointment. The interview results were collected and analysed accordingly. The study utilized inductive content analysis to provide the results of the research.

The research findings illustrated that there were 6 identified working problems and obstacles of the volunteer team: 1) Personnel – limitation of volunteer dental assistants, commitment and consistency, different working style/ attitude, and unclear roles and responsibilities (R&R); 2) Working processes – front counter, during operations, and after service; 3) Equipment maintenance; 4) Stock management; 5) Communication; and 6) Covid-19 measures. The research results indicated that the study benefited to the volunteer dentist team or any voluntary organisation applying as a guideline for further study to find out solutions to rectify the identified problems as well as applying for service industries i.e., dental or medical clinics, hospitals, and hotels, etc.

**Keywords:** Volunteer Dentist Team, Working Problems and Obstacles, Sirivaddhako Dental Clinic

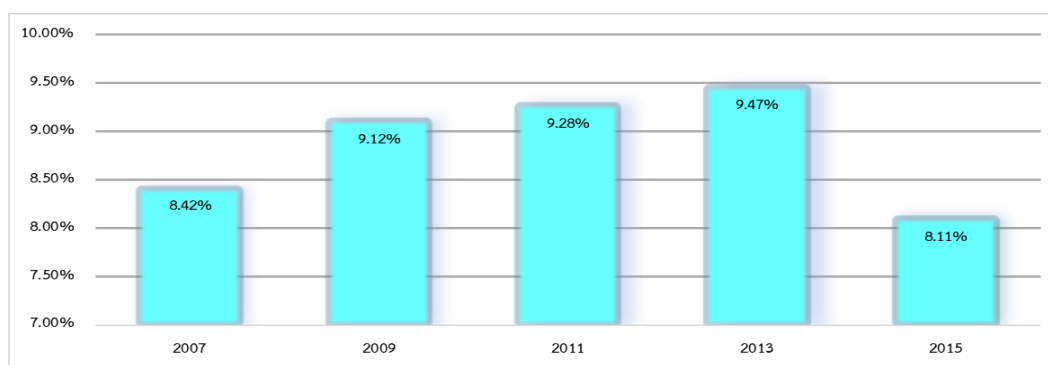
### **Introduction**

Nowadays, social problems required participation of people from all sectors to help building happiness and sustainability for society. Although government and private sectors had been collaborating with each other to reduce conflicts and relieve the

situations, the problems were still not fully solved. The idea of helping others in need without any return with the purpose to help public needs led to a lot of volunteer groups and received social attention. Phra Paisal Visalo (2017) mentioned the meaning of volunteerism that it meant the mind that could not ignore towards others' suffering and desired to go in and help. It was the mind that ready to give not merely money, but also a sacrifice of personal time, putting effort to help others and society without expecting anything in return.

Oral health was a crucial indicator of a healthy body and a healthy mind. Having a good oral health provided a positive impact on the general well-being of a person's daily life activities. Vice versa, bad oral health also negatively affected the overall well-being of a person's day-to-day life. Oral diseases could cause pain and an uncomfortable feeling on a normal day. The activities such as talking, giving speeches, eating, smiling, sleeping and participating with people in the society could easily affected by poor oral health. (Baiju RM, et al, 2017). Venerable Ajarn Chah Subhaddo was one of the most renowned Buddhist monk and spiritual leader who lived in his forest monastery, Nong Pa Pong temple. He underwent a terrible tooth problem and he tolerated with the pain for about fourteen years before decided to have all sixteen teeth removal at one time from his mouth. (Ajahn Jayasaro, 2017) This exemplified how sufferings and torment of dental disease could tremendously affect not only people in general but also even famous monks.

Having a good oral health was also part of being healthy, however, most Thailand population had not enough access to dental services and actually in the decreasing trend referring to the survey on health and welfare as shown in Figure 1 and Table 1 respectively. Jaichuen, W. (2018). Hence, it would not be surprised of the limitation on getting access to dental service that was even worse in society of monks, novices and nuns.



