



# Navigating Trust: A Comparative Analysis of Generalized and Particularized Trust on the Quality of Life of Family Caregivers in Lower Northern Thailand

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## Abstract

This study explores the nuanced influences of generalized and particularized trust on the quality of life among family caregivers in Lower Northern Thailand, with a specific focus on elderly individuals experiencing dependency conditions in Health Region 2. The population of interest, totaling 11,187 dependent elderly individuals, necessitated a comprehensive approach to sample selection. Utilizing Taro Yamane's formula, the study strategically sampled 400 family caregivers through Quota Sampling, ensuring proportional representation from Sukhothai, Tak, Phitsanulok, Uttaradit, and Phetchabun provinces. The research tools, meticulously crafted questionnaires, draw from the WHOQOL-100 instrument and cover three distinct themes: general information, family caregiver trust, and quality of life. The analysis employs a multifaceted approach, encompassing descriptive statistics, a correlation matrix, and advanced regression techniques. Findings reveal a complex interplay of trust dynamics shaping the caregiving landscape. Generalized trust fosters societal confidence and community engagement, while particularized trust, deeply embedded in familial bonds, emerges as a cornerstone in the caregiving experience. Acknowledging cultural nuances and social intricacies, the study underscores the heightened relevance of particularized trust in enhancing the well-being of family caregivers. This research, enriched by a diverse sample of 400 family caregivers across provinces, contributes significantly to the discourse on caregiver dynamics. The findings highlight the importance of familial and interpersonal relationships in improving the quality of life for family caregivers in Lower Northern Thailand. Interventions should prioritize strengthening family bonds, communication strategies, and support networks, leveraging the cultural emphasis on trust and collaboration. Targeted initiatives should address the needs of female caregivers aged 51–60, focusing on education, financial support, and income generation for those below the poverty line. Continuous research is encouraged to ensure interventions remain responsive to the evolving caregiving dynamics in the region.

**Keywords:** Generalized Trust, Particularized Trust, Quality of Life, Family Caregivers, Lower Northern Thailand

## Introduction

Based on the World Population Ageing 2017, reported by the United Nations (2017), it was presented that the rate of change in the global population aged 60 and above during the years 2017 to 2050 is projected to be as high as 116.2%, aligning with the findings of the Thai Elderly Situation report by the Foundation of Thai Gerontology Research and Development Institute (TGRI) (2019). The latter report indicated that the global elderly population continues to exhibit a rapid and sustained increase. Specifically, it was forecasted that the growth rate of the elderly population would be four times higher than that of the overall population. Moreover, in 2017, every continent except Africa transitioned into an aged society. Consequently, it can be asserted that the global population structure is undergoing a transformation towards an aged society, and the rapid and continuous increase in the elderly population is anticipated.

Thailand's demographic makeup is presently undergoing notable changes, characterized by a discernible slowdown in population growth, signaling a potential negative trajectory in the future. At the same time, there is a prominent and accelerated increase in the elderly demographic, officially designating Thailand as an aging society since 2005, with a full transition expected by 2022 (Foundation of Thai Gerontology Research and Development institute (TGRI), 2021).



This demographic shift has led to various challenges, notably labor shortages and increased healthcare needs specific to the elderly, covering both their physical and psychological well-being. The significance of healthcare for the elderly is emphasized due to their heightened susceptibility to a range of chronic illnesses, necessitating careful and attentive care. The classification of the elderly into distinct groups, facilitated by the Barthel ADL index—a metric evaluating their proficiency in performing daily activities—categorizes them based on societal integration, domicile residency, and being bedridden (National Health Security Office (NHSO), 2016).

This study directs its attention to a subset of elderly individuals residing at home or confined to their beds, commonly referred to as the dependent elderly. This demographic category is characterized by a notable reliance on external assistance, exhibiting discernible limitations in independently performing daily tasks. Primarily, this results in a dependency on familial or relational networks for aid in various daily activities, encompassing nutrition, personal hygiene, and the maintenance of their living environment. Consequently, it is evident that the dependent elderly constitute a vulnerable demographic warranting substantial care and discernment.

