

## A BUDDHIST APPROACH TO HAPPINESS BY LOVING-KINDNESS (METTĀ) FOR MEDICAL PERSONNEL IN NEW-NORMAL AGE

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### ABSTRACT

This article aims to explore the conceptual model of the Buddhist Chief Executive Officer (BCEO) for the modern world. The senior executives can apply to use for more benefit and more effective in the new world. The concept of senior management in Theravada Buddhism is another approach that can help senior executives to use it as a guideline for organization management. The four types of executives to be BCEO are follow: 1) Founder Type, 2) Appointed Leader Type, 3) King Type, and 4) Merchant Type. BCEO types divided into family and non-family types. The physical characters of a BCEO should be good traits such as a straight body, a smiling face, a beautiful voice and all good resounding appearance. The mental characters of the BCEO should have the emotional intelligence, social responsibility, good management and decision-making skills. The BCEO should possess the virtues of Dhamma, which are the four keys to success, namely 1) Pāpaṇika-dhamma, 2) Aparihāniya Dhamma, 3) Dasavidha-rājadhamma and 4) Kalyāna-mitra. The personal qualities of the BCEO are: 1) Being practiced perfection Pāramī, 2) Achieving higher knowledge or Abhiññā and 3) Being steadfast in Dhamma. The required qualifications of a BCEO are a leadership style, education level, professionalism and experienced. The conceptual model of the Buddhist Chief Executive Officer (BCEO) is useful to apply for organizations in the modern world.

## Introduction

The world of medicine today is so essential to the human being's system of curing. Especially to medical personnel who hardly work in the new normal age. That is to say, they are facing with a lot of both predictable and unpredictable situations. This can be basic obstacles for them. Such obstacles, if we still have no effective solution, the professionalism may be lost. So that in order to promote professional behavior among medical personnel, the solution must be made. Otherwise, the unsatisfactory effects may arise and give broad effect to many people in the society. However, medical personnel require more focus in order to promote their quality of working life in the new normal age based on human's demanding.

Human beings are trying to fulfill their lives with happiness and avoid suffering. Happiness is described as high levels of life. Happiness is the ultimate objective in life, this is the typical understanding of happiness. Feeling happy is intrinsically important. If we are happy it has added knock on effects and benefits. These include us becoming more compassionate and feeling healthier both physically and emotionally. We become more creative, witty, energetic and fun to be around and it can also lead us to become more financially successful.

Loving-kindness (*mettā*) is the fundamental principle to bring happiness. *Mettā* goes hand in hand with helpfulness and willingness to forego self-interest in order to promote the welfare and happiness of mankind. *Mettā*, just like a mother who protects her only child even at the risk of her own life, one should cultivate Boundless Love towards all the living beings. In this connection, *mettā* is the state of feeling of boundless love. It is selfless love that evokes the good and focuses interest for others, and also promotes the benefit and happiness of others. So, one who follows the way of *mettā* - loving-kindness and it will wear remain to happiness. Loving-kindness (*mettā*) is the foundation of happiness. Happiness can be attained by practicing loving-kindness (*mettā*). One who knows the benefit of loving-kindness can increase happiness for medical personnel.

## Obstacles of Medical Personnel

The infectious disease pandemics outbreak began in Asia, but then spread to all over the world, without any capacity for effective containment. This disrupted the economic activity and the social life, and now it risks to hack up the basis for many socio-economic principles. Since this pandemic might have a series of outbreaks, it is expected to have also

with-it series of spillovers. In order to regain the confidence of both the communities and the market. The role of medical personnel in managing the different infected patients, their personal sacrifice, along with their challenges, are compared to their relevant experience from previous outbreak explores<sup>1</sup> the obstacles of medical personnel. There are four main obstacles identified to explore it into the following namely: - 1) insufficient of the medical personnel, 2) insufficient of medical support equipment, 3) complication of care, and 4) fear of changes.