(Source: National Statistical Office, 2018)

**Figure 1:** Percentage of Thai Population Receiving Dental Service by Survey Year (B.E. 2007 - 2015)

## **Research Methodology**

This qualitative research applied in-depth interviews with 22 key informants who participated in the volunteer dentist team at SDC to provide free of charge dental treatments to monks, novices, nuns, practitioners, volunteers and general public. Details were described as follows:

### **Key Informants**

All key informants consisted of 12 dentists and 10 dental assistants who worked for more than 6 months at the clinic. The volunteer dentist team were recruited from all practitioners who had attended the meditation practicing courses with the Master at Buddhamahametta Foundation. Volunteer dentists normally had full-time occupations at hospitals or private dental clinics whereas volunteer dental assistants consisted of professional assistants working at hospitals or private clinics and amateur assistants who were architects, business owners, freelancers or nuns at the meditation retreat. All participants were agreed to provide information publicly and signed consent form for approval.

### **Research Instruments**

In order to identify working problems that the volunteer dentist team encountered; the research utilized an in-depth interview to each key informant individually so he/ she could give information or comment confidentially and comfortably. All interviews were tape recorded for transcribing, analysing and summarizing respectively.

### **Data collection**

This in- depth interviews with all key informants were conducted in person individually at Buddhamahametta Foundation. In case of inconvenience to interview in person, video conference was the alternative tools as several informants stayed abroad or upcountry. The interviews focused on a few questions to obtain the information on work circumstances and problems or obstacles the volunteer team had faced. All participants were encouraged to comment or share an idea on a positive and open- minded environment so they could freely discuss on problems and obstacles, potential issues and concerns as well as opinions, comments, and feedbacks for improvement. Video recorder with permission was utilized for transcribing and analysing thereafter. The key questions were as follow:

1. What were the work circumstances of volunteer dentist team at SDC?
2. What were the current problems/obstacles that the volunteer dentists and dental assistants at SDC had encountered?
3. What were the causes and effects of the problems?

### **Data Analysis**

After the interview, inductive content analysis was applied to analyze the collected data resulting in identified working problems and obstacles the volunteer team faced. Thus, the research findings could be used for further study to find out the solutions or potential issues in the future such as encountered plan or development model of the volunteer working team improvement.

### **Results of the Study**

According to the in-depth interviews, the researcher collected and analysed the data by applying Inductive content analysis to obtain current work circumstances and identified working problems and obstacles the volunteer dentist team had faced at the clinic. Here was the summary of the research results as follow.

#### **Work circumstances and statistics of the clinic**

Sirivaddhako dental Clinic (SDC) had opened for free dental treatments since November 2018. The clinic was fully funded by donation from practitioners and disciples of Master Kittiched. It was operated by the volunteer dentist team who dedicated times and efforts to provide free-of-charge dental services for monks, nuns, practitioners, volunteers and other upon advanced appointment. As a result, volunteer dentist team had to manage schedule in advance to match with the clinic's opening schedule. Normally, it opened full-day for weekends and only in the evening for weekdays since key volunteer dentists worked full-time at hospitals or private dental clinics. However, there were several events the clinic operated during weekdays for full-day especially in the events of meditation practicing courses arranged at the meditation retreat, Buddhamahametta Foundation.

The clinic had equipped with 3 dental units that could be served 3 patients at the same time for maximum capacity. Besides, there were an X-ray room and a sterilization & cleaning room separated from the dental operation room. The installation of these related dental equipment would enable the volunteer dentist team to work conveniently. With regard to dental services, the clinic mainly provided basic dental treatments with the top three categories: dental examination, teeth scaling, and tooth filling respectively. In addition, the Master initiated the project to provide free dental treatments to neighbour community especially Mahachulalongkornrajavidyalaya University (MCU) including lecturers, staff and students that mostly were monks, nuns and monastic people both Thais and foreigners.

A statistical report showed the total number of patients by group name at the clinic between 20 November 2018 - 31 December 2021 (Table 3). It provided detailed breakdown of the total number of 2,667 patients by its group name. It indicated that the

majority of patients were practitioners, volunteers, nuns, MCU people, monks & novices and others respectively.