The discourse surrounding caregivers for dependent elderly individuals illuminates a critical aspect of caregiving dynamics, where familial relationships play a central role in providing holistic care and support to seniors with dependency needs. This demographic subgroup, denoted herein as family caregivers, includes offspring, grandchildren, relatives, or spouses who bear the primary responsibility for offering comprehensive care to dependent elderly individuals. Their duties encompass a spectrum of tasks, ranging from assistance with daily routines to wound care and addressing mental health concerns. Additionally, family caregivers must possess profound knowledge and genuine understanding of the elderly, as their role mandates comprehensive caregiving across physical, psychological, emotional, and societal dimensions.

The responsibilities assumed by family caregivers necessitate genuine commitment, a sense of responsibility, and conscientious dedication to the well-being of the dependent elderly. This caregiving role demands sacrifices that extend beyond professional and social spheres, often encroaching upon personal time. The burdens and pressures associated with this role impose significant stress on family caregivers, leading to a discernible decline in their quality of life.

Moreover, the caregiving role within families is marked by multifaceted challenges, including but not limited to 1) Physical Health Challenges: Arising from inadequate rest due to continuous caregiving responsibilities, family caregivers frequently contend with physical health issues, 2) Mental Health Concerns: The strain of caregiving responsibilities often results in heightened stress, anxiety, and cumulative distress due to a lack of knowledge in elderly care, 3) Socialization Impediments: The constant need for close caregiving restricts family caregivers' social engagements, resulting in diminished community interactions and relationships, 4) Financial Strain: The financial implications of caregiving, encompassing healthcare expenses and forsaken professional opportunities, contribute to economic instability, leading to debt accumulation.

In essence, the caregiving obligations shouldered by family caregivers demand a nuanced understanding of the multidimensional challenges they face. It is imperative to acknowledge the inherent sacrifices, both personal and financial, that family caregivers endure in their commitment to providing unwavering support and care to the dependent elderly. This recognition underscores the necessity for comprehensive support systems and resources to alleviate the burdens faced by family caregivers and enhance their overall well-being.

Quality of life is considered one of the key priorities in the national strategy of Thailand for the 20-year period from 2018 to 2037 (B.E. 2561–2580). The overarching goal is to emphasize the importance of the quality of



life for individuals at all stages of life, including caregivers within families. Rooted in the national motto “Secure, Prosperous, and Sustainable”, the sustainability aspect pertains to development that can generate prosperity, income, and an improved quality of life for the population continuously.

In the context of the 3<sup>rd</sup> strategy on human resource development and capacity building and the 4<sup>th</sup> strategy on creating opportunities and social equality, there are objectives related to developing individuals in all dimensions and life stages to have a high quality of life, well-being, and readiness across health, economic, social, and environmental dimensions. The aim is to create a population with quality, self-reliant, and beneficial individuals for families, communities, and society (National Strategy Secretariat Office, & Office of the National Economic and Social Development Board, 2018). This aligns with the core principle of the 12<sup>th</sup> National Economic and Social Development Plan (B.E. 2560–2564), which centers around the notion of “Putting People at the Center of Development”, with a focus on creating a quality life and well-being for the Thai people. Additionally, it aims to develop individuals at all life stages and prepare them for active participation in an aging society with quality (Office of the National Economic and Social Development Board, 2016).

Thus, it is evident that the quality of life for individuals at all life stages is a crucial consideration, and the government is making efforts to support and promote a high quality of life and readiness to cope with an aging society. The intricate interplay between trust dynamics and the quality of life among family caregivers is a subject of paramount importance, particularly within the unique socio-cultural context of Lower Northern Thailand. In the caregiving landscape, trust emerges as a multifaceted construct, with distinct dimensions such as generalized trust and particularized trust playing pivotal roles in shaping the caregiver’s experience. This article embarks on a comprehensive exploration of these trust dimensions and their nuanced implications on caregiver well-being.

Generalized trust refers to a broad expectation of trustworthiness in unfamiliar individuals or groups (Uslaner, 2002; Uslaner & Conley, 2003). It encapsulates a societal-level perspective on trust, wherein individuals extend a generalized sense of confidence to people beyond their immediate social circles. Generalized trust operates on the premise that individuals, irrespective of their personal relationships, can be relied upon to act in a trustworthy manner. This form of trust is crucial in diverse social interactions and community engagement.