1). Insufficient of the medical personnel, the hospitals are a stressful environment for employees, especially medical personnel. Stress and other health problems may lead to occupational burnout and reduction of medical personnel efficiency during new normal periods. The medical personals are having to accommodate new protocols. The new ways of working are potentially highly stressful for medical personnel. Many the medical personnel have been redeployed, working in new specialties acuity areas during new normal periods. While settling into the “New Normal”, more programs need to mitigate the feeling and the fear of the ‘BIG changes’ coming so fast, and that would have an immediate psychological effect such as the unavailability of jobs.<sup>2</sup> The obstacles of various personal, social, insufficient of staff, un-quality of head section of management, less of salary and medical factors on the creation and expansion of unprofessional behaviors among medical personals.<sup>3</sup> The medical personnel providers may face obstacles when they wish to provide medical personnel services. To some extent these insufficient directly relate to the earlier described additional medical personnel requirements.

2). Insufficient of medical support equipment, the specific requirements that apply only to medical personnel are often requirements relating to the insufficient of medical support equipment during the height of the pandemic, the number of patients that required ventilator support outnumbered the available intensive care unit (ICU) beds. General beds were rapidly converted to ICU beds. Even general hospitals were converted to critical care hospitals. This required a transformation of many nurses to be trained on critical care medicine, and many were transferred to service in different hospitals to fill the gap as it

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<sup>1</sup> Buheji, M. and Buhaid, N. Nursing Human Factor during COVID-19 Pandemic, *International Journal of Nursing Science*, Vol. 10, No. 1, (2020): 12-24.

<sup>2</sup> Buheji, M. (2020). The New Normal A New Era Full of Inspiration and Resilience after COVID-19, *International Journal of Inspiration & Resilience Economy*, Vol. 4, No. 2, (2020): 4.

<sup>3</sup> Bagher, Larijani, Prof. Obstacles of Professional Behavior among Medical Trainees, *Journal of Education and Health Promotion*, Vols. 8, (2020): 193.

occurs.<sup>4</sup> There are a number of obstacles associated with medical personnel, especially with respect to obtaining their approval for routine use from various substantial personal protective equipment shortages.

3). Complication of care, the medical personnel obstacles, as the new normal takes hold, medical personals are on the front line of health and social care in the most extreme of circumstances. It reflects during a moment in time to highlight the issues facing medical personals at this unprecedented time. At the bedside 24 hrs. a day seven days a week, in similar outbreaks, medical personals have had the highest levels of occupational stress. In addition to the admission to hospital of high numbers of critically ill patients, care demands on the medical personals and care assistants have also increased in the community. For instance, many mental health services have transformed almost overnight from providing face-to-face care and treatment to a predominately virtual service of telephone or video consultations. In many other areas, nurses are adjusting to providing end-of-life care more frequently and often in the face of more rapid deterioration than they are used to.<sup>5</sup> These demands must be met by an already depleted workforce and one that is further depleted at this time due to infection, self-isolation and family responsibilities in the face of the crisis. Thus, nurses had a crucial role in providing intensive care and assisting with activities of daily living.

4). Fear of changes, during an epidemic outbreak, positive and negative emotions of the front-line nurses interweaved and coexisted. Medical personal nurses were always the first line of meeting the patients in all the previous outbreaks. It would be difficult as a nurse not to have strong emotional reactions to the COVID-19 virus and its impact on one's work (fear, anger, frustration, worries). Such fear and anxieties are normal, as are the intense feelings evoked when nurses feel unable to care for patients as they would have otherwise. Nurses and healthcare or nursing assistants, in acute, community mental health and social care settings are having to make extremely difficult decisions from one moment to the next. They are having to be very creative about new ways of working with very ill patients with mental health needs or learning disabilities or dementia.<sup>6</sup> So, their health and safety are

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<sup>4</sup> Hopman, J. Allegranzi, B. & Mehtar, S. Managing COVID-19 in Low and Middle-Income Countries, *American Medical Association*, Vol. 323, No. 1, (2020): 1549-1550.

<sup>5</sup> Jill, Maben. Covid-19: Supporting Nurses' Psychological and Mental Health, *Journal of Clinical Nursing*, Vol. 29, No. 15, (2020): 2742-2750.

<sup>6</sup> O'Boyle, C. Robertson, C. & Secor-Turner, M. Nurses' Beliefs about Public Health Emergencies: Fear of Abandonment, *American Journal of Infection Control*, Vol. 34, No. 6, (2006): 351-357.

crucial not only for continuous and safe patient care, but also for control of any outbreak. Therefore, the role of medical personnel in managing the different infected patients, their personal sacrifice, along with their challenges, are compared to their relevant experience from previous outbreak explores the obstacles of medical personnel.

