

Communication and Relationships Within Thai Older Adults' Families: A Sequential Explanatory Mixed Method Study

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Abstract

The situation of older Thai family members has changed, resulting in less interaction that could impact family bonds. A sequential explanatory mixed methods design explored communication and relationships within older adults' families. Using communication patterns and family relationships questionnaires, a survey was administered to 180 older adults in Phetchaburi province. Then, 40 participants were engaged in semi-structured interviews. The quantitative data were analyzed using simple linear regression, and the qualitative data were analyzed using content analysis. The quantitative results revealed that most family communication patterns with high family relationships were pluralistic. Consensual ($B = 7.13$; $SE = 3.26$; $p < .05$) and protective communication patterns ($B = 1.72$; $SE = 0.82$; $p < .05$) were associated with family relationships. The qualitative analysis highlighted the contributors to low family communication and relationships, which included a lack of effective communication skills, unresolved conflicts, technology distraction, and poor time management. The management strategies were active listening, being a role model, and having a heart-to-heart conversation. The initiation of relationships among older adults' families has originated from communication within the family. Thus, healthcare providers, especially community nurses, should create a family interaction program to promote open and positive communication between older adults and their families.

Keywords

Family communication; family relationships; older adult; Thailand

Introduction

Thailand has transitioned into an aging society, with the older population increasing to 12.7 million in 2022 (Department of Older Persons, 2022). Phetchaburi province, situated in the western region of Thailand, is known for its diverse population of different ethnicities with distinct cultural norms and traditions. According to a report from the Office of Social Development and Human Security in Phetchaburi Province (2020), there were 216,571 households in the area. Furthermore, there was a recorded lack of nurturing warmth within 158 households, leading to statistics showing instances of violence against children, women, and older adults. Moreover, the report emphasized that older people could not care for themselves and lacked caregivers' support. Phetchaburi province had 102,391 older people in 2022 (Department of Older Persons, 2022). However, by the year 2030, Thailand will transform into a super-aging society, and what would coincide with this transformation would be the physical decline of the older population (Kumsuchat, 2017). As age increases, the prevalence of chronic diseases also escalates, resulting in various complications, such as disabilities or mental health issues like depression (Fulmer et al., 2021), leading to an increased need for more attentive care from the family. Furthermore, older adults commonly undergo retirement or temporary cessation from work, thus making it imperative for them to receive substantial care or support from their families (Abdi et al., 2019), not less than any other individual.

Family relationships play a crucial role in receiving sufficient family support. A family relationship would encompass connections between family members and other significant individuals in one's life (Thomas et al., 2017). Additionally, previous research has indicated that maintaining strong social connections with the family could yield various cognitive and health benefits for older individuals (Sharifi et al., 2023; Stites et al., 2018; Zhang et al., 2019). A healthy family connection includes supporting one another, open and honest communication, and mutual respect. Conversely, poor family relationships would be characterized by behavior contrary to these positive features (Thomas et al., 2017). From the current situation of older Thai family members, including those in Phetchaburi province, it was evident that relationships across multiple facets were declining. Older adults were not receiving the required support, and their interactions within the family showed a downward trajectory (Devalersakul et al., 2016; Kanjanakuntorn & Chaiumporn, 2019). Based on preliminary data, it was found that older people had reduced conversations with their family members (Devalersakul et al., 2016), as grandchildren and children lacked the time for conversations like they did before. Some older people hesitated to ask their family members to accompany them for medication or appointments, and they did not feel comfortable discussing suitable dietary options for their condition (Thongtang & Seesawang, 2014; Zurick et al., 2020).

Moreover, when considering the Warm Families Index 2016, it was found that 67.98% of families were within the range that required improvement (Office of the Nation Economic and Social Development Board, 2017). This inferred that Thai families could encounter difficulties maintaining a strong family bond, which was considered an indicator of a warm family environment. However, such events would be less likely to occur if older adults had a healthy family connection, as this would contribute to love, understanding, and mutual support (Wright, 2019).