In contrast, particularized trust delves into the intricacies of trust within specific social networks or relationships (Uslaner, 2002; Uslaner & Conley, 2003). It is deeply rooted in personal connections, familial bonds, and close interpersonal relationships. Particularized trust manifests within the intimate sphere of established relationships, relying on shared history, mutual understanding, and reciprocity. Caregivers, within the family caregiving context, often draw on particularized trust within the familial domain, where trust is contextualized within the dynamics of close-knit relationships.

The caregiving experience, marked by its inherent complexities and challenges, necessitates an examination of how these two dimensions of trust—generalized and particularized—manifest and interact within the familial and socio-cultural context of Lower Northern Thailand. The region’s distinct cultural norms, familial structures, and community dynamics create a unique backdrop within which trust operates and influences the caregiver’s journey. This study seeks to contribute to the broader discourse on caregiver dynamics and well-being by scrutinizing the comparative influences of generalized and particularized trust on the quality of life of family caregivers. By immersing itself in the intricacies of trust within the caregiving experience, this research endeavors to shed light on the nuanced ways in which trust dynamics contribute to or alleviate the challenges faced by family caregivers in Lower Northern Thailand. In doing so, it aims to offer valuable insights for both academic



understanding and the development of targeted interventions to enhance the well-being of family caregivers within this specific socio-cultural context.

Lower Northern Thailand emerges as a significant focal point for this study due to its nuanced socio-cultural context, influencing trust dynamics and shaping caregiving experiences. The region boasts a rich cultural diversity, encompassing various ethnic groups, traditions, and practices that play a pivotal role in shaping interpersonal relationships, including trust dynamics, within caregiving contexts (Aulino, 2016). Moreover, Lower Northern Thailand is characterized by a strong family-centric structure and interdependence among family members. Caregiving responsibilities are often collectively shouldered within the family unit, emphasizing the centrality of trust in these closely-knit social networks (Kittikorn et al., 2006). This family-centric structure aligns with previous research highlighting the influence of family relationships on caregiving experiences (Bubpa & Nuntaboot, 2017).

The region also exhibits regional socioeconomic variances, encompassing both urban and rural settings. This variance allows for a nuanced analysis of trust dynamics in caregiving, considering the potential impact of socio-economic factors on caregiving experiences (Lee et al., 2010; Aulino, 2016). Understanding trust dynamics within this varied landscape is essential for a comprehensive exploration of caregiving experiences. Notably, there might be a limited body of research specifically focused on trust and caregiving in Lower Northern Thailand, emphasizing the need to address this gap (Bubpa & Nuntaboot, 2017). This study aims to contribute to the existing literature by providing a detailed analysis that is culturally sensitive and relevant to the local context. The choice of Lower Northern Thailand holds potential for cultural sensitivity, considering the importance of tailoring interventions to the specific cultural context (Aung et al., 2021). Insights gained from this study may inform the development of context-specific interventions that address trust-related challenges faced by family caregivers in the region (Sethabouppha & Kane, 2005).

In conclusion, a focused study in Lower Northern Thailand aligns with the broader goal of understanding trust dynamics in caregiving. It not only contributes to academic knowledge but also holds practical implications for policy and practice related to caregiving support in the region (Aulino, 2016; Bubpa & Nuntaboot, 2017).

#### **Study Objective**

The primary objective of this research is to conduct a comparative analysis of the influences of generalized and particularized trust on the quality of life of family caregivers in Lower Northern Thailand.

#### **Review of Literature**

This study concentrates on the examination of three interrelated topics: family caregivers, trust, and quality of life. The subsequent sections provide a discussion of each theme:

#### **Family Caregivers**

Family caregivers, or informal caregivers, are individuals who help chronically ill or disabled individuals in performing daily activities without receiving financial compensation. This is different from formal caregivers who receive compensation for their caregiving duties (Roth et al., 2015). This aligns with the study on family caregiver support by Leng et al. (2019), which defines family caregivers as members of the family, friends, or neighbors who provide care for individuals with illnesses and need assistance in various aspects of life. This assistance ranges from bathing, dressing, administering medications, to providing tube feeding or managing respiratory support, without receiving monetary compensation.

Caring for elderly individuals with dependence has profound effects on family caregivers, encompassing physical, mental, social, and economic dimensions, predominantly yielding adverse outcomes. These repercussions



significantly impact the health, well-being, daily life, and social and economic conditions of family caregivers, posing substantial challenges and pressures, potentially giving rise to future detrimental issues.

