EXPLORING CAREGIVER'S PERSPECTIVES ON COMMUNICATION CHALLENGES IN DAILY ACTIVITIES FOR PATIENTS WITH DYSARTHRIA

By

Mst. Tonni Akter Jarin

4th Year, B.Sc. in Speech &Language Therapy Department

Session:2020-2021

Bachelor of Science in Speech & Language Therapy

Bangladesh Health Professions Institute (BHPI)

(The academic institute of CRP)

Faculty of Medicine, Affiliated by

University of Dhaka

[January, 2026]

EXPLORING CAREGIVER'S PERSPECTIVES ON COMMUNICATION CHALLENGES IN DAILY ACTIVITIES FOR PATIENTS WITH DYSARTHRIA

Research presented to the

Bachelor of Science in Speech & Language Therapy

Bangladesh Health Professions Institute

(The academic institute of CRP)

By

Mst. Tonni Akter Jarin

jarinahmed003@gmail.com

Supervisor

Sanjida Subahan

Assistant Professor

Department of Speech & Language Therapy

Bangladesh Health Professions Institute (BHPI)

In partial fulfillment of the requirements for the degree of

B.Sc. in Speech & Language Therapy

[January, 2026]

APPROVAL

We certify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka for the acceptance of this dissertation entitled- **"Exploring Caregiver's Perspectives on Communication Challenges in Daily Activities for patients with Dysarthria."**

By

Mst. Tonni Akter Jarin

4th Year student of Speech and Language Therapy

Approved By

Signature of Supervisor

……..

Sanjida Subahan

Assistant Professor

Department of Speech & Language Therapy

Bangladesh Health Professions Institute (BHPI)

Signature of Head of the Department

……..

Md. Sazzad Hossain

Assistant Professor & Head

Department of Speech & Language Therapy

Bangladesh Health Professions Institute (BHPI)

CRP- Chapain, Savar, Dhaka-1343, Bangladesh

DECLARATION

I, **Mst. Tonni Akter Jarin,** hereby declare that this research is my original work and that it poses no harm to participants or others. Any mistakes or inaccuracies are my own. The sources used for this study have all been appropriately cited.

Signature & Date

……

Mst. Tonni Akter Jarin

4th Year B.Sc. in Speech & Language Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343

Bangladesh

DEDICATION

"Dedicated to my beloved family and my honorable supervisor……"

Table of Contents

LIST OF ANNEXURES ..... **iii**

ABBREVIATIONS ..... **iv**

ACKNOWLEDGEMENT ..... **v**

ABSTRACT ..... **vi**

CHAPTER-1 INTRODUCTION **1-12**

1.1 Introduction 1

1.2 Significance of the study 5

1.3 Research Question 6

1.4 Objectives of the study 6

1.4.1 General Objectives 6

1.4.2 Specific Objectives 6

1.5 Literature Review 7

1.6.1 Dysarthria 12

1.6.2 Communication challenges 12

1.6.3 Caregiver 12

1.6.4 Daily activities 12

CHAPTER- 2 METHODOLOGY **13-18**

2.1 Study Design 13

2.2 Sample Selection 13

2.2.1 Study Place 13

2.2.2 Study Population 13

2.2.3 Sampling Procedure 13

2.2.4 Sampling Size 14

2.2.5 Field Test 14

2.2.6 Inclusion Criteria 14

2.2.7 Exclusion Criteria 14

2.2.8 Participants Overview 15

2.3 Data Collection 15

2.3.1 Data Collection Instruments 15

2.3.2 Data Collection Procedure 16

2.4 Data Analysis 16

2.5 Ethical Consideration 18
2.6 Rigour 18
CHAPTER-3 RESULT 19-32
CHAPTER-4 DISCUSSION 33-38
CHAPTER-5 LIMITATIONS & RECOMENDATIONS 39
CHAPTER-6 CONCLUSION 40
CHAPTER-7 REFERENCES 41-49
ANNEXURES 50-58

LIST OF ANNEXURES

S. N	Annexure	Topic	Page No.
1.	Annexure-1(A)	Questionnaire English	50
2.	Annexure-1(B)	Questionnaire Bangla	51
3.	Annexure-2(A)	Consent Form English	52
4.	Annexure-2(B)	Consent Form Bangla	53
5.	Annexure-3(A)	IRB Permission Form	54
6.	Annexure-3(B)	Permission Letter for Research Conduction	55
7.	Annexure-3(C)	Permission Letter for Data Collection	56
8.	Annexure-3(D)	Permission Letter for Data Collection	57
9.	Annexure-3(E)	Application for IRB	58

ABBREVIATIONS

Abbreviations	Elaboration
BHPI	Bangladesh Health Professions Institute
CNS	Central Nervous System
LMICs	Low- and Middle-Income Countries
MND	Motor Neuron Disorder
PD	Parkinson's Disease
SLPs	Speech and Language Pathologists
SLTs	Speech and Language Therapists
SLT	Speech and Language Therapy

ACKNOWLEDGEMENT

First of all, I would like to express my gratitude to the Almighty Allah for providing me with enough ability, patience, and intelligence to complete this research project successfully on time. I would like to thank my honorable and praiseworthy supervisor, mam **Sanjida Subahan,** Assistant Professor, Department of Speech & Language Therapy (SLT), CRP, for her excellent guidance, thoughtful suggestions, advice, and encouragement during conduction of this research project. Without her guidance and persistent help, the dissertation would not have been possible. Also, thanks to our honorable Sir **Md. Sazzad Hossain,** Head & Assistant Professor of SLT dept. BHPI for permitting to conduct of the research.

Incredible thanks to my honorable teacher, **Nahid Parvez,** Assistant Professor, Department of Speech & Language Therapy, for helping me throughout the study.

There is no exact word to express my gratitude to "My Parents". I am blessed to have such an amazing and supportive family. I want to thank them for always being there for me and supporting me in every phase of my life.

I would also like to acknowledge my respective immediate senior, Khaled Saiful Joy, with the feeling of gratitude for his guidance during the project.

Additionally, I would like to thank all my well-wishers, my friends for their endless support and encouragement during this research project. Especially Naim Khan, Samira Akter Nepa, and Sourav Saha, for helping me in handling difficult situations throughout my research project.

And lastly, I want to thank every person who participated in my research project directly or indirectly and making it successful. Thanks to everyone for your kindness and help.

