Experiences of Communicating with Older Adults with Alzheimer's Disease: A Phenomenological Study of Family Caregivers

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Abstract: Communication allows people to make sense of the world, for people to connect, establish, maintain and change relationships. The declining communicative abilities of older adults with Alzheimer's disease, however, may affect the quality of life of both caregivers and older adults. This study aimed to explore and better understand the lived experiences of family caregivers in communicating with older adults with this disease. An interpretative phenomenological approach was conducted in the province of Songkhla, Thailand between November 2018 to June 2019. Ten family caregivers were selected by purposeful sampling. Open-ended, semi-structured interviews were conducted. Interviews were audiotaped, transcribed verbatim and analyzed using thematic analysis. Two main themes were identified that represented areas of communication: *engaging in troublesome communication*; and *inability to relate to each other.* Effective communication strategies and techniques to improve communication problems were identified such as showing respect, compliance, distraction and therapeutic lies. After understanding the findings of this study, nurse practitioners and nurses need to understand the importance of assessing and analyzing the communication issues between caregivers and their older relatives. Our findings can be a basis for planning and developing appropriate supports to enhance communication skill of the family caregivers within the context of daily communication with older adults with Alzheimer's disease.

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Introduction

Communication is defined by National Joint Committee (NJC) for the communication needs of person with disability as "any act by which one person gives to or receives from another person information about that person's needs, desires, perceptions, knowledge or affective states"[1,p.2] Communication may involve conventional or unconventional signals and take linguistic or nonlinguistic forms and may occur though spoken or other modes[2] The communication abilities of older adults with Alzheimer's disease (AD) gradually decline as the disease progresses.[3] Declining communicative abilities may influence the quality of their relationships[4]

and can compromise the quality of life of these older adults and present challenges for their caregivers[5].

Perceived as stressful by family caregivers, problems associated with communication problems are one of the distinct features of AD[5] leading to frustration and lack of communication between caregivers and older adults. These problems adversely affect the quality of relationships as a cause of social isolation and/or depression in one or both individuals with the addition of caregiver burden and stress.[6] Older adults with AD may feel frustrated due to limits on verbal expression with potential effects on behavioral problems. From the caregiver's viewpoint, dealing with these situations repeatedly may increase their stress and burden. The mutual struggle to understand and be understood may be the most frustrating and upsetting impact of AD for both older adults and caregivers. Therefore, caregivers require effective communication skills to understand and interpret the messages of older adults with AD correctly based on their verbal and nonverbal demonstrations.

Most older adults with AD have families to provide some level of care and support. For family caregivers, communication difficulties at all stages of the illness put a major strain on maintaining relationships with older adults with AD and relationships across the wider family unit. Although numerous publications for enhancing caregiver communication are available,[7,8] few publications specifically address family caregivers in their daily communications with older adult with dementia. A prerequisite to developing effective communication skills training for family caregivers of older adults with AD is to listen closely to the voices of family caregivers in order to gain in-depth insight from an existential life world perspective of their subjective experience in communication.

Review of Literature

Alzheimer's disease (AD) is the largest global contributor to cognitive decline and dementia.[9] It is identified by memory and intellectual ability loss that interferes with daily activities.[10] Since the number of older adults is growing, the number of people living with dementia is also expanding. Worldwide, around 50 million people have dementia, and there are nearly 10 million new cases every year [11] In Thailand, the recent data from the National Health Examination Survey showed that the prevalence rate for dementia among the elderly population was 8.1%.[12]

Difficulties in area of language are a common symptom in people with AD.[13] As the disease progresses, communication problems increase as well. Communication for older adults with AD and for people involved in care can be very challenging. Such difficulties occur because of brain function and cognitive impairment[5] that arises as deterioration in working memory impairs the ability to keep hold of and use information during conversation. During the beginning phase of AD, people may not be able to find specific and familiar words to describe or explain something, or may develop new words to express their ideas to others.[3] In addition, the conversations of older adults with AD may often seem repetitive and difficult to follow,[3] making it difficult to sustain the everyday conversations that support their social relationships.[14]

