

ORIGINAL ARTICLE

Lived Experiences of Thai Children Applying Five Love Languages to Promote Emotional Well-Being of Rural Bedridden Older Adults: A Phenomenological Study

Saifon Aekwarangkoon^{1,2}, PhD; Naiyana Noonil^{2,3}, PhD; Thanatep Namponwatthanakul⁴, PhD; Reza Negarandeh⁵, PhD

¹Department of Psychiatric and Mental Health Nursing, School of Nursing, Walailak University, Thailand;

²The Excellent Center of Community Health Promotion, Walailak University, Thailand;

³Department of Community Nursing, School of Nursing, Walailak University, Thailand;

⁴Department of Education Research and Evaluation, Faculty of Education, Nakhon Si Thammarat Rajabhat University, Thailand;

⁵Nursing and Midwifery Care Research Center, School of Nursing and Midwifery, Tehran University of Medical Science, Tehran, Iran

Corresponding Author:

Naiyana Noonil, PhD; Department of Community Nursing, School of Nursing, Walailak University, 222 Thasala District, Nakhon Si Thammarat Province, Postal code: 80160, Thailand

Tel: +66 812705583; **Fax:** +66 75672103; **Email:** nnaiyana@mail.wu.ac.th

Received: 21 July 2025 **Revised:** 3 December 2025 **Accepted:** 6 December 2025

Online Published: 14 December 2025

ABSTRACT

Background: In rural Thailand, caregiving for bedridden older adults often emphasizes physical support, while their emotional and psychological needs remain unmet. The Five Love Languages framework offers a positive psychology-based approach to enhancing emotional care. This study aimed to explore the lived experiences of Thai children and to use the Five Love Languages framework to promote the emotional well-being of bedridden older adults in a rural Thai community.

Methods: A phenomenological study using Colaizzi's method was conducted on eleven children (aged 11–12) who were purposively recruited. Data were collected and analyzed from April to May 2025 through semi-structured interviews until conceptual richness was achieved. All transcripts were then manually analyzed using Colaizzi's seven-step process.

Results: Three overarching themes with eight subthemes emerged: 1) Awakening emotional sensitivity in caregiving—transitioning from task-based care to emotionally responsive care; (2) Reconstructing social bonds—strengthening intergenerational connections and reduced isolation; and (3) Personal growth and reciprocity—developing empathy, leadership, and civic responsibility.

Conclusion: Applying the Five Love Languages framework enabled children to foster intergenerational bonds that enhanced the emotional well-being of older adults and supported children's personal growth. Nurse-led programs can sustain intergenerational caregiving in rural communities.

Keywords: Aged, Child, Caregivers, Emotions, Intergenerational Relations

Please cite this article as: Aekwarangkoon S, Noonil N, Namponwatthanakul T, Negarandeh R. Lived Experiences of Thai Children Applying Five Love Languages to Promote Emotional Well-Being of Rural Bedridden Older Adults: A Phenomenological Study. IJCBNM. 2026;14(1):55-66. doi: 10.30476/ijcbnm.2025.107191.2811.

INTRODUCTION

The global aging population is increasing, resulting in a growing number of older adults requiring long-term care.¹ In Thailand, approximately 20% of the population is older adults, and around 21% are bedridden.² The healthcare system is grappling with escalating challenges in meeting the intricate needs of older adults, especially in rural areas where access to comprehensive services is scarce. The prevailing care focuses on physical health, often sidelining the emotional and psychological aspects of aging.³ This oversight can result in increased risks of depression, anxiety, and social withdrawal, exacerbating the physical health issues faced by bedridden older adults.⁴

In rural Thai communities, mental health challenges are intensified by social isolation, geographic remoteness, and limited availability of trained caregivers.⁵ Family members serve as primary caregivers, offering essential physical support. However, these caregiving efforts often lack structured emotional care, leaving many older adults feeling abandoned, lonely, or psychologically distressed.^{6,7} As such, there is a critical need to reimagine elder care strategies that address physical dependency and foster emotional well-being and social connectedness.