Family caregivers, therefore, constitute a group encountering difficulties and consequences upon entering an aging society, akin to the challenges faced by the elderly individuals under their care. Regrettably, they may not receive adequate attention and support from the government, compelling family caregivers to independently address and manage the associated problems and consequences. Furthermore, the role of being a family caregiver entails the need for financial resources for elderly care, whether in the form of monetary support or material possessions. In addition to financial considerations, family caregivers can tap into another societal resource—trust.

In summary, the role of family caregivers in an aging society presents challenges and consequences analogous to those experienced by the elderly individuals they care for. However, family caregivers often confront a dearth of sufficient attention and support from the government, necessitating independent coping with associated issues. Moreover, financial resources for elderly care are crucial, and alongside monetary provisions, the resource of trust within society emerges as a pivotal element that family caregivers can leverage.

## **Trust**

### **Definition and Its Effect on Quality of Life**

Trust, a multifaceted and integral component of social relationships, plays a pivotal role in shaping the experiences of individuals, particularly within the realm of caregiving. Defined as the expectation that others will act in a reliable and benevolent manner (Uslaner, 2002), trust operates as a foundation for cooperation, reciprocity, and mutual support in social interactions. In the context of family caregiving, trust becomes a linchpin, influencing the caregiver's perception of their role and their overall well-being. Research indicates that higher levels of trust correlate with better mental health outcomes, reduced caregiver burden, and an enhanced sense of satisfaction among family caregivers (Leng et al., 2019; Roth et al., 2015). Trust, therefore, emerges as a critical factor in the caregiver's journey, impacting the quality of life they experience.

### **Differences between Generalized and Particularized Trust: Definition and Effect on Quality of Life**

**Generalized Trust:** Generalized trust refers to a broad expectation of trustworthiness in unfamiliar individuals or groups (Uslaner, 2002; Uslaner & Conley, 2003). At a societal level, it entails a general confidence that individuals, irrespective of personal connections, will act reliably and in good faith. This form of trust is instrumental in facilitating community engagement and diverse social interactions. For family caregivers, a higher level of generalized trust may translate into a broader support network, increased access to resources, and a more positive caregiving experience.

**Particularized Trust:** In contrast, particularized trust operates within specific social networks or relationships (Uslaner, 2002; Uslaner & Conley, 2003). Rooted in personal connections and close relationships, it relies on shared history, mutual understanding, and reciprocity. Caregivers often draw on particularized trust within the familial domain, where trust is contextualized within the dynamics of close-knit relationships. This form of trust contributes to the caregiver's emotional well-being, fostering a sense of security and support within their immediate social circles.

Understanding the nuanced differences between generalized and particularized trust is crucial in exploring their varied effects on the quality of life of family caregivers.



### Quality of Life

The World Health Organization (WHO) defines quality of life as a multidimensional concept that encompasses an individual's subjective perceptions of their life circumstances within the cultural and value frameworks of their environment. It considers their goals, expectations, standards, and concerns, providing a holistic understanding that extends beyond mere health indicators. This conceptualization appreciates the diverse subjective experiences and aspirations that collectively contribute to an individual's overall well-being (World Health Organization (WHO), 1996).

According to the WHO's framework, the assessment of quality of life revolves around four fundamental domains:

**1) Physical Health:** This domain encompasses various facets of an individual's physical well-being, including factors such as mobility, energy levels, and the absence of pain or discomfort.

**2) Psychological Well-being:** Focused on mental health, emotional states, cognitive functions, and the individual's capacity to cope with life's challenges, this domain reflects the intricate interplay of psychological factors in assessing quality of life.

**3) Social Relationships:** Emphasizing the significance of interpersonal connections and the quality of relationships within one's community and social network, this domain underscores the role of social support in overall well-being.

**4) Environment:** Considering both the physical and social aspects of an individual's surroundings, this domain includes elements such as access to healthcare, safety, and opportunities for recreation and leisure.

This multidimensional perspective put forth by the WHO underscores the recognition that quality of life is not a singular, isolated construct. Instead, it emerges from the complex interplay of diverse factors that collectively shape an individual's holistic sense of well-being (World Health Organization (WHO), 1996).