## Definition of Happiness

The word happiness is used in various ways. In the widest sense it is an umbrella term for all that is good. In this meaning it is often used interchangeably with terms like 'wellbeing' or 'quality of life' and denotes both individual and social welfare.<sup>7</sup> Usually, happiness is categorized by people as feeling good.<sup>8</sup> So, there are definitions of happiness are many and varied, however, the meaning of happiness are different and similar in several aspects according to happiness scholars' definitions and explanations.

Likewise, happiness is defined as the subjective 'enjoyment of one's life as-a-whole'. In other words: how much one likes the life one leads. Current synonyms are 'life-satisfaction' and 'subjective well-being'.<sup>9</sup> Happiness, being in high spirits, exuberant, buoyant, joyful, exhilarated, elated, carefree, contented, at peace, at ease, feeling confident and self-assured, feeling 'in the zone, being in an expansive mood, delighted with one's life, or blessed with a sense of fulfillment or well-being'.<sup>10</sup> It is happiness as the end state achieved after the fulfilment of a particular goal of happiness.

Happiness, in Pāli call *sukha*, meaning ranges from 'pleasant' feeling to a happy state of mind. As a qualification of feeling, *sukha* occurs frequently in the Pāli discourses, forming part of a distinction of feelings into three mutually exclusive types: pleasant (*sukha*), painful (*dukkha*) and neutral (*adukkhamasukha*).<sup>11</sup> Happiness (*sukha*) has suffering (*dukkha*) as the opposite state. Therefore, the Buddhist practice for the access of happiness is as same as the Buddhist practice for the cessation of suffering. One way to get close to the happiness is the concentration of the *dhamma* (*dhammasamādhi*) which signifies the five kinds of

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<sup>7</sup> Ruut, Veenhoven. *Happiness: also Known as 'Life-Satisfaction' and 'Subjective Well-Being'* *Handbook of Social Indicators and Quality of Life Research*, (Dordrecht: Springer Publishers, 2012), p. 63

<sup>8</sup> Alipour, A. Pedram, A. Abedi, M. R. & Rostami, Z. What is Happiness? Interdisciplinary, *Journal of Contemporary Research in Business*, Vol. 2, No. 12, (2012): 660-667.

<sup>9</sup> Ruut, Veenhoven. *World Database of Happiness Continuous Register of Research on Subjective Appreciation of Life*, Vol. 24, (Dordrecht: Social Indicators Research Series, 2004), p. 2.

<sup>10</sup> Daniel, M. Haybron. *The Pursuit of Unhappiness: The Elusive Psychology of Well-Being*, (Oxford: Oxford University Press, 2008), p. 49.

<sup>11</sup> Narada, Mahathera. *The Dhammapada, Pali Text and Translation with Stories in Brief and Notes*, (Taipei: The Corporate Body of the Buddha Educational Foundation, 1993), p. 171.

virtues that make one to be firmness in the *dhamma*. In addition, happiness can also be accessed through the development of wisdom which is to intellectually understand the nature and the universal states of nature as they truly are.<sup>12</sup> The mention of happiness of truths implies also that such a realization brings about happiness.

In additionally, happiness is an English word can be literally translated from multiple Pali terms, such as, *iṭṭha*, *nibbuti*, *pasādana*, *pāmuḍḍa*, *pāmoḍḍa*, *pīti*, *bhagga*, *vaḍḍhi*, *vitti*, *sampatti*, *sampadā*, *sampasādana*, *sātātā*, *siva*, *sukha*, *sugati*, *suhatā*, *seyya*, *sokhya*, *somanassa*. Especially the term “*sukha*” refers to the idea of happiness of the world. When it accompanies with physical body, it is called bodily happiness. And when it accompanies with mind, it is called mental happiness.<sup>13</sup> Thus, the final goal of the practice is the attainment of perfect happiness, the breaking of the wheel of existences through the realization of *nibbāna*. It is the one and only way to the enlightenment for humankind.<sup>14</sup> The goal of Buddhism described *nibbāna* as the highest happiness. *Nibbānam paramam sukham*.<sup>15</sup> *Nibbāna* which is the realization of supreme happiness.