Care for bedridden older adults in rural Thai communities is largely family-based, with caregiving duties typically falling upon relatives who offer assistance with daily activities, personal hygiene, and medication management.⁸ However, this approach tends to overlook the psychological and emotional needs of older adults, particularly those who are socially isolated due to immobility or geographic remoteness.⁵ Inadequate caregiver training, burnout, and a lack of structured community-based mental health services exacerbate these issues.⁹ Aging Thai society presents additional challenges, especially in marginalized rural settings where access to formal care services remains limited.¹⁰ Bedridden older adults often face emotional neglect, reporting experiences of

purposelessness, loneliness, and depression due to restricted mobility and lack of structured social engagement.¹¹ The gap in emotional care is further widened by the scarcity of geriatric specialists, counseling services, and peer support networks in these regions.⁵

Children volunteer programs have emerged as a potentially transformative intervention, offering intergenerational companionship, emotional support, and community integration for isolated older adults. Volunteer-based home care strategies, especially those driven by local children, have been found to foster psychological well-being among older adults and create mutual emotional benefits across generations.¹² During the COVID-19 pandemic, Thailand's use of children in community-based outreach initiatives also demonstrated the importance of including emotional support in emergency elder care protocols.¹³

Recent studies support the integration of emotional support strategies in child-led caregiving. For example, Thailand's national initiative to train children and laypersons as emotional companions for housebound older adults has shown promise in addressing emotional needs in community settings.¹⁴ Similarly, age-friendly community programs across the Association of Southeast Asian Nations (ASEAN) region highlight the growing role of children in promoting social connections and reducing isolation among older adults.¹⁵ Ethnographic research conducted in rural Thailand has further revealed the spiritual and emotional bonds formed between children and older care recipients, demonstrating that emotional care extends beyond basic physical support.¹⁶

While expansion presents challenges, concerns remain regarding the intention and long-term sustainability of children's engagement in caregiving. Research has primarily addressed external barriers, such as emotional fatigue and insufficient support; however, there is a notable gap in understanding the lived experiences of child caregivers.¹⁷ A phenomenological approach is essential to exploring these subjective

experiences, providing critical insights into the motivations and contextual factors that influence sustained involvement. Such understanding is crucial for designing effective interventions to support and retain children in elder care.¹⁸

One promising approach to enhancing emotional caregiving is to apply principles from positive psychology, particularly the Five Love Languages framework. Developed by Gary Chapman in 1992, the model emphasizes that emotional needs are central to human well-being and identifies five key ways individuals give and receive love: words of affirmation, quality time, physical touch, acts of service, and receiving gifts. Each represents a distinct channel of emotional communication that fosters relational closeness. Although empirical findings remain mixed, the framework's clarity and practical relevance make it helpful in cultivating empathy, strengthening relationships, and supporting emotional well-being in caregiving contexts.¹⁹ Evidence from Thailand showed that intergenerational programs based on love languages reduced depression among older adults.⁷ More broadly, implementing these strategies in caregiving has been linked to improved emotional outcomes, greater connectedness, and enhanced resilience.¹² Child caregivers, in particular, represent a largely untapped resource for applying this approach, bridging generational divides while promoting mutual emotional growth.

Despite the growing interest in community-based mental health and intergenerational caregiving, there is a dearth of empirical research exploring how children engage with love languages to support the emotional well-being of bedridden older adults, especially in rural, resource-constrained settings.^{20,21} In many Thai communities, especially in rural areas, caregiving for bedridden older adults continues to rely heavily on informal family support, often without adequate training, emotional caregiving skills, or external resources. These communities frequently lack structured volunteer programs, professional guidance,

and integrated emotional support services. As a result, the psychological needs of older adults, such as loneliness, isolation, and emotional distress, are often unmet. Understanding how children can be systematically engaged, trained, and supported to address these emotional needs is, therefore, essential for developing sustainable, community-oriented solutions for elder care.

Although love-language-based interventions exist, few studies have explored the lived experiences of child caregivers who apply love languages to bedridden older adults. Understanding these subjective experiences is critical to addressing gaps in caregiving programs, making phenomenology a suitable approach for uncovering the essence of these interactions. Therefore, this study aimed to explore the lived experiences of children applying the five love languages framework to promote the emotional well-being of bedridden older adults.

MATERIALS AND METHODS

This phenomenological study used Colaizzi's method^{22, 23} to capture the lived experiences of children caring for bedridden older adults in a rural Thai community, applying the five love languages framework.¹⁹ Phenomenology was chosen because it uncovers the essence of subjective experiences without imposing external theories. The main research question was: 'What is the essence of children's lived experiences while caring for bedridden older adults to promote their emotional well-being through the Five Love Languages?'