**Table 3:** Statistics of SDC Patients by Group Name (Nov 2018 – Dec 2021)

No	Group Name	Total Service Recipients	
		Number of Patients	Number of Times Visited
1	MCU	377	389
2	Worker	60	66
3	Vietnamese Group	14	14
4	Other Temples	10	8
5	General Public	41	36
6	Housekeeper	13	16
7	Volunteers	495	642
8	Nuns	307	404
9	Practitioners	682	758
10	Monks/ Novices	224	334
Total		2,224	2,667

Source: Pinthip Nakarit, 2022

This statistical figure showed a smaller actual number of patients including Covid-19 effect. In fact, the number of patients should have been higher than the presented actual figure. This was because dental treatment activities were suspended for 4 months between March – June 2020 due to the first phase of Covid-19 pandemic. The foundation shut down and suspended all activities in compliance with the government policy to control the pandemic at that time. As a result, the number of patients drastically dropped from July 2020 onwards. In summary, total number of service recipients from the beginning to December 2021 were 2,667 cases.

Although the clinic strictly followed more restrictions and measures to cope up with Covid-19 situations, there were some internal or crucial cases of patients were required to be served. Hence, the clinic resumed its operation with dental practice guidelines to prevent Covid-19 virus from July 2020 onward as follow:

1. Patient Screening: asking for their background information and measuring their temperature
2. Patients must gargle with antiseptic mouthwash before receiving the treatments
3. Installation of high-power suction at the clinic
4. Using dental den for saliva protection

5. Installation of external oral suction at the clinic
6. Equipped with air purifier that has UV light and HEPA filter
7. Dentists and dental assistants must wear PPE (protection gown) and N95-mask at all times during the treatment

#### **Feedback from Patients**

Patients who received dental treatments at the clinic were interviewed for feedback and responses aiming for future service improvement. The interviews showed that patients appreciated for free of charge and easy-to-access services as well as service-minded and kind-hearted staff. To elaborate on this, there were several points to raise as follow.

With regard to free-of-charge service, patients admired free dental services as it was very beneficial to those who were in need especially for monastic people such as monks and nuns. Some students from the university were monks and nuns from neighbour countries such as Myanmar, Laos, and Vietnam. Without income to spend on high cost of dental expenditure, they were highly appreciated this free dental services. For example, Venerable Kundala from Myanmar stated in his interview that this program was very useful for every monk as monks were not able to carry cash in their hands which became an obstacle for them when experienced tooth pains. Nakarit, P. (2022).

In addition, the clinic provided transportation and lunch offering at no extra cost for patients from the university group to come for dental services. The two-way transferring from the university to the clinic could be arranged upon advanced appointment. This enabled monks and nuns without transportation could visit the clinic conveniently.

Moreover, several patients claimed that the volunteer dentist team were service-minded, friendly, attentive and polite. They welcomed all patients with warm hospitality. Moreover, they claimed that both volunteer dentists and dental assistants were skillful and provided good knowledge on how to take care of oral health. For example, Peecha Khedkeaw, a staff from the university said that she appreciated the equality and the non-class discrimination towards the patients at the clinic. "When I wear old clothes and go to the other dental clinic, they look down on me. But here they treat me with kindness and equality". Nakarit, P. (2022).

Furthermore, most patients felt that the volunteer team were kind-hearted. Some had bad experiences with dental care elsewhere, but changed their mind after receiving dental treatments at the clinic. The treatments were high in quality and they felt that they could endure the pain here more than at any other places. They also mentioned that the clinic was fully-equipped, high standard and having a pleasant and hygienic atmosphere. For example, Venerable Vithun Thanungorro, a staff at the university, mentioned that this was an ideal project as it was usually tough for monks to get oral health treatments. In

case of oral sickness, monks were able to get their treatment at any dental clinic which normally was crowded and inconvenient. The clinics with good quality and more appropriate for monks were generally more expensive and unaffordable by most monks. He also claimed that unhealthy oral health negatively impacted on one's mind and vice versa. Good oral health had positive impact on the mind and brought more confidence to give better sermons. He also stated that some monks never had the chance to visit dentists and suffered from worms eating up their teeth which leading to toothaches and eventually, insomnia. He praised Master Kittiched for realizing the importance of dental health and starting this project in the first place. Nakarit, P. (2022).