A healthy family connection could be fostered through effective communication within the family (Thomas et al., 2017). The Family Communication Patterns Theory (FCPT) also

suggests that individuals create shared social realities through communication (Koerner & Fitzpatrick, 2002). Therefore, it would be reasonable to anticipate that the family's interaction patterns would shape the understanding of emotions and foster shared expectations for how they would be expressed. In addition, two crucial dimensions of family communication patterns, conversation orientation, and conformity orientation, can be classified into one of four types: Consensual, pluralistic, protective, or laissez-faire (Koerner & Fitzpatrick, 2002, 2006; McLeod & Chaffee, 1972, 1973). Likewise, family communication is essential, as this would help in reaching understanding, solving problems, encouraging support, providing insights into situations, and forming tighter bonds. Family relationships thrive when communication is characterized by openness, honesty, and respect (Taniguchi & Thompson, 2015). However, global society, including Thailand, is increasingly immersed in social networking or social media.

Currently, individuals use online social media to build relationships, communicate less with others, or have conversations without face-to-face interaction (Jansukar, 2016; Pogsukwetkul, 2012). This has led to decreased interpersonal relationships at various societal levels, including family relationships. In particular, attention and interactions with older people have been affected. In general, it is uncommon for older adults to face challenges in using new technologies due to a lack of familiarity or discomfort with the rapidly evolving digital landscape (Muñoz et al., 2013). Reduced interaction, coupled with a lack of support, could also have detrimental effects on both the physical and mental health of older adults. Thus, family members should ideally maintain regular interaction with older adults, as family communication and support would play a vital role in enhancing family relationships. Additionally, communication and support would contribute to the well-being of older family members by fostering a sense of connection and care.

Healthcare providers, particularly community nurses, have a significant role in improving the well-being of families. This would include promoting healthy relationships between older adults and their family members, assessing communication patterns, considering the relationships among family members, facilitating open communication within the family, engaging in counseling, and offering support in caring for older family members (Barbara et al., 2007; Wang et al., 2023). The well-being of older people is not solely their responsibility, but positive family dynamics would play a significant role in their care.

From reviewing the literature on the factors affecting family relationships, it was found that there were connections with various individual and family-related components. These factors included gender, age, health status, family income, family structure, and online social media usage (Boylu et al., 2016; Samek & Rueter, 2011; Suthisukon et al., 2017), which could also impact communication within the family, consequently leading to problems in family relationships. Nevertheless, existing research has not concentrated on investigating the elements that would contribute to family relationships within the families of older adults.

Given the global demographic transition toward an aging population, strengthening family connections would provide an elevated sense of significance and direction, as well as social and tangible support, thereby contributing to the overall well-being of older adults. However, previous research has explored the strategies to improve the social connections among older adults (Suragarn et al., 2021), the dynamics of the intergenerational relationships between aging parents and their adult children (Torabian et al., 2022), and the classes of the social relationships among community-dwelling older adults (Miura et al., 2022). Nevertheless, there is a lack of studies specifically focused on family communication and relationships among older adults and all their family members. Therefore, this current study sought to fill

these gaps by 1) examining the communication patterns and family relationships and investigating the factors related to family relationships among older adults and their families and 2) gaining insight into the experiences of older adults in terms of why communication and relationships within the family were poor and how they have managed these relationships.

Through adopting a distinctive and targeted perspective on this crucial topic, our study has the potential to provide novel insights into the role of communication in fostering positive relationships within the families of older adults. Subsequently, these findings could be utilized to design interactive family interventions that specifically target the interrelationships between older adults and their families.

Method

Study design

This study adopted a mixed-methods sequential explanatory design (Creswell & Creswell, 2018) using an initial quantitative phase followed by a subsequent qualitative phase.