The participating children had previously taken part in the Five Love Languages project conducted the year before this study. The intervention consisted of a one-day, seven-hour practical workshop delivered at the school by the first author (SA), a psychiatric nurse, and the project team. The workshop aimed to build emotional support, therapeutic communication, and age-appropriate caregiving skills.^{7, 20} After the training, each child was required to apply the Five Love

Languages framework with their bedridden grandparent or, if no grandparent was bedridden, with another bedridden older adult living near their home. To ensure safety and consistent implementation, the first author (SA), village health volunteers, and homeroom teachers provided structured supervision, including weekly monitoring visits and strict safety protocols. All caregiving activities were pre-screened, and children were never permitted to visit older adults alone.

Based on these conditions, the inclusion criteria for this study were children who had participated in the Love Languages project and had at least 6 months of experience using the Five Love Languages framework with a grandparent or another bedridden older adult. Data were collected from April to May 2025 through private interviews conducted after the children had completed their caregiving activities. Interviews were audio-recorded with permission and supported by detailed field notes.

A total of eleven children (five boys and six girls, aged 11–12 years) from an opportunity-expansion school in rural Thasala District, Nakhon Si Thammarat Province, participated in the study. They had provided care to bedridden older adults aged 67–89 years, of whom 8 individuals (72.73%) were grandparents, and 3 of them (27.27%) were non-relative community members.

Semi-structured interviews (60–90 minutes) were guided by questions such as “*What is it like to provide emotional caregiving to a bedridden older adult using the Five Love Languages?*” and “*What comes to mind when you think about helping a bedridden older adult?*” Additional questions explored feelings, perceptions, and observable behaviors related to love language. The researchers practiced openness and bracketing to reduce interpretive bias, and used probing questions (e.g., “Can you describe a moment when you felt proud?”) to deepen narrative accounts. Two participants completed follow-up interviews to clarify and enrich. All interviews were conducted privately by the first author (SA) and supplemented with

field notes capturing contextual information and nonverbal expressions by the second author (NN).

Three researchers, experts in phenomenology and experienced qualitative researchers, ensured rigor. The first author (SA), with a background in mental health and psychiatric nursing, conducted individual interviews with all participants, concentrating on posing questions and steering the conversation. Concurrently, the second (NN) and the third (RZ) authors were experts in community nursing, meticulously recorded detailed notes, observed nonverbal cues, and conducted thorough analysis. This methodological approach was designed to yield a more comprehensive data set. The structured format of each interview began with rapport-building activities, transitioned into casual conversation, and then progressed to open-ended questions with additional probing as necessary. Additionally, nonverbal cues and environmental observations were recorded during interviews to supplement the narrative data. Data collection and preliminary analysis occurred concurrently, enabling iterative refinement of questions and early theme development. Interviews continued until deep, rich, relevant, and abstract data were obtained, and no new insights regarding the essence of the phenomenon emerged.

Data were analyzed using Colaizzi’s seven-step method,²² because of its rigor, participant validation, and alignment with descriptive phenomenology as followed: (1) Familiarization - verbatim transcripts were created, with repeated listening and reading to ensure accuracy and researcher immersion, (2) Significant statements - key statements related to the phenomenon were extracted from each transcript, (3) Formulated meanings - each statement was interpreted to derive meanings reflective of participants’ lived experiences, (4) Theme clustering - formulated meanings were grouped into thematic clusters based on shared patterns, (5) Exhaustive description - a comprehensive narrative of the phenomenon was developed using the identified themes, (6) Fundamental structure - the description was distilled into a concise summary capturing the

essence of the experience, and (7) Validation - findings were returned to selected participants to confirm that the interpretations accurately reflected their experiences. Analysis was conducted manually with consensus meetings and peer debriefs. The researchers actively acknowledged their perspectives, experiences, and biases throughout this process. To minimize researcher bias and enhance analytical rigor, the research team employed bracketing—a key component of phenomenological research—by intentionally setting aside personal assumptions and preconceptions during data collection and analysis. In addition, the team engaged in ongoing reflexive dialogue to critically examine interpretations and ensure that the findings genuinely reflected the participants' lived experiences rather than the researchers' expectations.