In conclusion, the responses of the patients' experiences showed positive attitude and looking forward to visit for repetitive dental service.

### **Working Problems and Obstacles at the clinic**

Refer to in-depth interviews with 22 key-informants, the researcher had arrived at the conclusion that there were 6 categories of working problems and obstacles of the volunteer dentist team. Causes and effects of each problem were also analysed and provided in each category as follow.

#### **1. Personnel**

The study from Richard and Johnson (2001) explained effective human resource management provided the successful outcome to the organizations. This concept was applied to voluntary work as well. At the clinic, volunteer dentists team consisted of dentists and dental assistants. Although they were willing to help providing dental services without any charge for times and efforts, there were several problems and obstacles toward personnel issues composed of 4 aspects as following:

##### **1.1 Limitation of Volunteer Dental Assistants**

Volunteer dental assistants at the clinic consisted of 2 groups namely professional and amateur. Professional assistants worked full-time as dental assistants at hospitals or private clinics. They had skilled and working experiences in dental treatments to support dentists providing operations and related tasks required in dental clinics. However, they had education background less than Bachelor degree and generally were not highly paid for their careers. They had gained working experiences both on-the-job training with dentists at workplaces and formal training courses for dental assistants arranged by certified organizations i. e. , faculty of dentistry in several universities. As a result, professional assistants in spite of willingness to help voluntary work, they felt inconvenient to join sometimes because they had to spent time after work on part-time clinics due to personal or financial burdens. On the contrary, amateur assistants were convenient and willing to work as dental assistants supporting volunteer dentists but they were lack of skills and experiences in dental services. Before participating in the volunteer dentist team,

they all had to attend the meditation practices at the Foundation and then could be able to apply for the volunteer team. Consequently, there were required for training courses to improve and enhance technical skills and related work processes and procedures regarding dental clinic issues to deliver satisfied requirement.

### **1.2 Commitment and Consistency**

As mentioned earlier, the clinic could operate upon advanced appointment. Volunteer leading dentists had their permanent occupations at hospitals and private clinics. Hence, the clinic could be operated full day on weekend and in the evening on weekdays. Nevertheless, there were several events that the clinic opened during weekday such as events of meditation practice courses arrangement. These were opportunities for practitioners to be receive dental check-up or treatments while having a chance to practice meditation at the same time. From the above circumstances, it was difficult for volunteer dentists and dental assistants commit to work at the clinic on a regular basis. Some also prioritized other issues than the committed schedule for providing dental service. Furthermore, there were cases of unexpected situations that they had to cancel or postpone service schedules and caused inconsistency of working team planning. Thus, the flow of operations had been affected as well as resulting in time inefficiency to prepare for an alternative plan.

### **1.3 Different Work Styles/Attitude**

From the in-depth interviews, it indicated that all of the dentists at the clinic came from different workplaces with diverse working styles and opinions toward dental service practices. Some dentists might have different preference in the way they manage the clinic, cleanse their tools and the arrangements of the equipment in the clinic. The process of doing things may also be different. For example, some dentists cleansed the tools with sterilizers while some thought disinfectant solution was a better option. Thus, this affected the assistants and perhaps caused conflict amongst dentists and especially who would have to work during the same shift. One example was that dentists asked for the same gadgets with different names. One called exact dental devices with familiar Thai nickname from its outstanding attributes while the other called its name from the function using the abbreviation in English. This resulted in confusion for amateur assistants who had limited skills and experiences. Furthermore, volunteer dentists preferred different techniques or equipment for dental operations: tooth scaling, tooth filling with amalgam versus composite resin, and so on. These created difficulty and interruptions or waste of time to complete the tasks for amateur dental assistants as well as deteriorating work environment among volunteer dentists and dental assistants.