Caring for older adults with dementia in Thailand is generally provided by family caregivers[15] because of gratitude which is an essential value in the Thai worldview.[16] In addition, Thailand lacks sufficient long-term care institutions to meet the needs of dependent older adults' within an appropriate socio-cultural context.[17] Therefore, living in the home environment and receiving support from their family produces better results for them.[18] Nonetheless, little is known about the experiences of Thai family caregivers in communicating with older adults with AD. Understanding the phenomena would be useful for nurses and other health professionals in planning innovative interventions to minimize communication obstacles among both family caregivers and older adults with AD.

Study Aim

To explore, interpret and describe the lived experiences of Thai family caregivers regarding their communications with their older adult relatives with AD.

Methods

Design

This study was conducted in the interpretive paradigm of hermeneutic phenomenology. According to Gadamer,[19] all humans are part of history, and it is not possible to step outside history and look back at the past objectively, and understanding can only be possible with historical awareness of the topic in question. van Manen[20] suggested a framework for hermeneutic phenomenological study, and this was used to guide this study. To achieve the aim of the study, the following research question was asked: *What are the lived experiences of family caregivers in daily life communications with older adults with Alzheimer's disease?* For the purposes of this research, communication in daily life was defined in broad terms as any form of interaction between family caregivers and older adults with AD. The interpretive approach in qualitative research is premised on the belief that true knowledge can only be obtained by deep interpretation of the phenomena under investigation. The researcher is the only instrument sufficiently complex to comprehend and learn about human existence.[21] This approach allows a researcher to focus on uncovered, contextualized, personal experiential knowledge, and understanding about the phenomenon of communication in dealing with older adults with AD who are most likely to know and understand this phenomenon, that is the family caregivers.

Participants and Setting

A purposive sampling based on inclusion criteria was used to recruit the participants with the expectation that they would provide unique and rich information of value to the study. The following inclusion criteria applied: 1) status as a main caregiver for older adults diagnosed with AD who had the Thai versions of Mini Mental State Examination (TMSE) scores within a range of 14-23 at least 6 months before the interview; 2) provision of care for their older relative without any expectation of payment; 3) ability to communicate in Thai; and 4) willingness to participate and talk about their experiences. The setting was a district municipality of a province in the southern region of Thailand.

Ethical Considerations

Ethical approval for the study was obtained from the Health Science Human Research Ethics Committee, Prince of Songkla University, Thailand, Project Code: HSc-HREC-61-14-03-1. Written permission to conduct the study was also obtained from the directors of the target hospital. All participants were informed about the purpose of the study and informed consent was obtained at the time of the interviews. They were free to leave the study at any time if they wanted, and if they recounted stressful incidents during an interview, they could talk through any issues with the researcher afterwards in accordance with their wishes. All data were kept confidential and individual privacy ensured in the writing of the study report and in the data collected.

Data Collection

Following research approval the Principal Investigator (PI) contacted nurses working at the clinics in person, explained the study and asked for distribution of flyers to potential participants accompanying older adults with AD to follow-up appointments. To avoid feelings of coercion to participate, the PI waited for the candidates to reply after they had read and understood the advertisement flyers provided. After the candidates agreed to participate, the researcher asked for the participants' phone numbers and contacted them later.

Data were collected through semi-structured interviews, conducted from November 2018 to June 2019 by the PI in participants' homes due to personal preferences. A guide made by the PI was used, which outlined the themes to be covered during the interviews. The interviews were guided by participants' responses

to help them explore the topic and probe for further thoughts and reflections. Several techniques were used to engage the participants, including funneling from broad open-ended questions to narrower topics, probing to elicit further details and encouraging story-telling. For example, "*Please tell me about communication encounters you have had in daily life with the person under your care.*" and "*What do you consider to have been satisfactory and unsatisfactory communication with them?*" More specific questions complemented the more generalized questions (*Could you tell more in detail? Could you give me some examples of this?*), as well as open-ended questions such as, "*What is it like to deal with a person with AD under your care?*" were used to stimulate reflection and descriptions of experiences related to communication issues. All participants were encouraged to express and reflect their feelings in their own words. The interviews were audio-recorded and lasted from 45-60 minutes.