The trustworthiness of data was ensured according to the criteria proposed by Lincoln and Guba (1985),²⁴ including credibility, dependability, confirmability, and transferability. Credibility was enhanced through data triangulation using interview transcripts and field notes, cross-checking by two interviewers, and peer debriefing with four qualitative research experts to validate emerging interpretations. The researchers also conducted extensive data analysis to ensure an accurate representation of the participants' experiences. Dependability was maintained by consistently applying Colaizzi's seven-step analytic method across all transcripts and by documenting methodological decisions in detail to provide a clear audit trail. Confirmability was strengthened through reflexive memoing and an audit trail, ensuring the findings were grounded in the participants' narratives rather than the researcher's assumptions. To support transferability, maximum variation sampling was used, and thick descriptions of the participants' characteristics, caregiving contexts, and family backgrounds were provided to help readers determine the applicability of the findings to other settings.

This study obtained approval from the

Human Research Ethics Committee of Walailak University (Ref. No. WUEC-25-149-01). Before participation, all procedures were explained clearly to the children and their guardians, emphasizing voluntary participation, confidentiality, and the right to withdraw without penalty. Written informed consent was obtained from the participants' legal guardians, and the children provided assent. Each participant was assigned a pseudonym and a unique ID code to ensure anonymity. All recordings and transcripts were securely stored in password-protected digital files accessible only to the research team.

RESULTS

The study enrolled eleven children, comprising six females and five males, aged 11-12 years and in the 5th-6th grade, who lived with either grandparents (six participants) or parents (five participants). Six participants had divorced parents and an insufficient family income, as presented in Table 1. Three overarching themes emerged from the analysis: "Awakening emotional sensitivity in caregiving", "Reconstructing social bonds", and "Personal growth and reciprocity". Table 2 shows a comprehensive summary of the three emerging themes and their respective eight subthemes.

1. Awakening Emotional Sensitivity in Caregiving

Children's emotional transformation as they shifted from viewing caregiving as a set of tasks to recognizing it as a profoundly human and emotional experience. Volunteers became more attuned to emotional cues through regular interaction with bedridden older adults and learned to respond with empathy, compassion, and presence. Their growing emotional awareness of how they perceived both the needs of the older adult and their role as caregivers.

1.a. Becoming Aware of the Emotional Struggles

Volunteers became aware of the emotional struggles experienced by the older adult,

Table 1: The participants' characteristics

No	Age (year)	Sex	Grade	Living with	Parental marital status	Father's occupation	Mother's occupation	Sufficiency of family income*	Duration of using Love Language (months)
1	11	Female	5	Parents	Couple	General labor	Homemaker	Sufficient	8
2	11	Female	5	Grandparents	Divorced	General labor	Gardener	Insufficient	12
3	11	Male	5	Grandparents	Divorced	General labor	Gardener	Insufficient	12
4	11	Female	5	Grandparents	Divorced	Gardener	Gardener	Insufficient	7
5	11	Female	5	Parents	Couple	General labor	General labor	Sufficient	9
6	11	Male	5	Grandparents	Divorced	Gardener	General labor	Insufficient	11
7	12	Female	6	Grandparents	Divorced	General labor	General labor	Insufficient	10
8	12	Male	6	Parents	Couple	General labor	General labor	Sufficient	12
9	12	Female	6	Parents	Couple	General labor	General labor	Insufficient	10
10	12	Male	6	Parents	Couple	General labor	Homemaker	Sufficient	9
11	12	Male	6	Grandparents	Divorced	General labor	General labor	Sufficient	6

*The sufficient income refers to income that participants reported as adequate to meet their basic monthly expenses without financial strain, while insufficient income refers to income that participants reported as not enough to cover essential needs, resulting in financial difficulties or reliance on external support.

Table 2: Subthemes and themes emerged from the data

Subthemes	Themes
Becoming aware of the emotional struggles	Awakening emotional sensitivity in caregiving
Learning emotional expression through caregiving	
Reciprocity in giving and receiving care	Reconstructing social bonds
Building trust through consistent interaction	
A cycle of emotional reinforcement	
Strengthening teamwork and decision-making skills	Personal growth and reciprocity
Enhancing self-awareness and reflection	
Strengthening community engagement through Caregiving	

transitioning from viewing caregiving as a duty to recognizing their loneliness and emotional needs. They witnessed visible signs of sorrow in the older adults they cared for. A participant said:

“At first, I did not realize how lonely they were until I saw the tears in their eyes... She told me she felt forgotten. I could see that having someone there made her feel less alone. Just holding her hand made her feel

less lonely... I realized she did not just need someone to care for her but to make her feel like she mattered.” (P4)

1.b. Learning Emotional Expression through Caregiving

Through volunteers' caregiving experiences, they learned that small gestures and physical touch cues could communicate compassion and reassurance in ways that words sometimes could not.