### **Loving-kindness (*mettā*): What Does Is It Mean?**

The term loving-kindness *mettā*, it is different and similar in several aspects according to *mettā* scholars’ definitions and explanations. Whatever it means, is desirable, *mettā* includes loving-kindness, friendliness, and goodwill etc. Most western Pāli scholars translated the term *mettā* as universal love, while the Buddha called it “*appamaññā*” meaning limitless or boundless. In additionally, *mettā* is derived from mind, to soften, to love. According to *Saṁskṛt mitrasya bhāvah = Maitri*; state of a friend. That which softens the mind, or friendly disposition is *mettā*. Goodwill, benevolence, loving-kindness are suggested as the best renderings. *Mettā* is not carnal love or affection. The direct enemy of *mettā* is hatred or ill-will (*kodha*), its indirect enemy is affection (*pema*). *Mettā* embraces all beings without exception. The culmination of *mettā* is the identification of oneself with all beings

<sup>12</sup> Sanu Mahatthanadull, Asst. Prof. Dr. Theravāda Buddhist Practice and the Access of Happiness, *Research Report*, The 2<sup>nd</sup> International Academic Forum in Theravāda and Mahāyāna Buddhism, (2019): p. 1.

<sup>13</sup> Sanu Mahatthanadull, Asst. Prof. Dr. *Concepts and Principles of Buddhism*, Teaching Document, Buddhist Studies Programme, (Ayutthaya: Mahachulalongkornrajavidyalaya University Press, 2020), p. 380.

<sup>14</sup> Sanu Mahatthanadull, Asst. Prof. Dr. *A Conceptual Model of Bi-Dimensional Development for Happiness Access by Biofeedback Process*, A Research Funded by National Research Council of Thailand (NRCT) Fiscal Year 2019, (Ayutthaya: Mahachulalongkornrajavidyalaya University, 2019), p. 96.

<sup>15</sup> Narada, Mahathera. *A Manual of Buddhism*, (Taipei: The Corporate Body of the Buddha Educational Foundation, 1995), p. 130.

(*sabbattatā*).<sup>16</sup> So, *mettā* - loving-kindness is the state of feeling of boundless love for all living beings.

Likewise, *mettā* is derived from *mida*, to soften, to love. Good will, benevolence, loving-kindness are suggested as the best renderings. *Mettā* is not carnal love or affection. *Mettā* embraces all beings without exception. The culmination of *mettā* is the identification of self with all beings. It is the wish for the good and well-being of all. It discards ill-will.<sup>17</sup> In the *mettā sutta* described that: “*Mātā yathā niyaṃ puttamāyusā ekaputtamanurakkhe, evampi sabbabhūtesu, mānasam bhāvaye aparimāṇam*”, - Just as a mother protects and looks after her only beloved child even at the sacrifice of her own life; even so one should cultivate boundless loving-kindness towards all living beings, wishing them to gain happiness.<sup>18</sup> It signifies one wish as well.

Thus, *mettā* is an unlimited and boundless love, which is devoid of hatred and ill-will. Once *mettā* is developed in the mind, the negative feelings of anger, hatred and ill-will will vanish. *Mettā* or loving-kindness is accompanied by an active benevolence, a will to sacrifice and contribute one's own well-being and happiness for the sake of fellow-beings.<sup>19</sup> Thus, *mettā* is a universal love that cultivates and promote all wholesome mental states and inner good qualities". People can reduce abandon, hatred, and anger by developing loving-kindness, equanimity, patience and restraint. One who knows the benefit of loving-kindness can increase happiness.<sup>20</sup> So, this is the concept of *mettā*, one who practiced, follows the way of *mettā* - loving-kindness and it will attain the ultimate of happiness.

Moreover, *mettā* can be defined as the sincere wish for the welfare and genuine happiness of all living beings without any expectations. It can also be explained as the friendly disposition sincere wishes for the welfare of friends. The Buddha advised his followers thus, just as a mother protects her only child even at the risk of her life, even so one should cultivate loving-kindness towards all living-beings.<sup>21</sup> So, practice loving-kindness

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<sup>16</sup> Nārada, Mahathera. *A Manual of Abhidhamma (Abhidhammattha Sangaha)*, (Kuala Lumpur: Buddhist Missionary Society, 1979), p. 136.

<sup>17</sup> Ibid., p. 111.

<sup>18</sup> S 143.