#### **1.4 Unclear Roles and Responsibilities (R&R)**

In the early stage of the clinic setup, there were only a few leading volunteer dentists had been working on almost all dental clinic's aspects ranging from scheduling for volunteer dentists and dental assistants, front desk operations, equipment maintenance, materials and stock management, training for new volunteer assistants, patients' registration record and database management. From the interviews, some dentists commented that there were inconvenient or wasting more times to find out tools and materials as well as solving problems during operating the treatment especially during the first stage of clinic opening. This caused workload to key volunteer dentists to take care of almost all related tasks of the clinic or not yet to assigned duty to specific person. However, this aspect would be solved afterward as the dentist team were recruited more volunteers and already assigned specific roles and responsibilities.

### **2. Working Processes**

After data collection and analysis, the researcher found that working processes were regarded as the second aspect of problems and obstacles at the clinic. It had been involved with 3 sections as follows:

#### **2.1 Front Counter**

Volunteer working team started providing dental services from the front counter. Patients who appointed in advance came for the queue running number and check-up for blood pressure as well as registration for the first time. They had to give personal information and basic symptoms or the request on specific oral health problems. This would provide patients' information beforehand for dentists to consider before examining patients. From the interviews, frequent problems occurred at the front counter due to walk-in patients without an appointment, requests for specific dentists from existing patients, and conflicts of time between practitioners and the volunteer dentist team during meditation events. These could happen all the times because the clinic usually opened for the service when the Foundation arranged meditation practice courses for practitioners. Sometimes, patients requested for the same dentists who previously provided the treatments last time or due to their specialization i.e., Prosthodontic dentistry or so-called false teeth/ denture, etc. This caused the assistant who was responsible for front counter operations had to negotiate with patients as well as to consult with the dentist team if any possible solution to fulfill the request from patients.

#### **2.2. During Operations**

During providing dental operations, it was important that dental assistants had skilled and worked in correspondence with dentists. The volunteer assistants could support and help on related tasks i.e., preparing dental instrument for teeth scaling, materials for tooth filling, holding suction apparatus and so on. In cases of 3 dental units

opened for the service at full capacity, it essentially required a skilled professional assistant to be a circulator of dental kits or instruments and standby to support any unexpected situations from each dental unit. Dentists could request extra instruments for tooth extraction, amalgam or composite resin for tooth filling, anesthetic injection for wisdom tooth removal and so on. Hence, current situations at the clinic with limitation of dental assistants affected the efficiency and effectiveness of dental treatment to patients. It led to inconvenient operations for dentists especially on complicated cases and could take longer times to serve a patient per case.

### **2.3 After Service**

After the dental operations completed, there were other tasks to provide after-services; for example, recording on patients' treatment history and database management, providing advices or prescription for medicines as well as the information on oral health prevention, and suggesting next appointment to follow up or transferring complicated cases to alternative treatment at hospitals or specialized clinics. At the early stage of the clinic establishment, there were interruptions on patients' database management generating confusion and time to examine historical patients' record especially in cases of continuing or chronic cases. This caused volunteer dentists who provided further treatments perhaps wasted more time to find out the historical record of patient's treatment and sometimes it required to do overall check-up again.

### **3. Equipment Maintenance**

The third category of problems and obstacles was involved with equipment maintenance. The clinic had originated with dental fund donation and received 3 second-handed dental units with different minor functioning. Occasionally, technical problems with dental units occurred or dental instruments were defective. Thus, the flow of working operations affected and had to find other solutions to solve sudden issues in order to continue on-going services. In addition, the usage of dental instruments with several users (volunteer dentists and dental assistants) together with improper maintenance by mistakes or errors could lead to damages and waste of money. These improper maintenance or broken units or instruments could obstruct the flow of working operations and delivered service to patients at the end.