These insights demonstrate how to convey warmth and reassurance through multiple forms of engagement. A participant stated:

“It is about eye contact, saying kind words, and holding hands. I have learned how small gestures can make them feel loved and valued. Showing love is not just talking... It is about sitting with them, bringing them a flower, little things that show I care.” (P8)

2. Reconstructing Social Bonds

This theme highlights how caregiving helped rebuild social ties and reduce emotional isolation among older adults, fostering a shared sense of belonging across generations.

2. a. Reciprocity in Giving and Receiving Care

Through regular, meaningful interactions, children helped older adults feel valued and connected, and, in return, they received appreciation and emotional affirmation. These exchanges, grounded in expressions of love language, fostered a sense of belonging and demonstrated how caregiving can build deep, reciprocal relationships that transcend traditional caregiver-recipient roles. Two participants said:

“When I help them, they smile and thank me, but I also feel pleased inside. It is like we both feel good—I make them feel less lonely, and they make me feel important.” (P6)

“They prepare snacks for me—it makes me feel like we are part of the same family.” (P7)

2.b. Building Trust Through Consistent Interaction

Through repeated visits, a strong emotional bond between the children and the older adult, as well as trust, will gradually develop. Two children told:

“We start to trust each other more. Each visit brings us closer, and I can tell they look forward to seeing me.” (P2)

“Being there regularly helps them feel safe with me. I can see their happiness every time I come back.” (P1)

2.c. A Cycle of Emotional Reinforcement

Caregiving fostered a continuous loop of emotional encouragement. Expressions of gratitude and appreciation from older adults affirmed the children’s efforts, enhancing their self-worth. This emotional validation deepened the volunteers’ motivation to continue giving care, creating a reinforcing cycle of compassion, connection, and purpose. Two of them stated:

“When they thank me, it reminds me that what I do matters. It makes me confident and proud.” (P3)

“When someone says I’m kind, it gives me strength and motivates me to keep helping.” (P1)

3. Personal Growth and Reciprocity

This theme highlights how caregiving fosters self-awareness, leadership, and civic responsibility in children.

3.a. Strengthening Teamwork and Decision-Making Skills

Caregiving became a catalyst for personal transformation. Children developed teamwork skills and felt empowered to make meaningful contributions. Moreover, the children strategized ways to optimize their caregiving efforts by gaining leadership and organizational skills and making thoughtful decisions about expressing love and care. A child said:

“We talked as a team about what each older adult liked. Some liked talking; others just wanted someone to sit quietly with them. We shared what worked and what we could do better next time.” (P10)

3.b. Enhancing Self-Awareness and Openness to Growth

Volunteers engaged in reflection and emotional development through caregiving, by developing a greater self-awareness and motivation through increased self-reflection and growth. Two of them said:

“Receiving kind words makes me reflect on how I’ve grown—more patient and understanding.” (P9)

“Helping others teaches me about my own emotions and how I’m changing.” (P5)

3.c. Strengthening Community Engagement Through Caregiving

The experience deepened their sense of civic duty and leadership. A child implied:

“Helping makes me feel part of something bigger... I want to be a village leader to keep this going.” (P6)

Children also expressed a strong commitment to continued service. They stated:

“The more I help, the more I want to keep helping. I want to brighten more people’s days.” (P2)

“We can make a big difference if we work together... I want to keep looking out for others.” (P11)

DISCUSSION

This study offers critical insights into the emotional, psychological, and social transformations that occur when children care for bedridden older adults through the lens of the five love languages. The phenomenological findings underscore that caregiving is not a one-way transaction but a reciprocal, emotionally enriching process, offering a unique window into intergenerational caregiving dynamics. These findings highlight the potential to integrate structured, nurse-led programs into community-based elder care strategies.