ABSTRACT

Dysarthria affects everyday tasks because the individual's speech is slow, slurred, or difficult to understand. Dysarthria causes communication-related difficulties for family members and caregivers when helping patients, which is both practical and emotional.

The aim of the study was to explore and understand how caregivers deal with communication challenges that arise during daily activities with people with dysarthria.

The design of this study was qualitative, phenomenological, and included in-depth interviews with ten caregivers of patients diagnosed with dysarthria who met the inclusion criteria. Self-made open-ended questions were used to conduct the study. A purposive sampling method was applied in the selection of the participants, and thematic analysis was used to determine recurring themes and patterns.

The data analysis provided six major themes:(1) Communication difficulties in Daily Activities, (2) Caregiver Challenges in Managing Communication, (3) Emotional Impact of Communication Difficulties, (4) Social and Participation Challenges, (5) Coping Strategies and Communication Techniques, and (6) Support Systems and Training Needs. The findings suggest that unclear speech created communication barriers that made other people ask, guess, or use non-verbal communication. Similarly, high levels of distress-anger, helplessness, and isolation were reported by both the patients and the caregivers. Negative social reactions led to less confidence in patients and higher emotional burden among caregivers. Reported emotional exhaustion, patience fatigue, and increased responsibility of the caregivers as communication mediators.

The result of the study shows that communication difficulties faced in dysarthria create impairments that are emotionally shared by the caregivers and patients. The results also suggest that to improve communication effectiveness and reduce burden on the caregiver, services related to communication training, emotional support, and public awareness are vital to improve the quality of life of the dysarthric and their caregiver.

Key words: *Dysarthria, Caregiver, Communication Challenges, Daily Activities.*

CHAPTER-1 INTRODUCTION

1.1 Introduction

Dysarthria is a speech disorder caused by a lesion in the central nervous system, resulting in the impairment of the muscles involved in speech, which leads to speech difficulties related to pronunciation, strength, tone, and voice quality, which finally leads to slurred or indistinct speech (Shakhodjaeva & Abidova, 2025). Dysarthria is a disorder of neuromotor articulation that reduces the strength of the tongue and lip muscles, making a person unable to speak fluently (Mahendran et al., 2024). These may give rise to issues of intelligibility, audibility, naturalness, and efficiency of vocal communication as a result of one or other toxic, metabolic, or degenerative disorder, traumatic brain injury, or stroke (Olarescu & Ponomari, 2024).

People having neurological illnesses have a high incidence of dysarthria, and this condition affects as many as 90% of individuals (Moya-Gale & Levy, 2019). In Bangladesh, dysarthria is highly prevalent with a host of neurological diseases like stroke, which causes impairment (Rahman et al., 2023). According to Rahman and colleagues, areas of Bangladesh like Khulna, Rajshahi, and Rangpur have a high incidence of neurological diseases related to dysarthria (Rahman et al., 2023). In nations with poor and moderate incomes, neurological disorders of dysarthria impose a huge cost, and the management of dementia, which can feature dysarthria, is costly, which is an essential portion of the total expense through indirect costs (Mattap et al., 2022). Community-based approaches and foreign development aid can assist in uniting primary and emergency care systems, which can lessen the burden of stroke and other diseases that cause dysarthria, and they can assist in improving management for dysarthria in LMICs (Lee et al., 2015).

Dysarthria affects an individual's ability to communicate with other people in the world (Scholderle et al., 2016). Dysarthria makes speech less clear, which increases the chances of miscommunication, and problems can arise at home and in social situations while the way an individual speaks, the sound of his/her voice, and the clarity of his/her speech are affected severely due to dysarthria, and when we communicate everyday things with others, this will affect social interaction, so it can cause an emotional

disturbance (Kurniawan et al. 2025). Because of this, it is hard for them to communicate with others, express their needs, lack conversation participation, and socialize, which impacts their daily life (Kramer et al., 2022).

Dysarthria caregivers encounter many challenges while communicating in daily life, and this is largely due to the intelligibility difficulties involved (Bloch & Wilkinson, 2011). Caregivers are particularly important to dysarthria patients because they help them to associate and engage in daily activities, promote their speech and engagement in daily life; furthermore, caregivers must understand that their own speech may affect the speech of patients (Brady et al., 2011). People caring for victims of dysarthria play a critical role in maintaining social networks and facilitating social interaction of these individuals; however, there are not many studies that examine their strategies and success (Wylie et al., 2022). Daily activities are assisted for people with dysarthria by communication and the use of learned strategies, techniques, and coping methods, and carrying out home practice (Mackenzie et al., 2013). Caregivers need to communicate effectively, understand the issues faced by the person with dysarthria, and provide emotional support, which is also a way to facilitate communication through environments that support your loved one's communicative participation and therapy (Page & Yorkston, 2022).

When a loved one with dysarthria fails to talk, a caregiver may get annoyed and feel helpless about how to communicate; as they deal with the emotional process of being with someone with dysarthria, this can contribute to their stress and isolation; moreover, caregivers require valuable information and support to manage their feelings (Packer et al., 2025). Taking care of someone messes with a person's mental and emotional health; caring for others due to the heavy burden, they experience emotional burdening and changes in their daily routines (Neto et al., 2021). Communication problems may severely affect the caregiver-dysarthria patient connection, and the issues may cause rifts during therapy where patients feel their needs and feelings are disregarded, and caregivers feel frustrated or excluded (Bright & Reeves, 2020).

Caregivers often go through various emotions like stress, frustration, and helplessness as they encounter communication challenges with the patients, though the extent of mental health impact on caregivers, like anxiety or depression, is reported not to be much, but it is important to consider (Weisser et al., 2015).

Speech-language pathologists can offer customized assistance that can fulfill the needs of individuals and their caregivers continuously; training on communication support strategies such as topic cues to enhance interpretation and the use of the alphabet for supplementation can help caregivers of people with dysarthria, and the communication breakdown can be remedied using tools, communication displays that have pictures, letters, and words for communication moreover, training new caregivers to adapt to individualized rehabilitation strategies is crucial in settings with high turnover (Hanson & Fager, 2017). SLPs play a crucial role in dysarthria management, as they need to examine, treat, and inform patients and families about this communication disorder, and work on improving communication with the help of compensatory strategies and physiological assistance (Brown and Spencer, 2018).