### **4. Materials and Stock Management**

Refer to the interviews with key informants, it indicated that dental services had to involve with various kinds of dental materials requiring specific storage e. g. , some medicines had to keep in a refrigerator or having short-time expiry date. Based on advanced appointment, the clinic was difficult to estimate stock planning more than that of normal dental clinics which running on a regular basis. Besides, if the purchase order of dental materials was in small quantity, it seemed the clinic had to pay for higher cost per

unit of the materials comparing to its standard size of orders. Besides, expired materials would cost inefficiency and effectiveness of the working operation. Thus, there should be alternative solutions to better management of stock.

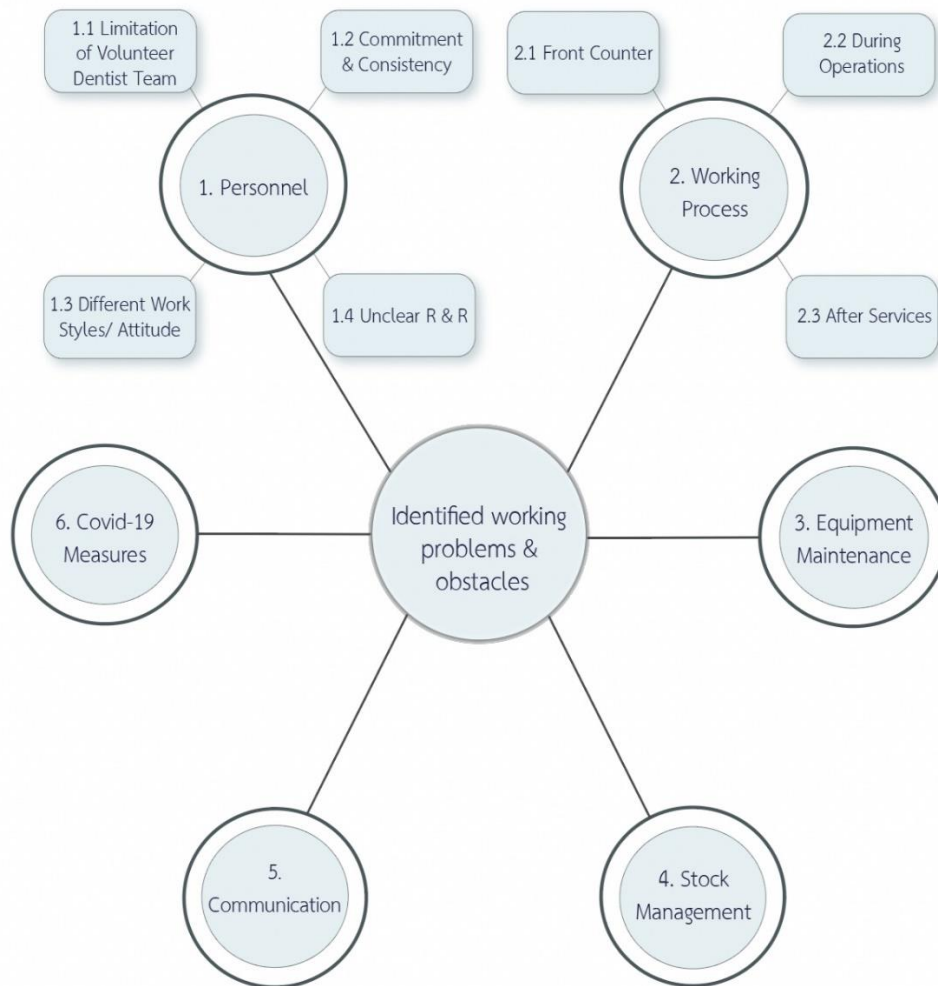
### **5. Communication**

The clinic had provided free-of-charge oral health check-up and dental treatments to monks, novices, nuns, practitioners, volunteers and underprivileged. Besides, the Master had initiated the special project to serve lecturers, students and officers from the university since 2019 by providing free-of charge dental service upon advance appointment including two-way transportations from the university to the clinic, food offering and dental kits to take care teeth after the treatment. The project received good responses from the students because of its free-of-charge dental treatments and convenience to visit. Most students were monks, bhikkhunis, nuns both Thais and foreigners especially who coming from neighbour countries such as Myanmar, Laos, Vietnam, India, etc. Language barrier; therefore, was another problem occurring at the clinic since some professional assistants were not fluent in English and felt uncomfortable to communicate with foreign patients starting from the front counter operations focusing on patients' registration, during operations that need to inform patients what dentists were going to do and to check with patients if they were ok, and after service operation. However, there was another aspect of communication problem among volunteer dentists and dental assistants. It could have different opinions on related dental tasks or working processes at the clinic leading to misunderstanding or conflicts among the volunteer dentist team and affecting the flow of operations if dentists and dental assistants did not get along well with each other.

### **6. Covid-19 Measures**

Covid-19 pandemics had strongly affected on the clinic. According to the in-depth interviews, providing dental operations resulted in aerosol spreading in the air. Patients at high risks to infect to Covid-19 were not recommended to receive the dental treatment. Only an urgent or crucial case was allowed to receive the service. Hence, dental operations had to increase preventive measures and to install required additional equipment following related safety rules and regulations on Covid-19 in order to cope with the situations.

In summary, the working problems and obstacles of the volunteer dentist team were presented in Figure 3 as below:



Source: Pinthip Nakarit, (2022).

**Figure 3:** Diagram of working problems and obstacles of volunteer dentist team at SDC

### Discussions

According to the research result, it was found that 6 identified working problems and obstacles of the volunteer dentist team were personnel, working process, equipment maintenance, stock management, communication, and covid-19 measures. This research result accomplished the objective of this paper to study work circumstances and analyze working problems and obstacles of the volunteer dentist team at Sirivaddhako Dental Clinic (SDC), Buddhamahametta Foundation. There were several points to discuss as follows:

1. Most problems and obstacles at the clinic were initially derived from the limitation of volunteer dental assistants. In spite of willingness to work, amateur assistants were lack of skills and experiences in related dental tasks whereas professional ones could not arrange sufficient time to work due to personal or financial burdens. These affected the efficiency and effectiveness of the working team i.e., interruption of working processes and operations, wasting more time per patient to serve and occasionally deterioration of work environment. This was because dental services required many details including specific skills, dental materials and equipment. Without proper maintenance, this could result in damages and wastes more for the clinic in the long run. This point corresponded to the research work of Kracher, C. et al. Such paper stated that the well-educated dental assistants played the significant role in dental delivery system. By the qualified dental assistant, the dental service would provide the best practices in dentistry.

1. Based upon the data collection from in-depth interviews, working processes including front counter, during operations, and after service were relevant to the successful oral health care systems. The study indicated patients specifically requested the dentists in the certain time. The problems had occurred when the clinic was struggling to find available dentists. or dental assistants to provide the service. The finding was in correspondence with the study from Brandeau et al. (1970). The paper revealed the best health care service came from the effective work process such as well-planning and well-organized working operations. Additionally, the study from ANDRAUS et al. (2017) indicated that the work process supported positive organization performance with in the team. Planning with the available human resources could strengthen the successful health service operations.

2. Communication between volunteer dentists and dental assistants seemed to be crucial issues in volunteer dental health care. From the in-depth interviews, several problems have occurred when the working team did not clearly communicate and consequently led to misunderstand and conflicts among each other. These findings were in line with the study of Joseph and Carolissen (2022). The study mentioned the effective volunteer work was derived from effective communication. Communication skill was the key success factor of organization. The study from Chemielecki (2015) discussed the internal communications could impact the positive organizational performance. The results were associated with the effective flow of information within the organization. Sustainable growth in organization would occur accordingly.

## Recommendations

### Recommendations for Implementing the Research Results

From the research results, it was recommended the following institutions to apply as follows:

1. Sirivaddhako Dental Clinic (SDC) – This research study helped the clinic to understand working circumstances and identified problems and obstacles the team had encountered. Consequently, the clinic could apply the research results to solve working problems in particular limitation of volunteer dental assistants and working processes in order to deliver successful health care service to patients.