Sample and participants

Older adults living in Phetchaburi province were extended an invitation to take part. Older adults, comprising men and women aged 60 and above, could participate if they met the criteria. The older people had to live with family members who used social media, had good mindfulness, and could comprehend and communicate in Thai, as this study aimed to investigate communication patterns and family relationships. The samples were excluded if their Mini-Mental State Examination (MMSE) (Institute of Geriatric Medicine, 1999) test scores were less than 17 or if they were diagnosed by a physician with mental health issues. This was conducted to select the participants who could respond to the questionnaire and provide rich information to the researchers. This was because those participants who had an MMSE less than 17 or had mental health issues were generally reported as having cognitive problems. The targeted population totaled 101,490 older adults. The sample size was calculated in G* Power 3.1 (Faul et al., 2009) with a theoretical medium effect size of 0.3, α of .05, and power of .95 (Cohen, 1988). A total sample size of 138 was required. Then, accounting for a 30% dropout rate, the overall sample size comprised 180 participants. Simple random sampling was used to select the participants. During the qualitative study phase, purposive sampling was employed to choose the subgroup of participants with an average score of family relationships at an unsatisfactory level (< 2.50) who expressed their willingness to engage in semi-structured, in-person interviews.

Data collection

The data collection encompassed the timeframe from December 2022 to July 2023.

Quantitative data collection

Potential participants were recruited to participate in the research through the announcement by the registered nurses who worked at the Health Promoting Hospital. Then, the researcher met the participants to explain the information about this study.

The data were gathered through questionnaires including:

- 1) Demographic data comprised gender, age, marital status, educational level, occupation, type of family, family income, number of family members, health status, and social media use.
- 2) Communication patterns questionnaire: Sixteen items were developed based on the literature review (Koerner & Fitzpatrick, 2002; Lertsuwan & Hale, 2018; Shojaee et al., 2018). The older people were questioned about four communication patterns: Pluralistic, consensual, protective, and laissez-faire. The items were scored on a five-point Likert scale, where 1 = *never* and 5 = *extremely frequently*. The score levels were divided into three categories: Very low (an average score of 1.00–2.33), moderate (an average score of 2.34–3.67), and high (an average score of 3.68–5.00).
- 3) The family relationships questionnaire: This was adapted from a previous study by Suthisukon et al. (2017). It consisted of a total of 22 questions. Four aspects of the older people's family relationship were inquired: Leisure time usage in joint activities, communication, consultation, and decision-making, expressing affection and mutual support, and fulfilling appropriate roles and responsibilities. The participants were required to rate the items on a five-point Likert scale, where 1 = *not true at all* and 5 = *very true*. The score levels were divided into Low family relationships (an average score of 1.00–2.50) and high family relationships (an average score of 2.51–4.00).

Three experts assessed the content validity of the communication patterns and family relationships questionnaires, resulting in content validity index values of .87 and .86, respectively. The reliability of these questionnaires was documented with Cronbach's alpha values of .90 and .85, respectively.

Qualitative data collection

The data collection process involved conducting face-to-face semi-structured interviews, which the primary author carried out. The interview questions and guide were co-developed by the first and second authors and reviewed by three experts. The questions were formulated based on the existing literature (Pogsukwetkul, 2012; Samek & Rueter, 2011; Suthisukon et al., 2017). Examples of open-ended interview questions included: "Could you tell me about your experiences in communicating with your family members?", "Could you describe the nature of the relationships within your family?" "In what ways do you engage in activities together with your family?" and "Could you share any instances where you have felt supported by your family?" Probing questions were also employed to explore participants' thoughts and emotions regarding a specific topic. The interview guide underwent a pilot test with five older adults, but the data from this pilot test were not incorporated into the final analysis. The interviews were audio-recorded and lasted from 30 to 45 minutes. This study conducted interviews with 40 older adults due to data saturation, and no additional new issues emerged.

Data analysis

Quantitative phase

All the analyses were conducted using SPSS version 27.0 (IBM, 2020). The significance level was established at $p < .05$. The mean, standard deviation (*SD*), frequencies, and percentages were used to describe the data. The association between the demographic characteristics, family communication patterns, and family relationships was analyzed using a chi-square test and the Cochran–Mantel–Haenszel (CMH) test. Simple linear regression was employed to predict the factors influencing the family relationships.