We should understand how the caregivers think because they are a huge part of the everyday caring of the person with dysarthria, and it will improve the methods of intervention and therapy processes; moreover, finding out how caregivers experience dysarthria can help health professionals to formulate more compassionate, costly, holistic care strategies for patients and families that better address their physical and emotional needs, and it helps to discern how the condition impacts other areas beyond the clinical picture (Packer et al., 2025; Walshe & Miller, 2011). Caregivers often assist those with dysarthria in communicating, which is why it is important that they possess successful strategies (Brady et al., 2011). The perceptions of caregivers regarding the challenges and benefits that a person with dysarthria faces can provide expertise and result in an expanded quality of existence, including social engagement and mental health (Page and Yorkston, 2022).

Looking at caregivers' perceptions of dysarthria can enhance care practices by showing their unique views on the challenges faced by a person living with MND; by looking closely at these experiences, health professionals can better tailor communication strategies and support systems to address mealtime interactions and communication (Packer et al., 2025). The perspectives caregivers have concerning patients with dysarthria can improve the care practices in a way that can better highlight the practices that work, and these successful communication-supporting techniques are drafting, rehearsing, and listener awareness (Brady et al., 2011).

As dysarthria is a speech disorder that can impair intelligibility, which can lead to social disconnection that in turn reduces life quality, noticing the communication barriers in dysarthric patients can enhance the lives of both the patients and the caregivers, and it makes communication more effective and helps reduce frustration and build connections with people (Spencer & Brown, 2018). The caregivers provide significant support to individuals with dysarthria. However, they too have problems due to the communication difficulties. Once we identify the problem areas, this can also help the caregiver in improving the interactions (Kemer et al., 2022).

The purpose of this study is to understand the perspective of caregivers about the communication difficulties that impair the daily activities of the patient with dysarthria to enhance communication, reduce frustration, and improve the quality of life of the patient and the caregiver.

1.2 Significance of the study

The study “Exploring caregiver's perspectives on communication challenges in the daily activities for patients with dysarthria” is likely to give a boost to the existing knowledge by giving a deep understanding of the communication challenges encountered by caregivers and patients with dysarthria. By examining what caregivers think, the study may show where current therapy misfires and find areas in which therapy needs to take a more holistic approach that includes the caregiver (Page & Yorkston, 2022; Brady et al., 2011). Those findings might be used to develop new treatment methods that consider the contribution of the close ones and address practical problems that appear in everyday communication (Bloch and Wilkinson, 2011).

There are several reasons why the caregiver’s views of communication difficulties of dysarthric patients is an important study. The study will provide an awareness of the practical challenges that patients encounter in daily interactions by looking at the experiences of caregivers. The findings of this research may prove helpful in modifying communication strategies to benefit patients and caregivers. By identifying the barriers, this research would help in the design of training programs and support systems for caregivers. The emotional well-being of caregivers will improve when they learn to communicate better with others. Moreover, it will create a more powerful caregiver-patient bond that enhances care quality.

The findings of this study can also be applied by speech therapists and rehabilitation professionals. By learning about the communication breaks in daily life, a clinician can make clinically effective and practical interventions that fit with the social and family settings of individuals. This increases the patient’s ability to do meaningful things. It will help to reduce stigma by creating awareness about the communication barriers faced by both caregivers and patients. Thus, dysarthria-aware environments will help the person with the speech condition to participate more confidently. When obstacles are knocked down, patients and caregivers will experience greater satisfaction with emotional well-being and social participation. This means that the research as a whole is a positive contribution to the field and helps dysarthric individuals and their caregivers improve their quality of life rather than just documenting the problem.

1.3 Research Question

What are Caregiver's Perspectives on Communication Challenges in Daily Activities for Patients with Dysarthria?

1.4 Objectives of the study

1.4.1 General Objectives

- To explore and understand how caregivers deal with communication challenges that arise during daily activities with people with dysarthria.

1.4.2 Specific Objectives

- To know the communication barriers among caregivers while helping people with dysarthria in daily activities.
- To understand how dysarthria affects the emotional well-being of both caregivers and patients, which includes feelings of frustration, stress, and isolation.
- To evaluate the support systems and resources available for caregivers, which include training and professional assistance, in managing communication challenges

1.5 Literature Review

Dysarthria is a condition affecting a person's ability to produce speech characterized by poor articulation and poor control of the larynx due to neurological damage that disrupts the motor control of speech, which may arise from degenerative disease, metabolic disease, trauma to the brain, and/or stroke, and there are several forms of dysarthria, including bulbar, pseudobulbar, subcortical, cortical, and cerebellar (Olarescu & Ponomari, 2024). Dysarthria affects the speech muscles, and motor control is impaired, so the speech cannot be understood and is not audible (Giri & Rayavarapu, 2018). The abnormalities create changes in strength, speed, range, stability, tone, or precision of the motions needed for the prosodic, phonatory, articulatory, and respiratory components of speech, which means their speech is unclear, slow, or not easy to understand (Lowit & Kent, 2016).

Dysarthria affects 78.7% of patients, and the frequency rises with the progression of the disease, especially towards the end of the first decade of the disease (Ji et al., 2025). About 44% to 46% of stroke patients have dysarthria, which has a common form called unilateral upper motor neuron dysarthria (De Cock et al., 2021). Most individuals suffering from Parkinson's disease (PD) have hypokinetic dysarthria, and this entails decreased vocal loudness and a monotonous tone (Moya-Gale & Levy, 2019). Dysarthria occurs in 51% of people who have MS, often of mixed typology (Hartelius et al., 2000). It is common for stroke and PD patients to have minor prosody impairments and slower speech (Moya-Gale & Levy, 2019). Dysarthric patients have short breathing cycles and slight hypernasality that affect speech production (Ribeiro & Ortiz, 2009).

Individuals with dysarthria have less intelligible speech, and this affects their ability to communicate functionally and take part in social life, which is more common in the case of patients suffering from PD and stroke (Moya-Gale & Levy, 2019). Dysarthria limits how clear and natural speech will sound, which makes it difficult for patients to be understood, and due to this, there might be a lot of miscommunications during day-to-day interactions because the listener might not understand what is being said (Lehner & Ziegler, 2021; Enderby, 2013). Dysarthria patients face a variety of problems in carrying out daily activities, and these problems include problems in the physical aspects of speech production as well as the psychosocial problems due to impaired

communication (Brady et al., 2011). People who suffer from dysarthria will still have psychosocial issues even if they are still intelligible in the clinical management of speech difficulty, and the Dysarthria Impact Profile reveals this (Atkinson-Clement et al., 2019).

