

**Title: Caregiver Burden of Older Adults with Physical Disabilities: Further Research Needed in Thailand**

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**Key highlights:**

- Research on caregiver burden of older adults with physical disabilities can lead to a better understanding of individualized challenges and needs.
- Caregivers share challenges related to the financial demands of their role.
- Professional collaboration and family support reduce caregiver burden.

My name is Assist. Prof. Jiranan Griffiths, and I am currently working in the Department of Occupational Therapy, Faculty of Associated Medical Sciences, at Chiang Mai University. I have had a great experience mentoring and collaborating in research with Mr. Denis Tuttle who is a Fulbright Scholar from the United States. We conducted research on caregiver burden specifically for those caring for older adults with physical disabilities. The aim was to identify the problems and needs of those caregivers, in order to improve understanding and find ways to help them. Dr. Anuchat Kaunnil, a colleague from our department also helped in with this research project. In this column, we would like to share our experience in this international collaborative research project which was carried out in a rural community in the North of Chiang Mai.

The following are some words shared by Fulbright Scholar Mr. Denis Tuttle: “Hello, my name is Denis but I go by D.J. I am an occupational therapist from the United States. I am currently in Thailand on a Fulbright Student Research Grant studying caregiver burden. I am sponsored by the Occupational Therapy

Department, Faculty of Associated Medical Sciences at Chiang Mai University. The grant was for 10 months, and I arrived in October 2021. We managed to finalize the research, and I left in July 2022. Our research is looking at caregiver burden for rural familial caregivers of older adults with physical disabilities. In an effort to be covid conscious, we ultimately decided on a mixed-method project. The first phase was a quantitative study looking at predictor factors for caregiver burden. The second phase was a qualitative study of caregivers' lived experiences of their problems and needs. The projects went really well. Once having ethics approval, things moved quickly. There were a lot of moving parts involved and trying to coordinate them was an experience. We had occupational therapists to help complete the assessments of the first phase and paired them with a health volunteer from each local village to act as a liaison. The data collection was successfully completed nicely with a warm welcome from caregivers at home. In phase two, both Dr. Griffiths and Dr. Kaunnil completed the interviews; I went along with them to every house to see the real situation. We made sure that data was saturated, and then we ended the interviews.

In thinking about assessments for the first phase, I had concerns in finding assessments, in Thai, with appropriate psychometrics. We were lucky to have a burden scale for caregivers developed by a Thai psychiatrist, Professor. Nahathai Wongpakaran. This assessment was used as a foundation for our research, and we were fortunate to have access to it.

We are in the process of publishing results from the first and second phase. We look forward to sharing the results of both of them and spreading it around the world. I won't tell everything until the articles are published, but I will speak generally and maybe just give a taste of the results. Unsurprisingly, the independence level of the care recipient was the main predictor of caregiver burden. As an occupational therapist, this aligns with everything I learned in school and experienced when working. It serves as an important reminder of the

importance of occupational therapy and how the profession can play a role in supporting caregivers.

For the in-depth interviews, I was really surprised by the role finances played for the caregivers. The cost of diapers was an area of concern for poor people. This is a part of caregiving that I didn't consider initially. I think of the physical and time aspect of caregiving (which was also spoken about by caregivers), but not the role money plays in it. They are very poor and many cannot afford diapers. I am curious if it is because in my work as an occupational therapist. I have worked training family caregivers on the physical and time aspect of caregiving, but never delved into the financial obligations.

Overall, I have been amazed at how friendly and kind everyone in Chiang Mai has been to me. This continued in the community in which we did research. We were fortunate that Dr. Griffiths had done research in this community previously and had a developed relationship with the health volunteers and community hospital staff. The health volunteers and the community hospital staff were extremely helpful and played an important role in our success. I was most impressed with how friendly the participants I visited were. They welcomed us to their houses and wanted to share their experiences.”



(Photo 1 Dr.Anuchat Kaunnil, Mr.Denis Tuttle, Dr.Jiranan Griffiths, Researchers team from left to right)



(Photo 2: Poor people used a cardboard box to make a wall)



(Photo 3: A typical rural Thai toilet is outside the house)

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(Photo 4: Dr. Jiranan Griffiths)

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(Photo 5: Mr. Denis Tuttle)