2. Voluntary Organizations – The findings presented insight information of the work of volunteer dentists and dental assistants. Their current issues and concerns could be significant evidences for other voluntary organizations to apply as a guideline for work performance improvement or development process of the volunteer team.

3. Service Industry or Health Care Service Provider – The analysis of current working problems and obstacles as well as issues of voluntary dental health care would be adopted to understand the present issues of service providers such as hospital and other clinics as well. These findings helped to develop further process to improve overall organizations as a whole.

### Recommendations for Further Research

From the study, there are some issues that would be further researched in the future as follows:

1. Further study for the development process of the work of Sirivaddhako Dental Clinic (SDC) in terms of volunteer training programs to improve volunteer dentist team in particular dental assistants both technical and soft skills.

2. Further study to find out inspirations of the volunteer to participate in voluntary work because human resource was one of the key success factors of the organizations. Volunteers joined the working team without any charge for dedicated time and effort. This could result in developing strategies or model to cultivate inspirations for volunteer work and could apply to other voluntary organizations.

3. Further study for the model of volunteer working team development that integrated the solutions to solve working problems as well as process of work performance improvement for continuing success of the voluntary organizations in the long run.

## References

Ajahn Jayasaro (2017). **Stillness Flowing: The life and Teachings of Ajahn Chah**. Malaysia: Panyaprateep Foundation, 700-701.

- ANDRAUS, S. H., FERREIRA, R. C., AMARAL, J. H., & WERNECK, M. A. (2017). **Organization of oral health actions in primary care from the perspective of dental managers and dentists: Process of work, planning and Social Control.** RGO - Revista Gaúcha De Odontologia, 65(4), 335–343. Retrieved May 25, 2022, from <https://doi.org/10.1590/1981-863720170002000083354>
- Brandeau, M. L., Sainfort, F., & Pierskalla, W. P. (1970, January 1). **Health Care Delivery: Current Problems and future challenges.** SpringerLink. Retrieved May 25, 2022, from [https://link.springer.com/chapter/10.1007/1-4020-8066-2\\_1](https://link.springer.com/chapter/10.1007/1-4020-8066-2_1)
- C., Kracher, C., Breen, K., McMahon, L., Gagliardi, C., Miyasaki, K., Landsberg, & C., Reed. (2017). **The evolution of the Dental Assisting Profession.** Journal of Dental Education. 81(9): eS30 – eS37.
- Chmielecki, M. (2015). **Factors influencing effectiveness of internal communication.** Management and Business Administration, Central Europe, 23(2), 24–38. <https://doi.org/10.7206/mba.ce.2084-3356.139>
- Jaichuen, Wararat. (2018). **Accessibility to Dental Care According to Type of Service in Thai Population.** Journal of Public Health Systems Research. 12(4): 636-644
- Joseph, B. M., & Carolissen, R. (2022). **Volunteer leadership: A silent factor in student volunteer retention.** *Journal of Community Psychology.* <https://doi.org/10.1002/jcop.22811>
- Nakarit, Pinthip. (2022). **The development Process of the Work of Volunteer Dentists Team by Buddhist Peaceful Means: A Case Study of Sirivaddhako Dental Clinic, Buddhamahametta Foundation, Bang Pa-In District, Phra Nakhon Si Ayutthaya.** Dissertation for the Degree of Doctor of Philosophy in Buddhism (Peace Studies). Graduate School: Mahachulalongkornrajavidyalaya University. Bangkok.
- Phra Paisal Visalo. (2007). **Fulfill Life with Volunteerism.** Bangkok: Puttika Network. (In Thai).
- Richard, O. C., & Johnson, N. B. (2001). **Strategic Human Resource Management Effectiveness and firm performance.** *The International Journal of Human Resource Management*, 12(2), 299–310. <https://doi.org/10.1080/09585190121674>
- RM, B. & Elbe, P. & NO, V. & Remadevi, S., (2017). **Oral Health and Quality of Life: Current Concepts.**