When a patient has dysarthria, caregivers find it difficult to understand their speech, and how much or how little they speak often depends on how much the person hearing understands the speech (Wolfrum et al., 2023). If the caregivers of a dysarthric patient are not familiar with their speech pattern, they may find it harder to understand them, which may lead to more breaks in communication (Wolfrum et al., 2023). Miscommunication between caregivers and patients often occurs due to perceived competence of communicative effectiveness among people with dysarthria; people who have difficulty speaking may find it challenging to communicate messages in loud places or over the phone. People with mild dysarthria have slight speech intelligibility issues; however, those who have moderate dysarthria will have a more significant effect on communication, though they can still use communication functions in structured settings (Guo & Togher, 2008).

The involvement of caregivers is important in the daily communication and activities of individuals with dysarthria or other speech disorders, as caregivers can help improve communication by pre-planning, talking more deliberately, and swapping words that are hard to say with other words (Brady et al., 2011). Caregivers assist with daily activities to allow patients to stay as independent as possible, helping with activities that require the use of fine motor skills, which is not as effective due to dysarthria (Suzuki et al., 2019). They are in charge of altering the home setting to make it easier for the patient to communicate and move (Howells et al., 2020). Caregivers also contribute to social reintegration, as they aid patients in re-engaging with the community and maintaining social interactions, which is essential for their mental strength (Mackenzie et al., 2013). The caregivers also face communication challenges and emotional cost of caregiving; and training and support of caregivers is vital in the implementation of successful management of these stressors (Packer et al., 2025).

Communication requirements in caregiving tasks for people with dysarthria can cause a significant burden on caregivers, and sometimes the communication burden placed on caregivers can add to the overall burden they feel and affect their quality of life

(Brady et al., 2011). Those who care for individuals with dysarthria often suffer from severe communication stressors, and these challenges make it hard to engage in difficult conversations with a loved one as a way to keep them safe (Shaunfield, 2015). In terminal care, the complexity of communication tasks increases with the tensions raised between the emotionality and relationality of caregivers (Shaunfield, 2015). Communication barriers greatly impact the efficiency of care; breakdowns in communication occur due to language impairment (Savundranayagam et al., 2005). Using strategies like nonverbal cues and clear language helps avoid problems and improve communication between the caregiver and care recipient (Watson, 2017). Dysarthria reduces the intelligibility of speech, due to which causes caregivers to be unable to understand the speech, which causes a lot of misunderstandings and repetition, which can lead to frustration on both sides (Tomik & Guiloff, 2010).

Most caregivers lack any formal training in communication disorder management, like dysarthria, making them ineffective at providing care (Baylor et al., 2017). Caregiver training programs, which closely resemble the education of healthcare providers, can help caregivers communicate with dysarthria patients in more appropriate ways (Baylor et al., 2017). Many caregivers have time pressures that may inhibit their ability to implement recommended strategies for dysarthria and other areas (Chadwick et al., 2005). Speech-generating devices and communication boards are examples of augmentative and alternative communication (AAC) strategies used to help people with severe communication deficiencies, and caregivers can find it difficult to use these devices without sufficient training (Arroyo et al., 2012).

A patient can become very frustrated and helpless when they suffer from dysarthria; the Dysarthria Impact Profile (DIP) reveals that even patients without major problems with intelligibility have significant psychosocial impacts, showing that the disorder affects much more than just speech (Atkinson-Clement et al., 2019). Patients feel disempowered within rehabilitation routinely as their speech problems compete with priorities, which can cause fewer speech problems and more hopelessness of recovery, which can lead to increased feelings of loneliness (Archer & K-y, 2025). Communication difficulties can affect a dysarthria caregiver and patient relationship in various ways; for instance, the caregiver may look more disconnected and the patient less involved (Wolfrum et al., 2023). Caregivers generally have the first responsibility of communication, as the caregiver can suffer physically and emotionally, which may

affect their quality of life, and the caregiver-patient relationship may suffer as well; however, a trach can make for more effective patient-caregiver communication (Atkinson-Clement et al., 2019; Archer & K-y, 2025).

Dysarthric patients and their caregivers significantly suffer from being unable to cope with their daily communication challenges; patients and caregivers of dysarthria are mainly concerned about being able to cope with communication challenges during daily activities. To overcome many challenges, caregivers and patients employ a variety of strategies to communicate and maintain emotional well-being (Carlsson et al., 2014). Caregivers often ask for clarification or offer possible fixes (repair strategies) when a misunderstanding occurs in a discussion, and these strategies help keep the channels of communication open and promote understanding (Bloch & Wilkinson, 2011). Patients and caregivers can use strategies to overcome communication breakdowns of dysarthric patients, while some people speak by using another kind of device, for example, a speech-generating device, and the assistance of caregivers is also valuable, as they help an individual teach new communication partners and maintain the AAC system additionally the use of sound production strategies, supplemented by the letter, and avoidance of their speaking situation assist with communication use, effectiveness, and meeting daily needs (Beukelman et al., 2011).

Speech & language therapists (SLTs) work with people with communication difficulties in dysarthria to improve their speech intelligibility and quality of life by using different techniques (Sellars et al., 2002). Spoken language therapy can be used to assist caregivers of patients with dysarthria to enhance communication during their everyday routine (Kim et al., 2024). Programs such as Living with Dysarthria aim to include the patient's family members; in addition to educating them, it also allows peer work and practice speech, and people usually like these programs, and they feel that their speech is better, and they feel confident, while caregivers must be involved in therapy (Mackenzie et al., 2013). SLPs can reduce caregivers' emotional and financial burdens through their intervention; interventions that focus on improving the caregiver's wellness and the outcome of care recipients need to be emphasized in speech therapy (Badesha et al., 2023). Speech-language therapy did not pass without difficulties in assisting these caregivers, yet intervention can be ineffective with people with dysarthria, and it varies with the needs and severity of the condition (Kramer et al., 2022). Also, caregivers can encounter barriers to the consistent application of what

they learn, indicating a need for continued follow-up and interaction as well as diverse needs (Brady et al., 2011; Bloch & Wilkinson, 2011).