Quality of life, a multifaceted construct encompassing physical, emotional, and social well-being, is profoundly influenced by trust dynamics within the caregiving context. The caregiver's trust in broader societal structures (generalized trust) and within intimate relationships (particularized trust) collectively shapes their overall quality of life. Research has shown that trust contributes to a more positive caregiving experience, reducing stress, enhancing coping mechanisms, and fostering a supportive environment (Vitaliano et al., 2003; Tokuda et al., 2008). As family caregivers navigate the complexities of their roles, the interplay between trust and quality of life becomes a critical aspect of scholarly inquiry.

In summary, this review underscores the intricate relationship between trust—both generalized and particularized—and the quality of life experienced by family caregivers in Lower Northern Thailand. By elucidating the definitions and effects of these trust dimensions, this study aims to contribute to a nuanced understanding of the caregiver's experience within this unique socio-cultural context.

### The Conceptual Framework

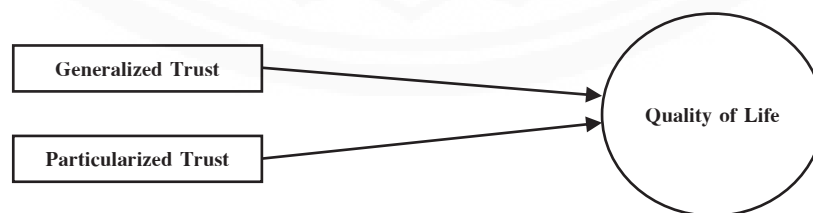


Figure 1 The Conceptual Framework.



**Hypothesis:** Particularized trust within close-knit family units will have a stronger positive association with the quality of life for family caregivers in Lower Northern Thailand, compared to generalized trust in society and institutions beyond one's immediate social circle.

## Methods and Materials

### Population

This study focuses on family caregivers of elderly individuals experiencing dependency conditions in Health Region 2, encompassing Sukhothai, Tak, Phitsanulok, Uttaradit, and Phetchabun provinces. The population size is derived from the Department of Health for the Elderly's database and statistical data from the Bureau of Elderly Health for the fiscal year 2023. According to the Bureau of Elderly Health (2023), Health Region 2 comprises 11,187 dependent elderly individuals. Consequently, the estimated population of family caregivers is 11,187 individuals, considering one caregiver per dependent elderly person.

### Sampling Method

The researcher determined the sample size using Taro Yamane's formula, ensuring a 95% confidence level and a 0.05 margin of error. Quota Sampling was employed to select a proportionate sample based on the population distribution in each province. After calculating the sample size, the researcher compiled lists of elderly individuals with dependency conditions in each province within Health Region 2. Subsequently, a Simple Random Sampling technique was applied to select individuals from the compiled lists, adhering to the predetermined sample size (see Table 1).

**Table 1** Sample Selection Details

Provinces	Populations	Sample Size
Phitsanulok	2,313	81
Sukhothai	1,558	66
Uttaradit	1,832	58
Phetchaboon	4,249	119
Tak	1,235	62
<b>Totals</b>	<b>11,187</b>	<b>386</b>

Source: Bureau of Elderly Health (2023)

To ensure the validity and reliability of the research instruments, a pilot test was conducted with a sample of 10 family caregivers in Lower Northern Thailand. The pilot data was analyzed, and necessary modifications were made to improve the clarity and cultural relevance of the questionnaire items. Additionally, the research instruments were reviewed by a panel of five experts in the fields of caregiving, gerontology, and cross-cultural studies, who provided valuable feedback on the content and construct validity of the measures.

### Research Tool

The instruments utilized in this study consist of questionnaires developed by the researcher, derived from a thorough review of pertinent documents and research studies. These questionnaires comprehensively address the study's objectives and relevant issues. Structured into three distinct parts aligned with the study's objectives, Part 1 gathers general information, Part 2 explores family caregiver trust, and Part 3 delves into quality of life, drawing questions from the WHOQOL-100 instrument.



To ensure clarity, simplicity, and relevance, questions were meticulously formulated for each theme. Attention was given to prevent bias, leading questions, or ambiguity that could impact response reliability and validity. A small-scale pilot test, conducted with a sample group resembling the study population, assessed question clarity, comprehensibility, and effectiveness. Adjustments were made based on feedback received during this phase. Additionally, expert review by professionals in gerontology, caregiving, and survey methodology contributed to refining questions and ensuring instrument appropriateness for the study's context. After incorporating feedback from both the pilot test and expert review, final questionnaire versions were deemed reliable tools for data collection in addressing research questions and objectives.