<sup>19</sup> Medhidhammaporn, (Prayoon Mererk) Phra. *Buddhist Morality*, (Bangkok: Mahachulalongkornrajvidyalaya University, 1994), p. 96.

<sup>20</sup> Minkon, Sayardaw. *Brahmavihara Dhamma*, (Yangon: Myanmar Pitaka Association, 1985), p. 65.

<sup>21</sup> Bandyopadhyay, Pranab. *The Voice Of Buddha, The Eternal Truth*, (Calcutta: Punthi Pustak, 1988), p. 186.

(*mettā*) and it will become a refreshing source of vitality and happiness for others. The mundane goal of Buddhism is to live a happy life among various kinds of people, in different situations and environment. This is the systematic application of loving-kindness (*mettā*).

### **Loving-kindness Practices**

The characteristics of new normal, in this path, having experienced a new way of living for about a year; the mindset of the people won't be the same as it used to be before. The effect of social comparison to happiness reflects mind-based influence on happiness. Happiness in the form of pleasant moods and emotions, well-being, and positive attitudes. *Mettā* is a universal love that cultivates and promote all wholesome mental states. People can reduce abandon, hatred, and anger by developing loving-kindness. In order to practice *mettā* - loving-kindness, one must first practice the noble principle of non-violence and must always be ready to overcome selfishness and to show the correct path to others. The struggle is not to be done by torturing the physical body, because wickedness is not in our body but in the mind. Non-violence is a more effective weapon to fight against evil than retaliation. The very nature of retaliation is to increase wickedness. In order to practice loving-kindness, one must also be free from selfishness. Much of the love in this world is self-centered, which means only a love of one's own self or seeking to benefit one's own self.<sup>22</sup> The practice of *mettā* all beings can attain the happiness in lives. And in addition they can cultivate intention to improve social welfare and happiness.

Moreover, loving-kindness *mettā* should be practiced first towards oneself. In doing so a person should change his mind and body with positive thoughts of peace and happiness. He should think how he could be peaceful, happy, free from suffering, worry and anger. He then becomes the embodiment of loving-kindness. When he is full of peace and is free from thoughts of hatred, it is easy for him to radiate loving-kindness towards others. What he does not possess he cannot give to others. Before he tries to make others happy he should first be happy himself. He should know the ways and means to make himself happy.<sup>23</sup> Thus in the process of practice the *mettā* one will have to cultivate the *mettā* in order to soften mind. Mind emerged in loving-kindness tended to be worthy for action.

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<sup>22</sup> Sri Dhammananda, K. Dr. *What Buddhist Believe*, (Kuala Lumpur: Buddhist Missionary Society, 2002), pp. 230-231.

<sup>23</sup> Nārada, Mahathera. *The Buddha and His Teachings*, (Taipei: The Corporate Body of the Buddha Educational Foundation, 1998), pp. 450-451.



Likewise, the ways to cultivate the practice of *mettā* towards other beings in the *mettā sutta* in the following manner; Just as a mother, even at the risk of her own life, protects her child, her only child, so let a man cultivate a boundless love towards all beings. Let him cultivate a boundless love pervading the whole world, above, below, and around, unobstructed, without hatred, without enmity. Whether he be standing, walking, sitting, or lying down, as long as he be awake, let him remain steadfast in this state of mind. This (way of) living, they say, is the best in the world.<sup>24</sup> *Dhamma* is a way of life based on the qualities of *mettā*, loving-kindness, generosity, wisdom and skillful conduct which can inform every aspect of daily lives for medical personnel.

### **Approach to Happiness by Loving-kindness (*mettā*) for Medical Personnel in New-Normal Age**

Loving-kindness (*mettā*) is the fundamental principle to bring happiness. *Mettā* goes hand in hand with helpfulness and willingness to forego self-interest in order to promote the welfare and happiness of mankind. The most interactive part of a smart medical personnel solution based on the recognition that health care is labor intensive and that available nursing resources must be used effectively. Insufficient of the medical personal is not just about numbers, but about how the health system functions to enable nurses to use their skills effectively. Many countries need to enhance and align their workforce planning capacity across occupations and disciplines to identify the skills and roles needed to meet identified service needs. This is partly about longer term alignment between education supply, and funded demand. It is also about improving day-to-day matching of nurse staffing with workload. Flexibility should be about using working patterns that are efficient, but which also support nurses in maintaining a balance between their work and personal life.<sup>25</sup> So, the solutions to insufficient of the medical personal has to focus on the motivation of nurses, and incentives to recruit and retain them, and encourage them back into nursing with loving-kindness-*mettā*.