The theme of “Awakening Emotional Sensitivity in Caregiving” demonstrates how children evolved from task-focused roles to emotionally attuned companions. Initially focused on physical assistance, they gradually became aware of the emotional struggles faced by bedridden older adults, particularly loneliness and a longing for connection. This transformation reflects a growing emotional sensitivity, consistent with prior findings that emphasize the importance of emotional care in promoting the well-being of older adults.^{11,25}

Children began expressing care through small but powerful gestures, such as having eye

contact, holding hands, and spending time. These forms of nonverbal communication are particularly effective for older adults with cognitive or communicative limitations.^{4, 26} Emotionally supportive strategies encouraged children to explore empathy and self-growth intuitively. These findings confirm that emotionally sensitive caregiving enhances recipients’ psychological well-being while enhancing caregivers’ emotional intelligence.^{6,27} This aligns with the emphasis of the nursing profession on holistic care and underscores the need to integrate emotional communication skills in training curricula led by community or school-based nurses.

The theme “Reconstructing Social Bonds” illustrates how caregiving relationships fostered emotional reconnection and social integration between children and older adults. In rural settings where social isolation is common, repeated and authentic interactions enabled the elders to feel seen, valued, and reconnected to their communities. Over time, many older adults began to perceive children as surrogate family members, reducing emotional distance and bridging generational divides—a process reinforced through consistent trust-building.^{5, 7} These bonds affirm that continuity in caregiving produces more profound psychological benefits than episodic interactions.⁵ Moreover, caregiving functioned as a reciprocal emotional exchange: expressions of gratitude and affection from elders enhanced the children’s sense of purpose and self-worth, motivating their continued participation. These results are consistent with the mutual aid and positive psychology frameworks, which highlight how emotionally rooted caregiving can strengthen both emotional resilience and social engagement.^{12, 28, 29} Nurses working in a community-based setting can play a central role in coordinating and mentoring such volunteer programs, thereby reinforcing emotional reciprocity as a key outcome of intergenerational care.

The theme “Personal Growth and Reciprocity” captures how caregiving was a

transformative experience for the children, fostering interpersonal and intrapersonal development. Participants developed critical problem-solving, teamwork, and decision-making skills as they adapted their approach to meet the emotional needs of older adults. These findings support earlier work identifying emotional adaptability as a critical component of effective caregiving^{28, 30} Children also reported increased self-awareness and empathy, along with a heightened sense of civic responsibility—an outcome consistent with reciprocal altruism theory, which posits that helping others enhances the caregiver's psychological well-being.³¹ Gratitude and kindness expressed by older adults further strengthened children's motivation to serve, reinforcing previous findings on the emotional affirmation in intergenerational care.^{7, 32} This emotional feedback loop encouraged long-term commitment to caregiving and a desire to take on leadership roles in their communities. These results also support social learning theory, which posits that early exposure to civic action fosters sustained engagement.³³ Nurses in public health and schools are ideally positioned to design, implement, and evaluate children's programs that can promote caregiving, social development, and leadership.

These findings offer valuable implications for strengthening elder care through nurse-led engagement of children in caregiving. First, nurses in community and school health should lead training modules that focus on emotional intelligence, love languages, and nonverbal communication. These modules can prepare children to provide emotionally sensitive care, aligning with core nursing values of empathy and dignity. Second, nursing-led programs should emphasize continuity in caregiver–elder relationships. Nurses can serve as program coordinators and supervisors, fostering relationship-based care that promotes trust and reduces social isolation. Third, at the policy level, institutional investment in intergenerational caregiving models is needed, especially in rural communities. Nurses should be

central actors in implementing these models, ensuring adherence to ethical standards, providing support to caregivers, and fostering community alignment. By positioning children as extensions of the caregiving network—and empowering nurses as their educators and mentors—health systems can promote elder well-being while nurturing a new generation of compassionate, civically engaged children.