Due to the complicated nature of dysarthria and the lack of support systems, the caregivers of patients with dysarthria find it very challenging. Caregivers tend to be in an information and support clash, as they are left with either contradictory or incomplete information regarding dysarthria; the lack of these details may lead people to feel isolated and despairing (Packer et al., 2025). Health care providers are encouraged to look beyond assessment practices, which may also include mealtime and communicative engagements, but these suggestions do not always trickle down and leave caregivers unprepared to help their loved ones (Packer et al., 2025). The current therapeutic recommendations on dysarthria are broad and imprecise, and it is difficult to implement them in practice by caregivers (Kramer et al., 2022). Caregivers lack training and resources to implement these interventions at home, and this may lead to caregiver burden and suboptimal outcomes (Brown and Spencer, 2018).

Studies on communication problems that patients with dysarthria encounter in their daily lives are rare, while existing studies suggest that these challenges are complex and multidimensional (Bloch & Wilkinson, 2009). So far, research on dysarthria caregivers' views and experiences is lacking, though researchers have written papers about the caregiver experience, but they mostly are on other communication disorders or the dysarthric individual's perspective (Walshe & Miller, 2011).

Most of the studies, for example, by Kramer et al., concentrate on the clinical features of dysarthria diagnosis and treatment, which leaves little scope for the caregiver's perspective or input, and this suggests a need for more studies that capture the experiences and challenges of caregivers (Kramer et al., 2022). According to an integrative review by Neto et al., studies of speech and language disorders such as dysarthria do not represent a diverse range of research approaches, and they further remark that the perspectives of caregivers are lacking in such studies (Neto et al., 2021).

Caregivers have an important role in rehabilitation, and understanding their views can improve the effectiveness of family involvement in intervention (Mackenzie et al., 2012). Bloch and Wilkinson noted that characteristics of dysarthric speech impact understanding of everyday conversation, therefore making studies in real life better than single assessments (Bloch & Wilkinson, 2009).

1.6 Operational Definition

1.6.1 Dysarthria

Dysarthria is a motor speech disorder that is caused by the paralysis of muscles affecting speech production. It is induced by the damage to the nerves involved in talking. A speech disorder, which takes place when a person has problems producing or using verbal language. Sometimes they speak slowly or not at all, and they may even sound slurred (Dysarthria, 2025). This concept aligns with the operational definition that the researcher employed for the investigation.

1.6.2 Communication challenges

Communication is the ability to successfully send and understand messages. When the process fails, it is what is referred to as a communication difficulty or challenge. These challenges can involve problems with understanding (receptive), expressing ideas through speech, writing, or non-verbal cues (expressive), or both (Communication Problems | SLT | Expert Providers of Speech and Language Therapy Throughout the UK, n.d.). The practical definition that the researcher employed in this study is consistent with this conceptual definition.

1.6.3 Caregiver

A caregiver is a person who assists another person who is either sick, disabled, or elderly regularly with day-to-day activities such as bathing, dressing, medication, transportation, and emotional care (Schulz & Eden, 2016). The concept of caregiver aligns with the study as the communication partner of the dysarthria patient.

1.6.4 Daily activities

The responsibilities of day-to-day life. These activities include eating, dressing, getting in and out of a chair or bed, bathing, and getting in and out of a bath or bed. Examples of instrumental daily living activities that are associated with independent living include meal preparation, money management, shopping, housework, and phone use (NCI Dictionary of Cancer Terms, n.d.). Daily activities reported in this study through the communication challenges faced by dysarthria caregivers.

CHAPTER- 2 METHODOLOGY

This section describes how the researcher designed the study to achieve the goals and objectives.

2.1 Study Design

An in-depth phenomenological qualitative study was conducted for the aim of this research to understand the perspective of caregivers about the communication troubles that affect daily activities of the patient with dysarthria. Phenomenology is focused on understanding individuals' perceptions and interpretations of their experiences (J. A. Smith et al., 2012). The research was conducted by a Qualitative design because A qualitative approach is appropriate because it allows for an in-depth exploration of lived experiences, perceptions (Creswell & Poth, 2017).

2.2 Sample Selection

2.2.1 Study Place

The study was conducted at the Centre for the Rehabilitation of the Paralysed- Savar.

2.2.2 Study Population

Population is a group of individuals sharing common attributes that interest the researcher (Hicks, 2009). The study population, including the present study, consisted of the caregivers of patients with dysarthria who are undergoing therapies in the CRP, Savar.

2.2.3 Sampling Procedure

Since the researcher was evaluating values in selecting the participants, the samples were therefore selected through purposive sampling. Purposive sampling assists the student researcher in finding the selected sample that mostly meets the study's standards and is related to its objective (Crossman, 2020). Purposive sampling is for participant selection based on pre-determined criteria. Purposive sampling is an efficient and time-saving sampling procedure (Bowling, 2014).

2.2.4 Sampling Size

Sample is a group of subjects that would be selected from the population to be used in a piece of research. Although a bigger sample size in a survey study is more likely to be representative of the population, in many cases, the researcher is unable to do so for both practical and economic reasons (Hicks, 2009). A "representative picture" can be 14 obtained despite the low sample size (DePoy & Gitlin, 2019). Therefore, this study used a small sample size of 10.

2.2.5 Field Test

Before obtaining the primary data, the researcher conducted a field test with two people to evaluate interview questions and data collection methods for relevance, clarity and structure. Both participants had no difficulty in making sense of the questions throughout the entire field test, and there were no errors or ambiguities discovered. As a result, the questionnaire was left in its original form and unnecessary changes were not carried out. The data from these two participants was merged into the main study sample because the field test did not find any problems with it. Both Bengali {Annexure - 1(B)} and English {Annexure - 1(A)} versions of the questionnaire were produced, and in the interests of being absolutely sure that they are right audio tapes taken from this field testing were transcribed into English. All in all, the field test turned out to be a helpful prelude, verifying that the tools used for gathering data were understandable, suitable for the given environment, and able to record the participants' opinions.

2.2.6 Inclusion Criteria

- Primary caregiver for a patient with all types of dysarthria.
- Caregiver must have at least 3 months of caregiving experience.
- Caregiver should be aged 18 or older.

2.2.7 Exclusion Criteria

- Caregivers with language barriers.
- An illiterate person
- The caregivers who are unwilling or unavailable

2.2.8 Participants Overview

This study comprised 10 caregivers of dysarthria. Purposive Sampling techniques were used to select participants based on pre-determined criteria. The table presented below gives an overview of the identified participants.

