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LETTER

Implementing a Care Model for Bedridden Stroke Survivors: A Qualitative Study in Northeastern Thailand [Letter]

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Dear editor

We thoroughly reviewed the recent study, "Implementing a Care Model for Bedridden Stroke Survivors: A Qualitative Study in Northeastern Thailand", and commend the authors for their significant contribution to community-based stroke rehabilitation research.[1] The study effectively highlights the emotional, physical, and social challenges faced by bedridden stroke survivors (SSs) and their family caregivers (FCGs) while introducing the KKU Bedridden Care Model as an innovative, community-driven framework to enhance long-term stroke care. By employing a qualitative approach and integrating community volunteer caregivers (CVCGs), the study presents a culturally relevant and sustainable model for stroke care in resource-limited settings.[2] However, several methodological refinements and theoretical extensions could strengthen its rigor, depth, and broader applicability.

While the study employs purposive sampling, expanding participant diversity could enhance generalizability and comparative insights. Including stroke survivors at different post-stroke recovery stages (eg, 6 months vs 2+ years post-stroke) would provide a more comprehensive understanding of how rehabilitation needs evolve over time.[3] Additionally, a comparative analysis between urban and rural settings could help identify geographic disparities in caregiving resources and rehabilitation access. Incorporating perspectives from formal healthcare providers (eg, nurses, physiotherapists, and social workers) would strengthen the findings by triangulating caregiver-reported challenges with clinical expertise. Finally, conducting longitudinal follow-ups at multiple time points (eg, 3 months, 6 months, and 1 year) would allow for a more systematic evaluation of the sustainability of caregiver training, stroke survivor quality of life, and healthcare cost reductions.

While the study highlights the short-term benefits of the KKU Bedridden Care Model for stroke survivors, its applicability to other chronic conditions remains unexplored.[1] Given its family- and community-centered design, the model could be expanded to support patients with dementia, Parkinson's disease, and home-based dialysis needs, providing a broader framework for long-term care. Investigating these adaptations could further demonstrate the model's versatility and cost-effectiveness in addressing diverse healthcare challenges in resource-limited settings. Additionally, future research should focus on comparative studies with other community-based care models to identify best practices for caregiver training and optimize program implementation. Economic evaluations are also necessary to assess the cost-effectiveness of community-based caregiving models and their long-term impact on healthcare expenditures, particularly in reducing hospital readmissions and institutional care costs.[4] To enhance program sustainability, developing standardized caregiver training programs is essential to ensure competency, improve care quality, and increase caregiver retention rates. Furthermore, integrating digital health solutions, such as telemedicine support for CVCGs and remote monitoring for stroke survivors, could enhance care efficiency, real-time health tracking, and access to professional medical guidance in underserved areas.[5]

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This research represents an important step toward integrating community-based caregiving into Thailand's national long-term care strategy, offering valuable insights for global healthcare policymakers and rehabilitation specialists. By broadening participant diversity, strengthening theoretical integration, expanding disease applications, and refining policy recommendations, future studies can further establish the long-term sustainability and impact of this care model. We appreciate the authors' contributions to advancing culturally sensitive stroke care and look forward to future research exploring its national scalability and cross-disease applicability.

Disclosure

The authors report no conflicts of interest in this communication.

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