While this study offers rich qualitative insights into child-led emotional caregiving in a rural Thai context, its scope was limited to the perspectives of child caregivers, without direct input from older adults receiving care. This one-sided viewpoint may have overlooked reciprocal emotional dynamics experienced by care recipients. Additionally, as a phenomenological study, its findings are context-specific and not generalizable. The two-month timeframe was feasible because data collection and preliminary analysis were conducted concurrently, with multiple researchers coding and reaching consensus. Future research should consider multi-perspective approaches and urban–rural comparisons to deepen understanding and broaden the applicability of intergenerational caregiving interventions. Several practical challenges were encountered during the study. Coordinating children and bedridden older adults in rural settings involved logistical barriers such as transportation difficulties and inconsistent community support. These factors may have impacted the continuity and quality of caregiving. Additionally, evaluating the outcomes of nurse-led training and supervision models could enhance evidence-based practices in this emerging area.

CONCLUSION

This study highlights the role of children in providing emotionally responsive care to bedridden older adults in rural communities. Through the Five Love Languages framework, participants fostered intergenerational bonds that enhanced the emotional well-being of

older adults while promoting empathy, civic responsibility, and personal growth among children. The findings emphasize the potential of nurse-led, community-based programs to strengthen holistic elder care and support sustainable, person-centered health strategies in resource-limited settings. Nonetheless, nurse-led educational initiatives can sustain and expand intergenerational caregiving. Future research should examine the long-term effects of such caregiving on both children and older adults across diverse cultural and geographic contexts.

Acknowledgement

We sincerely thank all participants for their valuable contributions, which helped make this event truly meaningful.

Authors' Contribution

SA and NN contributed to the conceptualization and design of this study and conducted data collection. SA, NN, TN, and RN carried out the data analysis, interpretation, and drafted the initial manuscript. All authors critically reviewed, revised the manuscript, and approved the final version for publication. All authors take responsibility for the integrity and accuracy of the data analysis. The corresponding author attests that all listed authors meet authorship criteria and that no others meeting the criteria have been omitted.

Funding Source

The authors received a scholarship from the Path 2 Health Foundation, supported by the Thai Health Promotion Foundation [Grant No. 1050/THP19-2021].

Conflict of Interest

None declared.

Declaration on AI

Artificial intelligence (ChatGPT, GPT-5

mini, <https://chat.openai.com>) was used solely for language editing. The authors are fully responsible for the content and integrity of the manuscript. Prompts include: "Please improve grammar and academic tone," and "Revise this sentence for clarity."

REFERENCES

- 1 Ogugua JO, Muonde M, Maduka CP, et al. Demographic shifts and healthcare: A review of aging populations and systemic challenges. *International Journal of Science and Research Archive*. 2024;11:383-95.
- 2 Prayoonwong N. Trend situation and health promotion of elderly bedridden people in Thailand. *Journal of Public Health and Innovation*. 2022;2:14-25. [In Thai]
- 3 Reynolds CF, Jeste D, Sachdev PS, et al. Mental health care for older adults: Recent advances and new directions in clinical practice and research. *World Psychiatry*. 2022;21:336-63.
- 4 Parola V, Neves H, Duque FM, et al. Rehabilitation programs for bedridden patients with prolonged immobility: A scoping review protocol. *International Journal of Environmental Research and Public Health*. 2021;18:12033.
- 5 Pickering J, Wister AV, O'Dea E, et al. Social isolation and loneliness among older adults living in rural areas during the COVID-19 pandemic: A scoping review. *BMC Geriatrics*. 2023;23:511.
- 6 Devkota R, Cummings G, Hunter K, et al. Factors influencing emotional support of older adults living in the community: A scoping review protocol. *Systematic Reviews*. 2023;12:186.
- 7 Aekwarangkoon S, Noonil N. Effects of grandchildren's love language program on depression among Thai older adults. *Walailak Journal of Science and Technology*. 2020;17:924-32.
- 8 Soontorn T, Pongtriang P, Songwathana P. Thai family caregivers' experiences helping dependent elders during medical

emergencies: A qualitative study. *Australasian Emergency Care*. 2020;23:71-6.

9 Wangpitipanit S, Piyatrakul S, Tonvidhean T. Integrated community-based care for dependent older people's community participation in preparation for recurrent outbreaks of COVID-19. *Journal of Multidisciplinary Healthcare*. 2024;17:4519-30.

10 Charoenwisal R, Dhammasaccakarn W. Ageing society development strategy from a marginalised elderly group in Southern Thailand. *Development in Practice*. 2023;33:926-38.

11 Dong Y, Cheng L, Cao H. Impact of informal social support on the mental health of older adults. *Frontiers in Public Health*. 2024;12:1446246.