Qualitative phase

The audio recordings of the interviews were transcribed word-for-word and then subjected to conventional content analysis, thus adhering to the guidelines outlined by Hsieh and Shannon (2005). The researchers read the gathered data several times to organize and understand its categories. Then, we reviewed the transcripts multiple times to identify any words or phrases that encapsulated the core concepts and established the connections within the content. When the content did not align with the existing codes, we created new codes for the relevant words or phrases. This process was iterated until all the content was fully coded. Subsequently, we organized the codes into categories and subcategories by arranging them based on their interrelations and connections. Per the findings and the chosen analysis method, the findings were classified as themes or categories depending on their level of abstraction.

The findings of this study were then formulated based on the participants' expressions and organized into subcategories and categories. This analytical process is called inductive or conventional content analysis. Following the approach outlined by Hsieh and Shannon (2005), the researchers had the flexibility to merge or structure the initially numerous subcategories into a more condensed set of categories based on their relationships. Notably, the data analysis method in this study did not involve the use of the theory as a backup or deductive approach or with a directed approach. The analysis started with a thesis or relevant research findings to guide the initial codes. Finally, we presented our findings, which encompassed the definition of each code and category.

Lincoln and Guba's (1985) evaluative criteria were employed to enhance the trustworthiness of the study. Incorporating the participants' verbatim quotes further reinforced the identification of the categories, and member checking was used to ensure credibility. A well-defined project purpose, process, and setting contributed to the transferability of the findings. Dependability was upheld by the first author conducting and transcribing all the interviews. Field notes, an audit trail, and an inquiry audit were utilized during the data analysis. Confirmability was ensured through the independent data analysis by all the research team members to objectively verify that the participants' voices were central to the findings.

Ethical consideration

This study received ethical approval from the ethics committee of Prachomklao College of Nursing, Phetchaburi (Approval PCKCN REC no. 20/2565). A participant information sheet for the in-person survey contained details about the study's objectives and emphasized the

voluntary nature of participation. Before the data collection, the participants provided written informed consent. To maintain the confidentiality of the survey responses, each participant was assigned an alphanumeric code. The participants' responses were analyzed and reported anonymously during the qualitative phase. The interviews were recorded in audio and stored as password-protected files accessible only to the researchers.

Results

Quantitative result

Most participants were female (58.33 %; $n = 105$) and came from extended families (50.56%; $n = 91$). Most had three or four family members (40%; $n = 72$). The details about the participants' characteristics are shown in Table 1.

Table 1: Characteristics of the Participants ($n = 180$)

Variable	<i>n</i>	%
Gender		
Male	75	41.67
Female	105	58.33
Age (Years)		
60–70	89	49.45
71–80	71	39.44
81–90	20	11.11
($\bar{X} = 70.72$; $SD = 6.18$; Max = 84; Min = 60)		
Marital Status		
Single	9	5.00
Married	143	79.44
Widowed/divorced/separated	28	15.56
Education		
Uneducated	3	1.67
Primary school	167	92.78
Secondary school	7	3.88
Bachelor or higher	3	1.67
Occupation		
Unemployed	15	8.33
Government officer/state enterprise employee	3	1.67
Merchant	25	13.89
Employee	35	19.44
Self-employed	9	5.00
Homemaker	37	20.56
Farmer	56	31.11
Family Income (Thai Baht)		
< 5,000	4	2.22
5,001–10,000	161	89.45
10,001–15,000	13	7.22
> 15,000	2	1.11
Type of Family		
Single	89	49.44
Extended	91	50.56
Number of Family Members		

Variable	<i>n</i>	%
1-2	42	23.33
3-4	72	40.00
5-6	66	36.67
Health Status		
No medical condition	67	37.22
Medical condition	113	62.78
Social Media Use		
Every day	67	37.22
Some days	113	62.78

Family communication patterns

Table 2 describes the participants' distribution according to the family communication patterns. Most participants had the highest percentage of the family communication patterns in pluralistic, accounting for 62.78%, followed by the laissez-faire communication pattern at 24.44%. The consensual communication pattern was identified in 11.11% of the participants, while the protective communication pattern accounted for 1.67%.