### **Data Analysis**

The examination of data extracted from the questionnaires will employ advanced statistical methodologies facilitated by specialized software for comprehensive processing, utilizing a multifaceted approach to unveil nuanced insights. The descriptive statistics phase involves a meticulous exploration of the dataset, incorporating standard frequencies, percentages, mean, and standard deviation, with an extension to quartiles, medians, and interquartile ranges. This detailed analysis provides a richer understanding of the distributional characteristics of personal data. The exploration of interrelationships between variables will be conducted through a comprehensive correlation matrix, encompassing not only linear relationships but also potential nonlinear associations, offering a more holistic view of connections between different aspects of personal data. Moving beyond a straightforward multiple regression analysis, the inferential statistics phase will employ advanced regression techniques such as hierarchical or stepwise regression. These sophisticated approaches enable a nuanced exploration of the predictive power of various factors on the dependent variable, facilitating the identification of key determinants in the dataset.

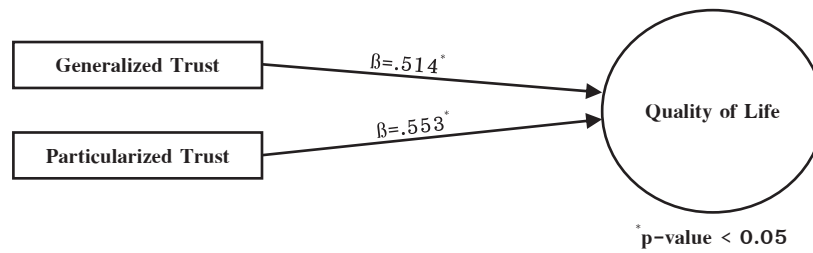
## **Results**

### **General Characteristics of the Sample Group**

Most family caregivers are predominantly female, comprising 77.2%, while males make up 22.8%. The average age falls within the 51–60 years range, representing the highest percentage at 42.5%. Concerning education and occupation, a substantial proportion has achieved primary education, accounting for 26.8%, and the predominant occupation is agriculture, constituting 24%. The prevalent religious affiliation is Buddhism, encompassing 97.3%. Regarding financial status, 57% report a monthly income below 10,000 Baht.

Moreover, concerning family relationship status, 51% of family caregivers are identified as children/daughters of dependent elderly individuals with disabilities. Most family caregivers co-reside with their elderly parents, spouses, or children, with the highest percentage residing with their mothers. Additionally, the primary responsibility of family caregivers is the care of a single dependent elderly individual, accounting for 80%. The majority have been engaged in caregiving for a period of 1–5 years, representing 65.8%. The most prevalent caregiving duration is 24 hours, constituting 15.5%. Notably, 77.5% of family caregivers receive assistance in their caregiving duties, with 50.5% having one assistant.





**Figure 2** Model of Correlation between Generalized Trust, Particularized Trust, and Quality of Life.

In exploring the nuanced dynamics of trust and its influence on the quality of life of family caregivers in Lower Northern Thailand, this study reveals compelling insights into the relative significance of generalized and particularized trust (see Figure 2). Both dimensions of trust emerge as crucial determinants in enhancing the overall quality of life for family caregivers of the elderly in the region.

**Table 2** Regression Analyses of Generalized Trust, Particularized Trust, and Quality of Life (n = 400)

Factors	Quality of Life (Y)	
	B	t
Constant	48.087	15.239* (p = .000)
Generalized Trust ( $X_1$ )	1.656	6.208* (p = .000)
Particularized Trust ( $X_2$ )	2.443	8.033* (p = .002)
R =	.606	
F =	115.222 (Sig = .000)	
R <sup>2</sup> =	.367	

\*p-value < 0.05

$$\hat{Y} = 48.087 + 1.656X_1 + 2.443X_2$$

Generalized trust, defined as a broad expectation of trustworthiness in unfamiliar individuals or groups, fosters a societal-level atmosphere of confidence, operating on the assumption that individuals, regardless of personal relationships, can be relied upon to act trustworthily (Uslaner, 2002; Uslaner & Conley, 2003). In the caregiving landscape, generalized trust plays a crucial role in facilitating diverse social interactions and community engagement. Conversely, particularized trust explores the intricacies of trust within specific social networks or relationships, operating within the intimate sphere of established personal connections, familial bonds, and close interpersonal relationships (Kuwabara et al., 2014). Caregivers often rely on particularized trust within the familial domain, contextualizing trust within the dynamics of close-knit relationships.