Table: Participants Overview

Participants	Age	Gender	Relation with dysarthria patient	Time of caregiving
1	23	Female	Daughter	3 months
2	32	Female	Mother	14 years
3	36	Female	Wife	3 months
4	40	Female	Wife	13 months
5	24	Female	Daughter	5 years
6	23	Male	Brother	3 years
7	22	Female	Daughter	3 months
8	22	Male	Son	4 months
9	55	Female	Brother	17 months
10	36	Male	Brother	4 months

2.3 Data Collection

2.3.1 Data Collection Instruments

According to Hicks (2009), "The investigator is the main instrument that is needed to collect data in a qualitative study". In this study, the investigator collected all data without any assistance, and an open-ended self-made questionnaire was used for this study. Open-ended questions allowed for more individual answers or responses, which are exactly needed for the study. "In case of a Qualitative study, the investigator usually uses observation, interviewing, and tape recording" (Bailey, 1997). At first, the investigator took oral permission and provided a self-introduction. If the participants agreed to participate, then the investigator gave them a consent form. A consent form was signed before taking an interview. After signing the consent form, the investigator

started the interview, and some instruments were used to conduct the interview, such as a pen, paper, and a board. A mobile recorder was also used to conduct the interview.

2.3.2 Data Collection Procedure

Data was collected from the participants through face-to-face interviews by the researcher. Then all the phone numbers and addresses of all the participants were collected. Next, participants were told about the study, and the researcher obtained consent of the participants face-to-face. The study was conducted in a quiet environment, and only willing participants participated because data were collected using a mobile recorder. The questionnaire was based on investigating how caregivers of dysarthria patients are affected by communication challenges in daily activities, functionally, emotionally, and socially. After getting a sign from the participant, the researcher started to record. Each participant was interviewed for no longer than 10-15 minutes.

2.4 Data Analysis

Thematic analysis was employed to analyze the interview data since it allows for a more in-depth comprehension and precise description of the data collected. Finding the meaning of the data with research questions ends with identifying themes (Thematic Analysis, 2013). I followed the six steps of thematic analysis. Using an inductive approach, codes were generated & organized into themes by reviewing and optimizing (Braun & Clarke, 2020). First, the student researcher discussed the analysis steps with the supervisors, described below.

Step 1: Get Familiar with the Data

The researcher transcribed the audio-recorded interviews in Bengali verbatim. One of the first ways the student researcher familiarized herself with the data was by having a student researcher translate the interviews into English. The data were analyzed using the translated transcripts. As the student researcher translated, she understood the subjective meanings in depth. The critical points were marked with highlighters.

Step 2: Generating the initial Codes

In this step, the student researcher produced the initial codes by writing the meaning of the highlighted points. The student researcher and supervisors also discussed how the

initial codes will be developed. We systematically coded all the interesting features in the data set. I noticed that there was a consistent way that they wrote down what the same or similar features meant. For example, when the student researcher wrote the meaning of the initial codes for similar responses by different participants to the same question from the interview guide, he used the same word.

Step 3: Searching for tentative Themes.

The third phase involved the student researcher writing codes and line numbers from every interview on sticky notes. Those with similar ideas were then grouped by laying the sticky notes on a wall to see what potential themes might work. This process was repeated for each interview.

Step 4: Reviewing Themes

The student researcher developed an initial thematic map, which was discussed with supervisors. This discussion helped identify the themes and subthemes. Seven potential themes and a few subthemes were identified at this stage.

Step 5: Defining and Naming Themes

Six themes were arrived at after revising and refining themes and sub-themes. They then created a clear name and definition for each theme and sub-theme. A chronological story of the lived experiences of dysarthria caregivers was generated from themes and sub-themes.

Step 6: Producing the Report

Finally, at the last step of the analysis, the student researcher began to create the report based on the interpretation made by centering on the evidence that answered the research question. The essence of the themes was put in the report, and quotations from the participants were used to clarify subjective messages from the participants and to understand them by the researcher.

2.5 Ethical Consideration

For this study, the researcher obtained permission from the Institutional Review Board (IRB) and the Head of SLT Department of Bangladesh Health Professions Institute (BHPI). Then permission was taken from the study site mentioned above. The researcher obtained written and verbal consent from each parent during data collection. The information was shared only with the supervisor of the study, and the confidentiality of all information was maintained.

2.6 Rigour

The researcher upheld an accurate strategy for performing the study. The study phases in this research were well systematic with an experienced supervisor. Throughout the interview session and data analysis, the researcher has shown neutrality, keeping my values, perceptions, and biases from influencing it. The investigator took the responses to the questions, positive or negative. The researcher tried not to lead the respondent when posing the question. Two more people translated the transcripts to ensure impartiality. The researcher did several reviews, read the content to find mistakes, and was able to match it with the Bangali transcript. The supervisor then reviewed information on the coded participants to ensure the accuracy of the data. The investigator kept all participant information and records confidential.

CHAPTER-3 RESULT

Findings from the qualitative study that explored caregiver's perspectives on communication challenges during daily activities for individuals with dysarthria are presented in this chapter. The results are grouped thematically based on data collected from face-to-face interviews using an open-ended questionnaire with caregivers of dysarthria patients. The data analysis identified six themes, which included sub-themes to address specific aspects of the participants' challenges. The results were grouped into themes and sub-themes of the lived experiences.

This chapter systematically displays every theme. Every theme begins with an overview followed by a look at the relevant category detailing quotes of participants, which is most often used to validate authenticity and represent their voice. The results of the research were in agreement with the study's primary research questions and aims.

Table 3.1 on the next page provides an overview of the six themes.

Table 3.1: Overview of Themes and Subthemes

Theme	Sub-theme
1. Communication Difficulties in Daily Activities	-Difficulty expressing basic needs
	-Unclear and inconsistent speech
	-Dependence on non-verbal communication
2. Caregiver Challenges in Managing Communication	-Repetition and guesswork
	-Patience fatigue
	-Mediating communication for others
3. Emotional Impact of Communication Difficulties	-Caregiver frustration and helplessness
	-Patient's emotional distress
	-Shared emotional burden
4. Social and Participation Challenges	-Social withdrawal and isolation
	-Negative social reactions
	-Protective role of caregivers
5. Coping Strategies and Communication Techniques	-Simplified verbal communication
	-Use of gestures and visual cues
	-Emotional regulation and acceptance
6. Support Systems and Training Needs	-Professional support and therapy
	-Family support
	-Need for caregiver training

3.2 Theme 1: Communication Difficulties in Daily Activities

Caregivers stated that almost all daily activities were affected by communication barriers, including the provision of food, drink, toileting, mobility, personal hygiene, and communication of physical and emotional needs at one time or another. These barriers were said to be chronic and unpredictable, making normal caregiving activity difficult and creating cognitive load. Patients with dysarthria had difficulty expressing their needs, which creates misunderstandings.