Table 2: Distribution of the Participants by the Patterns of Family Communication (*n* = 180)

Family Communication Patterns	<i>n</i>	%	Mean	<i>SD</i>
Pluralistic	113	62.78	3.58	.46
Consensual	20	11.11	3.10	.31
Protective	3	1.67	2.52	.39
Laissez-faire	44	24.44	3.17	.36
Total	180	100	3.09	.22

Family relationships

Table 3 describes the distribution of the participants based on the aspects of family relationships. The overall family relationships were at a high level (mean = 2.75; *SD* = 0.67; cut-off high level = 2.51–4.00). When examining the specific aspects, it was found that the scores for the expression of affection and mutual support were at a high level (mean = 3.34; *SD* = 0.20; cut-off high level = 2.51–4.00). Adherence to the appropriate role responsibilities (mean = 2.93; *SD* = 0.78) and communication, consultation, and decision-making aspects (mean = 2.75; *SD* = 0.60) were also at a high level (cut-off level = 3.68–5.00). However, the participation in the recreational activities together was at a low level (mean = 2.06; *SD* = 0.29; cut-off level = 1.00–2.33).

Table 3: Distribution of the Participants by the Aspects of the Family Relationships (*n* = 180)

Family Relationships Aspects	Mean	<i>SD</i>	Level
Adherence to the appropriate role responsibilities	2.93	.78	High
Participating in recreational activities together	2.06	.29	Low
Communication, consultation, and decision-making	2.75	.60	High
Expressing affection and generosity	3.34	.20	High
Total	2.75	.67	High

Predictors of older adults' family relationships

Table 4 shows the factors relating to family relationships. Social media use correlated to family relationships at a statistically significant level of .05. Using online media for some days was significantly associated with better family relationships compared to the family that engaged in daily online communication.

Table 4: Factors Related to Family Relationships Among Older Adults ($n = 180$)

Characteristics	Family Relationships				<i>p</i> value
	Good ($n = 36$)		Poor ($n = 144$)		
	<i>n</i>	%	<i>n</i>	%	
Gender					.750
Male	14	18.67	61	81.33	
Female	22	20.95	83	79.05	
Age (Years)					.742
≤ 70	16	17.98	73	82.02	
> 70	15	21.13	56	78.87	
Family Income (Thai Baht)					.486
≤ 10,000	32	19.39	133	80.61	
> 10,000	4	26.67	11	73.33	
Types of Family					.502
Single	16	17.98	73	82.02	
Extended	20	21.98	71	78.02	
Health Status					.877
No medical condition	13	19.40	54	80.60	
Medical condition	23	20.35	90	79.65	
Social Media Usage					.030
Some days	20	17.70	93	82.30	
Every day	16	23.88	51	76.12	

Note: Significant level at .05 (Chi-square test)

Table 5 describes the relationships between family communication patterns and family relationships among older adults' families. The pluralistic communication pattern ($p = .009$), consensual communication pattern ($p = .042$), and protective communication pattern ($p = .043$) correlated with the family relationships at a significant level of .05. Families that engaged in communication with a moderate to a high degree of the pluralistic communication pattern generally exhibited positive relationships within the family. Similarly, families with a moderate level of the consensual communication pattern tended to have better relationships than families with a low level of the consensual communication pattern. Families that communicated moderately in a protective manner also tended to have stronger relationships than families with a low level of protective communication.