This study's findings underscore the interplay between these two dimensions of trust in shaping the quality of life for family caregivers in Lower Northern Thailand. While both generalized and particularized trust contribute positively to caregivers' well-being, a nuanced analysis reveals that particularized trust plays a more pronounced and influential role in enhancing the quality of life for family caregivers of the elderly in this specific socio-cultural context. Deeply rooted in familial bonds and close relationships, particularized trust aligns closely with the cultural and social intricacies of Lower Northern Thailand, manifesting as a cornerstone in the caregiving experience. This nuanced understanding significantly contributes to the academic discourse on caregiver dynamics and well-being, providing a foundation for tailored interventions and support mechanisms that acknowledge and leverage the significance of familial and interpersonal relationships in enhancing the quality of life for family caregivers in Lower Northern Thailand.



### **Family Dynamics and Collaborative Care: Enhancing the Quality of Life for Family Caregivers of the Elderly**

This study sheds light on a critical dimension shaping the quality of life for family caregivers in Lower Northern Thailand within the intricate landscape of elderly care. The findings emphasize the pivotal role played by various family members, including siblings, spouses, husbands, wives, and children, in contributing to the overall well-being of family caregivers. In the specific socio-cultural context, collaborative engagement among family members emerges as a substantial factor in effectively navigating the challenges associated with caring for the elderly. Caring for the elderly requires a collaborative effort due to the demanding nature of the responsibilities, both physically and emotionally. This collaborative dynamic is observed within the familial domain, where family members actively participate as helpers in the caregiving process, providing essential physical assistance beyond emotional support. The study highlights a collective commitment among family members, engaging in a spectrum of activities to ensure the well-being of elderly family members, aligning with cultural norms and familial expectations in Lower Northern Thailand.

Beyond physical care, family members play a crucial role in advice-sharing, providing valuable knowledge that aids family caregivers in navigating the challenges of elderly care more effectively. Financial assistance also emerges as a dimension of family collaboration, reflecting a collective effort to alleviate the financial burden faced by family caregivers. The study underscores that family caregivers in Lower Northern Thailand experience heightened interaction and collaboration with family members, extending beyond emotional support to encompass practical assistance, advice-sharing, and financial contributions.

In essence, the study highlights the interconnected roles of family members in enhancing the quality of life for family caregivers in Lower Northern Thailand. Understanding and appreciating the dynamics of familial collaboration in caregiving is vital for developing targeted interventions that acknowledge and support these roles within the specific socio-cultural context.

### **Discussion**

The exploration of trust dynamics and their profound implications for the quality of life among family caregivers of the elderly in Lower Northern Thailand unveils a rich tapestry of insights. The study's findings resonate with existing literature on the distinct roles of generalized and particularized trust in shaping caregiving experiences (Putnam, 2000; Fukuyama, 1995). Generalized trust, as conceptualized by Putnam (2000), operates at a societal level, fostering an atmosphere of confidence beyond immediate social circles. In the caregiving context, this form of trust aligns with the findings that suggest it facilitates diverse social interactions and community engagement. Caregivers with higher levels of generalized trust may navigate support networks and community resources more easily, contributing to an enriched caregiving experience. This aligns with previous research highlighting the positive impact of generalized trust on accessing formal care services and support systems (Carpiano & Fitterer, 2014; Bekkers & Bowman, 2009).

Contrastingly, particularized trust gains heightened relevance in Lower Northern Thailand, where cultural norms and familial structures create a unique backdrop, resonating with Fukuyama's (1995) concept of trust within close-knit groups. This form of trust serves as the linchpin that bolsters familial collaboration and support, aligning seamlessly with the region's emphasis on close-knit relationships and interdependence. The study's findings corroborate existing literature that highlights the significance of familial trust and its positive association with caregiver well-being in collectivistic cultures (Cheng et al., 2014; Dilworth-Anderson et al., 2002). Notably,



the interplay between generalized and particularized trust observed in this study aligns with Carpiano's (2006) conceptualization of the coexistence of these two dimensions of trust in shaping health outcomes. The findings underscore the significant influence of the depth and intricacies of trust within close relationships on the overall quality of life for family caregivers in Lower Northern Thailand, echoing similar observations in caregiving research across diverse cultural contexts (Lai, 2010).