Data Analysis

After each interview, the recording was transcribed verbatim and analyzed separately by using the following three approaches for isolating thematic statements: 1) the detailed reading approach; 2) the selective or highlighting approach and 3) the holistic reading approach as suggested by van Manen.[20] Before reading the text, the PI reflected upon the pre-understanding of the research question, *What are the lived experiences of family caregivers in daily life communications with older adults with Alzheimer's disease?* Afterward, key words, phrases and ideas were grouped together and concepts were developed from these groups by reading and re-reading the data and spending considerable time dwelling on the meanings emerging from the text. Similar ideas within each interview were grouped together before identifying several passages that gave an overall impression of the interview. The process of identifying similar concepts was repeated with each of the transcripts. Those key words and concepts found to be common were grouped together; then the second stage of thematic analysis was accomplished following the selective or highlighting approach[20] At this stage, the significant statements were highlighted, copied and linked with the key words, which lead to the concept, sub-theme and theme. Finally, the holistic reading approach[20] was employed. The transcripts from all 10 participants were compiled, examined as a whole and grouped into similar categories.

During analysis, interview notes and memos were compared to identify common themes. **Table 1** summarizes the thematic analysis process undertaken by the researchers as outlined by van Manen.[20] After the PI analyzed the interviews, the analysis was confirmed by the second researcher who read through the transcripts, and verified key words and concepts in addition the organization of data into themes. **Table 2** provides examples of key words and concepts resulting from the first stage of the analysis. To enhance credibility in trustworthiness, member checking with the participants was employed by sharing a brief summary of the findings with participants via telephone follow-up interviews. All the participants agreed that the data analysis summary was a true indication of what they believed and experienced.

Table 1 Thematic Analysis Process as described by van Manen, 1997[20]

Stage	Approach	Process
1. Stage 1:	- Detailed reading approach	Reading and re-reading the interview transcripts, and spending time dwelling on the meanings emerging from the text.
1.1 Identifying key word and developed concepts.		
1.2 Identifying similar concepts to develop themes and sub-themes.		Finding key words and concepts common between the interview transcripts, then grouping these together as the basis of development of sub-themes and themes.

Table 1 Thematic Analysis Process as described by van Manen, 1997[20] (Cont.)

Stage	Approach	Process
2. Stage 2: 2.1 Highlighting significant phrases, copying and tabulating with emphasis shifting from the identification of key words to the identification of themes from the tentative concepts.	- Selective or highlighting approach - Holistic reading approach	2.1 Reading phases and listening to the verbal narrative concurrently to enhance the distinction between phrases to determine whether they exemplify the phenomena. 2.2 Cutting and pasting the phases under the broad themes to highlight the phenomena. 2.3 Looking at the text as a whole and asking which notable phrase captures the fundamental meaning of the text, sub-theme and theme.

Table 2 Examples of Key Words and Concepts.