Table 5: Relationships Between Family Communication Patterns and Family Relationships ($n = 180$)

Family communication patterns	Family Relationships				<i>p</i> value
	Good ($n = 36$)		Poor ($n = 144$)		
	<i>n</i>	%	<i>n</i>	%	
Pluralistic					.009
High	19	52.78	65	45.14	
Moderate	15	41.67	79	54.86	
Low	2	5.56	0	0	

Family communication patterns	Family Relationships				p value
	Good (n = 36)		Poor (n = 144)		
	n	%	n	%	
Consensual					.042
High	0	0	0	0	
Moderate	34	94.44	143	99.31	
Low	2	5.56	1	0.69	
Protective					.043
High	0	0	0	0	
Moderate	23	63.89	104	72.20	
Low	13	36.11	40	27.78	
Laissez-faire					.701
High	4	11.11	13	9.03	
Moderate	32	88.89	131	90.97	
Low	0	0	0	0	

Note: Cochran-Mantel-Haenszel (CMH) test

After adjusting the gender, family income, family structure, and social media use, the consensual communication pattern ($B = 7.13$; $SE = 3.26$; $p = .034$) and protective communication pattern ($B = 1.72$; $SE = 0.82$; $p = .042$) were associated with the family relationships (Table 6).

Table 6: Relationships Between Family Communication Patterns and Family Relationships ($n = 180$)

Family communication patterns	Family relationships			
	Beta	SE	t value	p value
Pluralistic	0.50	0.75	0.67	.501
Consensual	7.13	3.26	2.18	.034
Protective	1.72	0.82	2.08	.042
Laissez-faire	0.53	1.35	0.40	.691

Note: Adjusted gender, family income, family structure, and social media use

Qualitative phase

A total of 40 older adults, primarily females ($n = 23$; 57.50%), participated in the individual semi-structured interviews. The age of the participants in the interviews was 68.25 years (range 61–77). All the participants lived with their family members, who used social media daily. Most participants were farmers and had medical conditions such as diabetes and hypertension.

The interviews were scheduled at times convenient for the participants, thus ensuring privacy and a tranquil setting. During the interviews, the researcher took notes and made personal reflections to document keywords, participants' discussions, and any study-related inquiries that emerged. Qualitative data collection explored the experiences of older adults concerning 'communication' and 'relationships' within their families.

The parts of poor family communication and relationships

From the interviews, participants provided insights into the causes of difficulties in family communication and relationships.

Lack of effective communication skills: The participants revealed that limited discussions and a lack of opinion exchange existed in their family, with older family members exercising authority over the younger generation. This dynamic created an environment where family members were reluctant to voice their thoughts and ideas or lacked communication. One participant said that:

"We have very limited discussions and consultations on various matters. We taught them to listen to and respect the elders, not to argue. If they disagreed, they shouldn't argue. Then, we saw that when we asked, they became quiet, hesitated to speak, or expressed what they thought and did not want to share with me."

(Male 71)

In addition, when participants gave their grandchildren the freedom to think, voice, and act according to their desires, it resulted in the younger generation becoming aggressive, lacking respect for the elders, and lacking attention for each other. For example, grandchildren might argue without reason, use disrespectful language, walk away, or not respond. One participant said:

"When I talked and asked him, he often argued with me. Some important issues should be discussed, but they didn't even tell or ask me anything. When I advised them with good intentions, they always argued without understanding and showed disrespect."

(Male 67)

Unresolved conflicts: Some participants shared information about situations in which family members held differing opinions, often leading to disputes. They would resist listening and not believe in the advice provided by their elders, resulting in fights within the family. Confronted with conflicts, the majority opted to stay silent and avoided discussions about the issues, which generated tension and impeded open communication in the family. According to one participant,

"When we had different opinions, we immediately started arguing without really listening to each other. Then, we ended up not talking for a couple of days, and eventually, we moved on to discussing something else."

(Female 73)

Technology distraction: Some participants explained that most of their grandchildren tended to be addicted to mobile phones and social media. They used their devices to play games and chat with others, leaving little time to communicate with family members or participate in everyday family activities. This was expressed in the participant's statement as follows:

"My grandson is always glued to his phone, you know... Playing games, scrolling through Facebook, hardly ever saying a word. He's either holed up in his room or fixated on that screen, and I couldn't get him to budge even if I invited him anywhere."