12 Laermans J, Scheers H, Vandekerckhove P. Friendly visiting by a volunteer for reducing loneliness or social isolation in older adults: A systematic review. *Campbell Systematic Review*. 2023;19:e1359.

13 Lim WS, Liang CK, Assantachai P, et al. COVID-19 and older people in Asia: Asian working group for sarcopenia calls to action. *Geriatrics & Gerontology International*. 2020;20:547-58.

14 Thipprakmas R. Social protective factors in depression among older adults: The role of family, social and community supports. *Regional Health Promotion Center 9 Journal*. 2021;15:339-51. [In Thai]

15 Tiraphat S, Buntup D, Munisamy M, et al. Age-friendly environments in ASEAN plus three: Case studies from Japan, Malaysia, Myanmar, Vietnam, and Thailand. *International Journal of Environmental Research and Public Health*. 2020;17:4523.

16 Anantapong K. Rituals of care: Karmic politics in an aging Thailand. *Aging and Society*. 2020;40:2771-2.

17 Chanarin Y, Krongyuth S, Kumpiriyapong N, et al. Factors influencing the competency of village health volunteers in caring for community-dwelling older adults living with chronic illness. *Nursing Journal of the Ministry of Public Health*. 2024;34:125-137. [In Thai]

18 Sudsawasd S, Siriprapapanukul. Long-term care and support for older persons in Thailand: The roles of living arrangements and health checkups. *Southeast Asian Journal of Economics*. 2023;11:89-121.

19 Impett EA, Park HG, Muise A. Popular psychology through a scientific lens: Evaluating love languages from a relationship science perspective. *Current Directions in Psychological Science*. 2024;33:87-92.

20 Nichols A, Riffe J, Kaczor C, et al. The five love languages program: An exploratory investigation points to improvements in relationship functioning. *Journal of Human Sciences and Extension*. 2018;6:40-58.

21 Quirke E, Suvalo O, Sukhovii O, et al. Transitioning to community-based mental health service delivery: Opportunities for Ukraine. *Journal of Market Access & Health Policy*. 2020;8:1843288.

22 Edward KL, Welch T. The extension of Colaizzi's method of phenomenological enquiry. *Contemporary Nurse*. 2011;39:163-71.

23 Morrow R, Rodriguez A, King N. Colaizzi's descriptive phenomenological method. *The Psychologist*. 2015;28:643-4.

24 Lincoln YS, Guba EG. Naturalistic inquiry. CA: Sage Publications; 1985.

25 Delhom I, Satorres E, Melendez JC. Emotional intelligence intervention in older adults to improve adaptation and reduce negative mood. *International Psychogeriatrics*. 2022;34:79-89.

26 Keutchafo ELW, Kerr J, Jarvis MA. Evidence of nonverbal communication between nurses and older adults: A scoping review. *BMC Nursing*. 2020;19:53.

27 Guariglia P, Palmiero M, Giannini AM, et al. The key role of empathy in the relationship between age and social support. *Healthcare*. 2023;11:2464.

28 Nichol B, Wilson R, Rodrigues A, et al. Exploring the effects of volunteering

on the social, mental, and physical health and well-being of volunteers: An umbrella review. *International Journal of Voluntary and Nonprofit Organizations*. 2024;35:97-128.

29 Kochuvilayil A, Varma RP. Navigating the caregiving pathway: Understanding the contextual influences on sense of coherence among family caregivers. *Cureus*. 2024;16:e57815.

30 De-Torres I, Bustos F, Lasprilla JCA, et al. Training on emotional intelligence for caregivers of patients with acquired brain injury and cognitive impairment: A quasi-experimental study. *International Journal of Environmental Research and Public Health*. 2022;19:14050.

31 Affuso G, Picone N, Angelis GD, et al. The reciprocal effects of prosociality, peer support and psychological well-being in adolescence: A four-wave longitudinal study. *International Journal of Environmental Research and Public Health*. 2024;21:1630.

32 Vannier C, Mulligan H, Wilkinson A, et al. Strengthening community connection and personal Well-being through volunteering in New Zealand. *Health & Social Care in the Community*. 2021;29:1971-9.

33 Ruiz-Montero EE, Trigo HS, Mohamed KM, et al. Developing prosocial leadership in primary school students: Service-learning and older adults in physical education. *Education Sciences*. 2025;15:845.