Example	Key words	Concepts
"She refused to bathe...yelling...she didn't want to…we had been fighting with this issue all the time" (P10)	Refused; yelled	Defiance
"He didn't listen to me...I tried warning, even forbidding him to drive, but he wouldn't do that." (P5)	Did not listen	Failed to listen to others
"*I knew that she had changed because of the disease as the doctor had explained to me....she used to be a very gentle and considerate person..... never swore or used bad words or spoke so harshly like that before.....*" (P10)	Swearing; bad words; harsh language	Aggressive communication
"If I tried to tell her that she had not bathed for a week and smelled terrible, but she just got angry with me... She said I was mean and had lied to her, and we started arguing." (P8)	Arguing	Aggressive communication
"He asked me to pick the jackfruit and sell it...I refused to do that, because it was not ripe....and no one wanted to buy fruit that wasn't ripe. Moreover, we didn't need money. We grew our own food, not for sale, but he kept asking me to pick the fruit and sell it!!" (P4)	Kept asking	Relentless
"She kept asking me or my father when I would go for a meeting (in another province) *and when I would come back. I told her two weeks ahead of time and marked the date on the calendar for her to see, but she asked over and over, nearly every day."* (P1)	Over and over	Verbal repetition

Findings

Participants' characteristics

The participants, all female, were recruited from two hospitals located in the southern region of Thailand. Most were single (n=6) and half (n=5) had received a bachelor degree or higher. The length of time participants' spent caring for their relative with Alzheimer's disease ranged from 2 to 7 years. The TMSE score, the cognitive impairment and dementia score which is the suggested cut-off point to determine cognitive impairment, is 23/30[22], and in the participants' relatives ranged from 14 to 22. (see **Table 3**).

The thematic analysis identified two main themes and four sub-themes pertaining to the family caregivers' experience of communication in daily life (**Table 4**).

Table 3 Demographic characteristics of participants.

Participant	Age	Education	Gender of the Older Adult	Relationship to the Older Adult	Years of Caring	TMSE score of The Older Adult
1	36	Master degree or equivalent	F	Daughter	3	22
2	70	Tertiary education	M	Wife	6	14
3	61	Tertiary education	M	Wife	4	17
4	71	Primary education	M	Wife	7	16
5	29	Bachelor degree or equivalent	M	Daughter-in-law	4	22
6	52	Bachelor degree or equivalent	M	Daughter	3	18
7	63	Lower secondary education	F	Daughter	5	19
8	37	Upper secondary education	F	Daughter	2	19
9	38	Bachelor degree or equivalent	F	Daughter	4	16
10	35	Bachelor degree or equivalent	F	Daughter	3	21

Note: TMSE = Thai Mental State Examination.

Table 4 Themes and sub-themes

Theme	Sub-theme
Engaging in troublesome communication	1.1 Interpersonal conflict
	1.2 Less flexible
Inability to relate to each other/misunderstanding	2.1 Clueless
	2.2 Speech errors

Theme 1: Engaging in troublesome communication

The participants outlined several problems when they tried to communicate with their relatives. Their daily communication experiences of *Engaging in troublesome communication* portrayed interpersonal conflicts and less flexibility in communication style of the older adults. Interpersonal conflict is a natural outcome of human interactions. Interpersonal conflicts between caregivers and older adults happened when they disagreed over information. The participants described a tendency to engage in the aggressive manners of the older adults when they were provoked in ordinary situations. The aggressive manners were perceived as engagement in acts of defiance, failure to listen to others and expressions of dissatisfaction and anger by shouting and using bad or swear words.

> *She refused to bathe ... yelling... she didn't want to ... we had been fighting with this issue all the time.* (P10)

The participants also added that their relative went against their safety rules, which induced frustration between them, for example

He didn't listen to me... I tried warning, even forbidding him to drive, but he wouldn't do that. (P5)

The participants witnessed personality changes after the onset of AD. They also described verbal conflicts that sometimes were expressed through a harsh tone of voice:

I knew that she had changed because of the disease as the doctor had explained to me.... she used to be a very gentle and considerate person..... never swore or used bad words or spoke so harshly like that before. (P10)

Verbal conflict often led to arguments:

If I tried to tell her that she had not bathed for a week and smelled terrible, but she just got angry with me... She said I was mean and had lied to her, and we started arguing. (P8)

Less flexibility in communication was a sub-theme that illustrated participant experiences of *Engaging in troublesome communication*. Participants stated that relentless requests from their relative were least flexible when they tried to communicate with them:

He asked me to pick the jackfruit and sell it... I refused to do that, because it was not ripe.... and no one wanted to buy fruit that wasn't ripe. Moreover, we didn't need money... we grew our own food, not for sale... but he kept asking me to pick the fruit and sell it!! (P4)

Theme 2: Inability to relate to each other

This theme illuminated the participants' feelings of difficulties in communication. They described that their relatives' words or actions were incomprehensible. Some participants mentioned their economy of utterances (using single words or short phases) as clueless:

I have no idea... he said nothing ...He made no choice... He can't speak anymore. In the past, even when he said something and we tried to learn or listen to it, we couldn't understand his words. Now, he rarely speaks, not even once, for things like asking for water or food to drink or eat. (P2)

Sometimes he says things like, 'I go, I go' but does not finish his words. I don't know where he wants to go or what he means by those words. (P3)

Feelings of difficulty in communication also referred to their relatives' speech errors, including repeated words and repetitive story-telling. The caregivers tried to remind them that neither the lengths of words nor combinations of letters, were comprehensible. This prevented them from being able to relate to each other:

She kept asking me or my father when I would go for a meeting (in another province) *and when I would come back. I told her two weeks ahead of time and marked the date on the calendar for her to see, but she asked over and over, nearly every day."* (P8)

Sometimes, I wouldn't be able to sleep because she crawled over and woke me up. She called me 'mom' and asked about her husband (my father). *Even though I told her the truth that he had already passed away and we had just gone to the cremation ceremony together, she rejected my explanation and kept saying, 'No, he is alive' for the whole night.* (P8)

Some participants stated that misuse of language and inability to provide clarification was an obstacle to understanding or relating to each other. Occasionally, everyone has trouble finding the right words, but people with AD often forget simple words or substitute unusual words, making speech errors that are hard to understand.

> *She said she wanted to eat something but she couldn't tell me the right things. She said something yellow...chicken. It took me a week to figure it out that what she wanted was chicken biryani.* (P10)

Together, these two themes described the lived experiences of participants while they were communicating with older adults with AD in daily life. The participants suggested that showing respect toward them, such as listening and treating them with dignity, were effective strategies for dealing with the circumstances. Listening was the first step of their strategy as one of the participants described:

> *She ran to me and looked so frightened...spoke in a loud voice and was furious that somebody had stolen her money... I just let her finish her tirade and express her feelings.... all I did was listen patiently without interrupting or judging, holding her hand, being there with her... that's all. Sometimes it works, even when you say nothing.* (P10)

The communication technique suggested as an effective way to solve communication problems was "compliance" or "going with the flow". Arguing would increase agitation and may lead to emotional strain on the relationship. Compliance in this sense of communication was perceived by family caregivers as agreeing with any made-up stories or explanations from the elders. Sometimes, they did not need to be grounded in reality. Most participants agreed that if no technique seemed to be successful, distraction or diverting the attention of the elders to other topics or a combination of the techniques seemed to be helpful.

> *He urged me to take him to the lottery office because he said he had won the lottery... At first, I didn't know what to do, then I didn't think too much, just went with the flow...said congratulations, then suggested that he take a bath and change his outfit and just drove him out for a while then he forgot why he had gone out. Problem solved. (P4)*

Some participants also suggested using a therapeutic lie to gain cooperation.

> *I told her that we were going out for a dessert that she liked and she was willing to go out. Then I'd stopped by for a doctor's appointment before the dessert and it worked.* (P8)

All the communication strategies and techniques of showing respect, compliance, distraction and therapeutic lies were considered as effective ways for solving communication problems between the caregivers and the older adults with AD.