(Female 65)

Poor time management: Participants explained that some family members were busy with work, thus lacking sufficient time for communication and participation in family activities. Less communication and limited engagement in shared activities could result in emotional distance, lack of bonding, and diminishing affection. One participant said:

"I had an appointment to pick up medicine from the hospital, and I asked for help from my son. But he said that there was something urgent and he couldn't go. So, I went alone and hired someone to drive for me. Sometimes, I didn't dare to ask or bother my son."

(Male 68)

Managing family communication and relationships

Based on the interviews with the participants, they shared their strategies for managing family communication and relationships within their family.

Active listening and mutual understanding: The participants emphasized these strategies as they discussed their approach to resolving misunderstandings and addressing issues within the family. They highlighted their willingness to attentively listen to the problems and concerns of their family members by showing love and care. Furthermore, they were inclined to share their opinions and provide well-thought-out advice. The participants also acknowledged the importance of recognizing that individuals of different ages could have diverse perspectives and that each person's reasoning was valid. One of the participants mentioned that:

"Due to the generation gap, my opinion may differ from theirs. I actively listen and express my thoughts based on my own perspective while also considering their viewpoints. I am curious about their perception of things, as they have their own unique way of thinking supported by their own reasoning. I take their thoughts into consideration and do not impose my own ideas onto them."

(Female 74)

Being a role model: The older adults offered insights into the admirable behavior they exhibited toward their grandchildren by serving as good role models. For instance, when faced with a problem, they refrain from shouting or raising their voices, as emphasized by certain participants.

"I showed him how he should feel about things when he was unhappy or in trouble. I kindly asked him to share his thoughts first and then listen to what he had to say without getting upset before understanding the reasons. Then I let him express his own thoughts and give advice without imposing it by engaging in reasoned conversation."

(Female 71)

Having heart-to-heart talks: This was another strategy employed by the participants. The participants were informed about how they managed uncomfortable situations, like when they were unhappy or the bad family atmosphere. In those cases, the older people would go straight for open and honest conversations with their grandchildren. They would encourage

talking it out and working together without letting emotions take over. They would focus on showing more care and attention to each other, just like one participant said.

"Honestly, I straight up told them that it's kind of terrible when they talked loudly or were mean, and it made me feel upset. Sometimes, the grandchildren didn't even bother asking for advice or telling me stuff. Like, there were some important things they didn't even realize. Every now and then, I'd mention going to the older adult's club, but they totally forgot or didn't take it seriously."

(Male 62)

Discussion and conclusion

This study provided valuable insights into family communication and relationships among older adults and the factors that impacted their family communication and relationships. The study found that the primary communication pattern among older adults' families was to create an environment where each family member could voice their thoughts. This allowed family members to speak up and make decisions they considered appropriate, all without worrying about any potential disagreement from other family members. Additionally, family members listened to their older relatives' opinions and advice when making decisions about various issues. The older adults did not compel other family members to follow their suggestions. Simultaneously, they actively listened to the opinions of other family members. This pluralistic family communication pattern had the advantage of empowering family members to make decisions, express their opinions, and have confidence in their abilities (McLeod & Chaffee, 1973; Nakhaee et al., 2017).

The interview data supported the notion that older adults engaged in open and free communication within the family to encourage family members to improve their critical thinking skills and express their opinions confidently. However, the qualitative data suggested that the pluralistic communication pattern could lead to aggressive and disrespectful behavior among family members. Conversely, the protective communication pattern seemed to deter family members from expressing their opinions. This explanation concurred with previous studies (Lertsuwan & Hale, 2018; Shojaee et al., 2018), where families that adopted pluralistic communication tended to diminish the importance of adhering to the advice of the elders, while families favoring a protective communication approach prioritized attentive listening and unquestioningly following the guidance of the elders in all matters.