Furthermore, the solution for insufficient of medical support equipment, there should be provision of adequate Infection Prevention and Control IPC and Personal Protective Equipment PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and

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<sup>24</sup> S 149-151.

<sup>25</sup> James, Buchan. Solving Nursing Shortages: A Common Priority, *Journal of Clinical Nursing*, Vol. 17, No. 24 (2008): 3262-3268.

water, cleaning supplies) in adequate quantity to healthcare or other staff caring for suspected or confirmed COVID-19 patients, such that workers do not personally incur cost for occupational safety and health requirements; familiarize workforce with specialized overhauls on COVID-19 and provide fitting apparatuses to assess, triage, test and treat patients and to share infection prevention and control information with patients and the public.<sup>26</sup> So, the hospital will continue to utilize this process to guarantee long-term equipment standardization within the facility.

In additionally, while fear and anxiety were brought on by the epidemic, nurses also evaluated the epidemic prevention and control progress and felt confidence in the medical capability of the government and its subunits. At the same time, they felt confidence in self-prevention and control ability after training and practice. All nurses actively accepted anti-epidemic tasks and most volunteered. Most nurses showed calmness when receiving these tasks. Although, as mentioned earlier, there were negative emotions such as fear and anxiety in the early stages, these subsided after the pre-job training and environmental adaptation. Most nurses said that after entering the negative pressure ward to care for patients, they felt calm and relaxed.<sup>27</sup> The solution of fear of changes among the medical personnel, nursing is the main active partners in any primary and secondary infectious disease prevention efforts.

Thus, loving-kindness is focused on the state where individuals are without anger, fear and vengefulness, and wish others attaining the benefits, well-being, and happiness. In order to grant loving-kindness towards, individuals should behave in term of friendship, good-will, and empathy. Loving-kindness is characterized as a positive empathetic approach leading to happiness. This identifies that thinking wisely by encouraging themselves into the moral wholesome perspective would strengthen individual's desire to live with wholesome well-being. People who are happy within themselves tend to make others happy. Because their material gains are no longer the sole source of their happiness, they are able to share their gains with others. What was initially contentious happiness becomes a sharing and harmonious kind of happiness. The practice of giving tangibly teaches a happiness through

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<sup>26</sup> Samuel Ayobami, Fasogbon. Covid-19: The Role of Welfare and Safety of Health Workers in Combating the Outbreak, *African Journal of Biology and Medical Research*, Volume 3, Issue 2, (2020): 60-65.

<sup>27</sup> Niuniu Sun, A. Qualitative Study on the Psychological Experience of Caregivers of COVID-19 Patients, *American Journal of Infection Control AJIC*, Vol. 48, No. 6, (2020): 592-598.

giving and generates loving-kindness. Love means the desire for others to be happy.<sup>28</sup> One who knows the benefit of loving-kindness can increase happiness for medical personnel.

## Conclusion

A Buddhist approach to happiness by loving-kindness (*mettā*) for medical personnel in new-normal age, there are a number of obstacles associated with medical personnel, especially with respect to obtaining their approval for routine use from various substantial personal protective equipment shortages, insufficient of the medical personnel, complication of care, and fear of changes. Happiness can be defined as life-satisfaction, subjective well-being, and good life and denotes a state of mind. Mind developed by loving-kindness (*mettā*). *Mettā* is a multi-significant meaning as goodwill, loving-kindness, universal love, a feeling of friendliness and heartfelt, the sincere and genuine wish for the welfare and happiness of all living beings without exception and concern for all living beings, human or non-human, in all situations all over the world. *Mettā*, the quality of wishing happiness for others and ourselves. Loving-kindness (*mettā*) is the fundamental principle to bring happiness. Happiness can be attained by practicing loving-kindness (*mettā*). One who knows the benefit of loving-kindness can increase happiness especially medical personnel, who works very hard in epidemic situation in the new-normal age.

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<sup>28</sup> Payutto, P.A. Bhikkhu, *Vision of the Dhamma*, (Nakhon Pathom: Wat Nyanavesakavan, 2007), p.4.

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