Discussion

Communication with older adults with AD can be challenging because of their cognitive impairment.[5] This study's findings were two main themes associated with the caregivers' experiences of communication with older adults with AD: *Engaging in troublesome communication* and *Inability to relate to each other*. The first theme portrayed interpersonal conflicts and less flexibility in communication as a result of daily communications between caregivers and their relative. Normally, humans have a very elaborate and flexible communication system that can encode neural activation patterns into verbal expressions.[23]

Since AD affects the brain, older adults appear to use a simpler, less flexible and more direct encoding system.[3] In addition, older adults with AD become frustrated when they cannot articulate what they want or how they are feeling. It makes sense that anger, defiance and irritability may be the only behaviors they can use when feeling overwhelmed and out of control. As a response to the frustration and stress associated with the inability to communicate effectively, older adults may exhibit aggressive and/or depressive communicative behaviors.[24] Consequently, these verbal and behavioral expressions made the caregivers feel uncomfortable, and our description of engaging in troublesome communication is in accordance with previous studies.[14]

The second theme, *Inability to relate to each other*, illuminated further the participants' feelings and experiences of difficulty in communication. This finding is consistent with another study exploring communication difficulties between nurses and patients with dementia. Different languages and blocked messages are communication difficulties experienced by nurses[25] and a combination of language deficits and varying degrees of impairment produces complicated and difficult communication. Deficits in language and memory function, particularly concerning semantic memory, are commonly found in patients with AD, even in the early phase.[26] Older adults with AD show lower results in the area of understanding and verbal expression, repetition, reading and writing[3], all of which were described by our participants. They mentioned feeling clueless in communication as the words or actions of their relatives made no inherent meaning for them. Since the cognitive changes associated with AD have a significant impact on day-to-day communications, a decline in memory, attention, the ability to organize, plan and carry out a sets of tasks, and/or language processing can make it difficult to follow and to participate in conversation. Therefore, older adults with AD may process information more slowly, lose track of the topic, miss the point and repeat information.

Language impairment is usually one of the first cognitive signs of the onset of AD.[27] The participants in this study experienced increasing word finding and language comprehension difficulties as the disease progressed. With more cognitive decline, they were unable to remember or understand what their caregivers had said. The participants mentioned verbal repetition, such as repetitive questions, story-telling, talking on one topic and repeating words amongst the behaviors giving them the most trouble. No matter how they tried to respond, the older adults seemed to not understand and repeated the same words over and over again. Therefore, they perceived the communication as an *Inability to relate to each other*. Verbal repetition in people with dementia is one important manifestation of reduced cognition. It is an important symptom of dementia[28] and amongst the behaviors that most trouble caregivers. This is in line with the findings in our study and what the participants experienced.

Communicating with older adults with AD requires a high level of communication skills. One study explored family caregivers' appraisals of communication behaviors and strategies. The two strategies rated highest for both use and helpfulness in the family caregivers' communications were using of good manners and respectful address, and offering of choice[29] which seemed to be similar to *Showing respect* as described by our participants.

Our rich findings emphasize that it is important for nurse practitioners and nurses to provide effective support for family members. The communication issues between the dyads should be of concern and investigated because they are influential in reducing burden and improving the quality of life for the older adult and their caregiver.[5]

Limitations

There are a number of limitations within the current study that should be noted. The findings were based on a sample of family caregivers who were a main caregiver of their family members with AD, so the findings may not represent the views of those potential family caregivers not directly involved in the care. Although all main family caregivers were invited to participate, only adult daughters, daughters-in-law, and wives joined the study. Therefore, the findings are representative of a homogeneous sample of female caregivers. Another limitation is that most of the participants were well educated. Additionally another study among people with lower education levels might show different understandings/experiences because of their knowledge or ability to express themselves. As all of the participants cared for older adults with early and moderate stage of AD, the

depicted experiences did not cover the communication experiences in a severe stage of the disease. So, bearing these limitations in mind, the findings results must be interpreted with caution, however we believe that overall the study revealed rich findings relevant to nurses and other health workers as well as caregivers.