This study also revealed that spending leisure time together in the family, such as engaging in conversations or having meals, was unsatisfactory. This could be attributed to the societal changes occurring nowadays. People seek more freedom and are increasingly independent, resulting in decreased shared activities within families (Kanjanakuntorna & Chaiumporn, 2019). However, engaging in regular family leisure activities could play a role in strengthening familial bonds and mitigating these influences (Chen et al., 2019; Haekham & Rakpa, 2021). From qualitative data, it was evident that family members engaged in fewer activities due to various factors. For example, family members needed to take up responsibilities, such as employment and education, consequently causing them to become more independent and lack time to communicate. A significant contributing factor was that family members often engaged in social media, especially mobile devices (Sakeatong et al., 2018; Tajalli & Zarnaghash, 2017).

Therefore, the overuse of technology and social media could result in a deficiency of face-to-face communication and a decline in participation in shared activities within the family, thus impacting the quality of relationships. This could be attributed to the growing trend in Thai society of individuals engaging in online social networks, which sometimes led to disregarding the importance of those who were physically present. Some families also coexisted under the same roof but had limited communication, as they preferred connecting with new friends, conversing with acquaintances, or forming online friendships through platforms like LINE, Twitter, or text messaging. Consequently, this caused a decrease in interaction and communication with individuals in their immediate surroundings, resulting in increased physical separation and decreased concern for family members. As a result, family relationships would be negatively impacted (Mahmoud & Shafik, 2020). The qualitative data also showed that even grandchildren used their phones daily for communication, news updates, and online shopping, further decreasing in-person conversations among family members.

This study discovered that communication correlated with family relationships among older family members. More specifically, communication patterns like consensual and protective communication had a significant impact. This could be because protective communication helps family members maintain a strong sense of togetherness by preventing conflicts, disagreements, and confrontations and avoiding problems within the family. Consequently, this contributed to promoting positive family relationships (Szkody & McKinney, 2021). Similarly, consensual communication involves the expression of opinions by family members, open communication, listening to each other's viewpoints, and striving for mutual understanding. This type of communication fostered a shared sense of direction and reconciliation among communicators (Koerner & Schrodt, 2014). These findings were also consistent with previous research that suggested that family communication focused on conflict avoidance, deferring to elders, and avoiding disagreements was associated with stronger family relationships (Szkody & McKinney, 2021). Moreover, the qualitative data supported the idea that preventing arguments and conflicts often led to positive family conversations. However, in many cases, family members tended to voice their opinions, engage in disagreements, ignore resolving conflicts, and fail to actively listen to each other, resulting in occasional disputes and tensions.

Through interviews with older adults, it was discovered that they had different approaches to managing their family relationships. They valued open communication with their children and grandchildren by discussing their emotions and needs. Some older adults used active listening and rationally expressed their thoughts. Likewise, their family members listened attentively and engaged in meaningful conversations. Furthermore, the older adults served as positive examples for their family members by encouraging open discussions and showing concern without judgment or blame. In addition, in today's world, people often prioritize online social media over in-person interactions with their loved ones, including family members (Mahmoud & Shafik, 2020). If older adults do not comprehend or adjust to these changes, it could result in mental health problems like sadness and depression (Wu & Chiou, 2020).

There were some limitations to this study. One limitation of this study was being conducted at a single site could restrict the generalizability of the findings beyond the specific sample. Furthermore, in the qualitative phase, purposive sampling was used. This limitation could influence the extent to which the findings could be generalized. Therefore, it would be essential to account for this factor when interpreting and applying the results to different

contexts. Nonetheless, the study contributed novel insights that could prove valuable for future comparative analyses.

In conclusion, the relationships between communication and relationships within the family were identified. The majority of the participants expressed that open communication and adherence to family values would yield positive impacts on family relationships. However, the scarcity of shared family activity diminished family relationships. Older adults manage their family relationships through active listening, being a good model, open communication with family members, and practicing emotional release and understanding. As a result, we highly suggest that community nurses create strategies or initiatives to enhance relationships between older adults and their families and encourage honest and constructive communication within the family. The embedded interactional patterns between older adults and their families would emerge as crucial in fostering more gratifying and affectionate relationships. Regarding future research, we, in particular, need quasi-experimental research to assess the effectiveness of family interactive programs for older adults.

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