Sub theme-1: Difficulty expressing basic needs

Most caregivers always reported that those with dysarthria could not state basic needs vocally. Consequently, all caregivers were inclined to rely on observation, trial-and-error, and context questions. Gestures or the interpretation of the caregiver usually allowed communication.

"When she needs to go to the washroom, she cannot say it clearly. She pulls my hand or uses gestures, and then I have to guess what she wants." **(Caregiver 1)**

"And suppose she wants to eat rice or wants something she does want it, but we cannot understand what exactly she wants." **(Caregiver 2)**

"Then there is bathing him, feeding him, he cannot say any of these things or express what he needs." **(Caregiver 3)**

"He cannot say whether he is hungry or thirsty. We have to understand it ourselves from his behavior." **(Caregiver 5)**

"When it comes to talking about his own needs, eating, drinking, or any urgent necessity, if he says something, we cannot understand it." **(Caregiver 8)**

These findings showed that dysarthria disrupts functional communication, especially when the situation is need-based. Inability of patients to express their most fundamental needs makes the process of care slow, and anxiety grows among caregivers who fear being unable to comprehend patients and failing to meet their important needs.

Sub-theme -2: Unclear and inconsistent speech

Caregivers described that speech output was slurred, slow, jumbled, or inconsistent. Caregivers mentioned that sometimes patients would come up with unpredictable and unclear sentences, which were confusing and contradictory in terms of emotions.

"Sometimes she suddenly says full sentences that we never expect. But most of the time, her words are incomprehensible." **(Caregiver 1)**

"The patient's speech is unclear and hard to understand." **(Caregiver-8)**

Due to the inconsistency, it becomes hard to predict communication skills, and this results in changing expectations and emotional stress on the part of the caregivers. Intermittent clarity provided a false hope, and as speech got worse once again, frustration was aroused again.

Sub-theme -3: Dependence on non-verbal communication

Because of an inability to verbally communicate, caregivers depended on gestures, facial expressions, eye movements, bowing the head, and sounds.

"Gestures are the easiest way. When he shows with his hands or eyes, I can understand better." **(Caregiver 3)**

"If I am sitting somewhere, then she gestures, or says different random, jumbled words that are completely incomprehensible." **(Caregiver 1)**

The findings indicate that caregivers rely on non-verbal communication (gesture, face, and eye movement) to understand people with dysarthria when speech is unclear or ineffective.

Overall, theme 1 demonstrates how dysarthria makes it difficult to use speech for regular communication. With communications increasingly relying on much more than voice, caregivers will have to become interpreters for these other forms. It makes providing care more difficult and reduces the effectiveness of daily care.

3.3 Theme 2: Caregiver Challenges in Managing Communication

Caregivers reported that they faced different challenges in communicating with dysarthric patients while assisting the patients in daily activities. The challenges were experienced again and again as they had to work daily. Caregivers reported that it was exhausting and tiresome to deal with communication. Speech comprehension was through repetition with patience and staying at the back of the mind.

Sub-theme -1: Repetition and Guesswork

Caregivers often said that they had to ask the same questions many times or just guess what the patient wanted to say. Multiple options were provided by the caregivers to interpret what the patient meant.

"I need to ask the same thing again and again because I cannot understand what he is saying." **(Caregiver 2)**

"Sometimes I guess what she wants, but many times my guess is wrong." **(Caregiver 6)**

"I give her different options, but she becomes more irritated because that is not what she wants to say." **(Caregiver 1)**

The result of this finding recommends that repetition is required, but over-questioning can impair emotional regulation on both sides, further aggravating breakdowns in communication. This process of guessing frustrated both caregivers and patients frequently.

Sub-theme -2: Patience Fatigue

Caregivers reported that it was challenging to stay patient when they were repeatedly communicating. They also explained that continuous listening and misunderstanding caused emotional exhaustion.

"I need to listen with patience, but even I don't have that much patience." **(Caregiver 2)**

"I try to keep patience, but sometimes it becomes very difficult for me." **(Caregiver 6)**

Caregivers find it difficult to balance sympathy with their emotional capacity because fatigue in patience indicates the emotional cost of the long-term aspects of the caregiving process. This fatigue affected the caregiver's emotional well-being, which increased stress during caregiving.

Sub-theme -3: Mediating Communication for Others

Caregivers need to function frequently as facilitators in the context of social exchanges.

"When people come, I have to explain what he wants to say because he cannot say it himself." **(Caregiver 3)**

This mediator position added responsibility and social pressure, which supports caregiver burden and minimizes patient autonomy opportunities.

This theme indicates that caregiver's challenges in relation to communication result in emotional strain and increased caregiver burden, and impact the effective communication of caregivers. Caregivers must be encouraged and trained on how to deal with communication demands more sustainably.

3.4 Theme 3: Emotional Impact of Communication Difficulties

Caregivers and people with dysarthria both had a strong emotional reaction to communication issues. These emotional impacts were often not just about contact, more generally their mental well-being.

Sub-theme -1: Caregiver frustration and helplessness

Communication breakdown causes reasons for caregivers to feel frustrated, sad, angry, and lonely.

"I completely break down when he cannot speak. It causes me a lot of inner pain." **(Caregiver 3)**

"I feel very helpless and lonely when I cannot make him understand." **(Caregiver 7)**

"Sometimes I feel very alone because no one understands my situation." **(Caregiver 9)**

"I get frustrated thinking, 'When will my mother get better from this?" **(Caregiver 1)**

In this sub-theme, the issue of caregiver frustration and helplessness has been brought out as the main emotional reactions to communication breakdown in dysarthria. Being cut off from the care receiver leads to caregiver isolation and emotional distress as a result of the failure to communicate; the caregiver feels helpless and mourns this loss. Thus, it is essential to enhance emotional support to the caregivers and train them for better communication.

Sub-theme -2: Patient's Emotional Distress

According to what was noticed by the caregivers, patients expressed emotions like withdrawing or fright or crying, anger, and frustration.