Conclusion and Implications for Nursing Practice

Our findings highlight the experiences of family caregivers of older adults with AD, which focused solely on communication issues. Based these findings, two implications for nursing practice and research are suggested. For practice, nurse practitioners and nurses should assess and try to determine and provide solutions to the communication issues between the dyads of caregivers and the people with AD, since we believe as nursing interventions to support family caregivers and their relatives would be better supported within the home settings in Thailand. Nursing research in the future should build on previous evidence, so as to help develop and assess appropriate and effective interventions to enhance the communication skills of the family caregivers within the context of their daily work with older adults with AD.

Although this study was undertaken in Thailand, the findings resonate with the international literature relating to communication to AD. The implications arising from this study, therefore, extend beyond the country in which the research was undertaken. In conclusion, the issues and challenges faced by family caregivers need to be acknowledged and considered as an extension of home-based care planning.

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ประสบการณ์การสื่อสารกับผู้สูงอายุโรคอัลไซเมอร์: การศึกษาเชิงปรากฏการณ์วิทยาของญาติผู้ดูแล

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บทคัดย่อ: การสื่อสารทำให้บุคคลเข้าใจกันผ่านการติดต่อและแลกเปลี่ยนข้อมูล ช่วยทำให้เกิดการสร้างและการดำรงสัมพันธภาพที่ดีระหว่างกัน ปัญหาที่เกิดจากการสื่อสารของผู้สูงอายุโรคอัลไซเมอร์ อาจส่งผลกระทบต่อคุณภาพชีวิตทั้งของผู้ดูแลและผู้สูงอายุ การเข้าใจถึงประสบการณ์และมุมมองของผู้ดูแลเป็นสิ่งสำคัญที่จะช่วยเพิ่มคุณภาพของการดูแล การวิจัยครั้งนี้ มีวัตถุประสงค์เพื่อทำความเข้าใจกับประสบการณ์ของผู้ดูแลในการสื่อสารกับผู้สูงอายุโรคอัลไซเมอร์ การศึกษาเชิงปรากฏการณ์วิทยาแบบตีความในครั้งนี้ได้ทำการศึกษาในพื้นที่จังหวัดสงขลา ประเทศไทย ในระหว่าง เดือนพฤศจิกายน 2561 - เดือน มิถุนายน 2562 ทำการคัดเลือกผู้ให้ข้อมูลแบบเจาะจง ประกอบด้วยญาติผู้ดูแลจำนวน 10 คน เก็บรวบรวมข้อมูลโดยการสัมภาษณ์แบบกึ่งโครงสร้าง ใช้คำถามปลายเปิด วิเคราะห์ข้อมูลโดยการวิเคราะห์แก่นสาระ ผลการศึกษาพบ 2 ประเด็นหลัก ประเด็นแรกเป็นการอยู่ท่ามกลางปัญหาที่เกี่ยวข้องกับการสื่อสาร ประเด็นที่สองเป็นการที่ไม่สามารถทำความเข้าใจซึ่งกันและกัน ผู้ดูแลได้ระบุ เทคนิค และกลวิธีการสื่อสารที่มีประสิทธิภาพ ที่ช่วยแก้ไขปัญหาจากการสื่อสารประกอบด้วย การให้ความเคารพ การยอมตาม การเบี่ยงเบน และการไม่บอกความจริง ภายหลังการเข้าใจถึงผลการศึกษาของการวิจัยครั้งนี้ พยาบาลควรคำนึงถึงประเด็นการสื่อสารที่เกิดขึ้นระหว่างผู้ดูแลและผู้สูงอายุ ผลการศึกษาครั้งนี้เป็นข้อมูลพื้นฐานสำหรับการวางแผนและพัฒนาการสนับสนุนที่เหมาะสมเพื่อส่งเสริมทักษะการสื่อสารในบริบทของสื่อสารในชีวิตประจำวันระหว่างญาติผู้ดูแลและผู้สูงอายุที่มีภาวะสมองเสื่อมต่อไป

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