Understanding these complex dynamics has far-reaching implications for targeted interventions and support mechanisms. Tailored interventions can strengthen familial bonds, promote effective communication, and foster reciprocal relationships within the family unit, leveraging the cultural emphasis on particularized trust. Community-based programs, drawing upon the region's cultural emphasis on trust and collaboration, can enhance caregiver support networks and facilitate access to formal care services, thus harnessing the benefits of both particularized and generalized trust. These implications resonate with existing recommendations for culturally responsive interventions that address the unique needs and sociocultural contexts of caregivers (Dilworth-Anderson et al., 2020).

In conclusion, this study contributes to the evolving discourse on caregiver dynamics by highlighting the intricate interplay of generalized and particularized trust in shaping caregiver well-being. The findings underscore the need for a holistic approach that considers both dimensions of trust in crafting interventions aimed at improving caregiver quality of life, particularly in culturally distinct contexts like Lower Northern Thailand.

## **Conclusion and Suggestion**

### **Conclusion**

The study reveals demographic insights into family caregivers in Lower Northern Thailand, underscoring their interactions with trust dynamics within the region's distinctive socio-cultural context. Predominantly female, aged 51–60, with a primary education and occupation in agriculture, these caregivers face unique challenges. A significant majority, adhering to Buddhism, reports a monthly income below the poverty line (57%). Family caregivers, primarily daughters, commonly co-reside with elderly family members, with 80% caring for a single dependent elderly individual.

Crucially, the study highlights that particularized trust, rooted in familial bonds, significantly shapes the quality of life for family caregivers in this specific socio-cultural context. Collaborative engagement among family members proves essential for family caregivers' overall well-being, extending beyond emotional support to encompass practical assistance, advice-sharing, and financial contributions. This collaborative dynamic aligns with cultural norms and familial expectations in Lower Northern Thailand, underscoring the interconnected roles of family members in enhancing the quality of life for family caregivers. The study advocates for tailored interventions that recognize and support these roles within the specific socio-cultural context, acknowledging the importance of both generalized and particularized trust in crafting effective interventions.

### **Suggestion**

The findings underscore the pivotal role of both particularized trust within family units and generalized trust in society in shaping the quality of life for family caregivers in Lower Northern Thailand. To holistically address the unique challenges faced by caregivers in this region, a collaborative approach involving health organizations and community organizations is crucial.

Health organizations should prioritize implementing trust-building strategies through policies and training programs that foster both generalized and particularized trust among healthcare providers, caregivers, and



communities. Cultural competency training, effective communication strategies, and initiatives promoting transparency and accountability can be instrumental in this regard. Additionally, strengthening caregiver support services, such as respite care, counseling, and educational resources, tailored to the specific needs of caregivers in Lower Northern Thailand, considering the cultural emphasis on familial trust and interdependence, is vital.

Furthermore, health organizations should establish partnerships and collaborations with community organizations to facilitate the integration of formal healthcare services and informal community-based care. Cross-referrals, resource sharing, and joint initiatives that leverage the strengths of both health and community organizations can bridge the gap between formal and informal support systems for caregivers.

Community organizations, on the other hand, should focus on promoting community-based caregiver support, intergenerational connections, and collaborations with health organizations. Strengthening support networks within communities can foster enhanced social cohesion, social capital, and the preservation of cultural values and traditions related to caregiving. Initiatives that facilitate knowledge sharing across generations can reinforce familial bonds, transfer caregiving skills, and empower community members to support and care for one another.

By implementing these suggestions, health organizations and community organizations can leverage their respective strengths, creating a comprehensive support system that addresses the multifaceted needs of caregivers while respecting and upholding the cultural values and traditions that shape the caregiving experience in Lower Northern Thailand. This holistic approach can contribute to the empowerment of communities, enabling them to provide holistic support for family caregivers while upholding their cultural identities and values.

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