"He cries when he cannot make me understand. That means there is a lot of pain inside him." **(Caregiver 3)**

"When she cannot pronounce the words, she feels frustrated." **(Caregiver 2)**

"When he cannot explain something, He becomes very angry, stubborn, and often feels helpless." **(Caregiver 4)**

"When communication becomes difficult, he feels frustrated." **(Caregiver 8)**

This sub-theme illustrates that a person with dysarthria suffers a lot of emotional pain when communication is disrupted. According to dysarthria caregivers, patients get frustrated, helpless, lonely, or cry when they fail to express their wishes and thoughts.

Sub-theme -3: Shared Emotional Burden

Miscommunication often made them feel bad. The caregiver and the patient suffered similar emotional distress.

"*He was crying while trying to express it, and I cried a lot too."* **(Caregiver 3)**

"When I cannot understand what he wants to say, and he cannot explain it to me, it feels very painful. I feel helpless." **(Caregiver 4)**

"We feel very sad that we cannot do something for him or do not know how to help him, or how to make him understand." **(Caregiver 5)**

This experience of being affected emotionally shows that emotional pain is a two-way road. This sub-theme brings out the fact that communication failure in dysarthria leads to the collective emotional suffering where the caregivers and patients are sad, helpless, and suffer emotionally together, which shows how emotional suffering is reciprocal in the case of the failure of communication.

3.5 Theme 4: Social and Participation Challenges

All caregivers struggled with communicating, not only in the home but also outside. Social participation and relationships were affected negatively, and caregivers reported this frequently. For instance, children had difficulty joining in with conversations with extended family, neighbors, visitors, and members of the community, parents reported. Over time, patients withdrew from social activities as failures continued to happen again and again. Those who have difficulty communicating have trouble socializing with others.

Sub-theme -1: Social Withdrawal and Isolation

Caregivers have spoken often about how patients have become quiet and withdrawn and less willing to speak over time after failed attempts. Patient's conversations were used to avoid a withdrawal response. Or withdrawing his answer in a bid to avoid frustration. As the patients speak less, they become socially isolated, which ultimately impacts their quality of life.

"He suddenly becomes quiet and does not want to speak at all." **(Caregiver 5)**

"After trying many times, he stops talking and stays silent." **(Caregiver 8)**

This sub-theme points out that the recurrent communication failure makes individuals with dysarthria minimize communication efforts and avoid socializing, which results in silence, isolation, and poor quality of life.

Sub-theme -2: Negative Social Reactions

Some caregivers reported negative reactions from society, such as mockery, pity, comments made by people, or the person nearby being ignorant about the patient. Patients and caregivers got hurt by these negative reactions, confirming the avoidance.

"Some people joke about her speech, and that feels very bad." **(Caregiver 1)**

"When my father goes to the office, his boss or lower-level staff often mock him and do not understand his condition." **(Caregiver 7)**

The social responses influenced the confidence of patients. Reactions increased the caregiver's emotional load and stress. This sub-theme underscores the fact that the negative social responses, such as mockery and misunderstanding, decrease patient confidence and augment caregiver emotional distress, which supports the theme of communication evasion and withdrawal.

Sub-theme -3: Protective Role of Caregivers

Often, caregivers responded to social difficulties by taking on the protective role. They speak on behalf of the patient and restrict his access to social activities or ensure constant supervision. Protective behavior reduced distress reactions, but limited the opportunities for independent communication and involvement in social life.

"I speak on his behalf so that he does not feel ashamed." **(Caregiver 8)**

Essentially, Theme 4 shows that people's severe communication disability and non-participation in social activities create a limited role for the caregiver. The outcome indicates that speech impairments affect social participation and lead to isolation.

3.6 Theme 5: Coping Strategies and Communication Techniques

The caregivers outlined various strategies to cope with the communication impairments. They observed how these approaches change over time as professionals in the field gain more experience, observe more situations, and get input from others in the profession. To conquer these difficulties, it was an evident demonstration of flexibility and endurance as caregivers evolve these workable plans towards daily communications.

Sub-theme -1: Simplified Verbal Communication

Most caregivers say they ask the patients to speak slowly and use short sentences to improve understanding. They reduce their language for the patient to understand. Caregivers spoke slowly, used repetition, and short sentences.

"If I speak slowly and clearly, breaking things down, she understands better." **(Caregiver 2)**

"I use short sentences, explain like that, then she understands." **(Caregiver 1)**

"We spoke very slowly and carefully, pronouncing one word at a time." **(Caregiver 6)**

"I have to repeat it several times to make him understand." **(Caregiver 10)**

This sub-theme indicates that simplified language, slow speech, short sentences, and repetition are some of the most common adaptive communication strategies caregivers apply to enhance understanding in people with dysarthria.

Sub-theme -2: Use of Gestures and Visual Cues

Caregivers often interpreted nonverbal communication strategies as the most effective form of communication that is not verbal, as people express meaning.

"When I show pictures or use hand gestures, he understands." **(Caregiver 3)**

"When Mom couldn't speak or couldn't understand, we used gestures." **(Caregiver 1)**

"Gradually, he started to understand and also explain back to me through gestures." **(Caregiver 4)**

"I use hand gestures or eye gestures to make him understand." **(Caregiver 5)**

This sub-theme emphasizes that caregivers often apply non-verbal techniques like gestures, eye signals, and visual aids as effective alternatives to speech to improve communication with people with dysarthria.

Sub-theme -3: Emotional Regulation and Acceptance

Caregivers reported how they have managed their feelings by employing controlled anger, patience, and acceptance of communication limitations with time. When caregivers acknowledge their feelings, they respond to the patients more calmly. Anger control and acceptance were practiced by them.

"I try to control my anger and patiently explain again." **(Caregiver 7)**

This theme is a manifestation of adaptive coping and learning experiences of caregivers who lack training in formal communication. Through emotional regulation, patience, and accepting communication challenges, it becomes easier for caregivers to engage the person with dysarthria.

3.7 Theme 6: Support Systems and Training Needs

In managing communication difficulties, support systems played a crucial role in helping caregivers. Most of the caregivers stated that they receive help from the family and healthcare.

Sub-theme -1: Professional Support and Therapy

Speech therapy, occupational therapy, and physiotherapy were generally discussed as helpful. According to them, therapy was producing a visible impact as patients were showing clarity in speech, receptive skills, and rising confidence. Caregivers valued speech therapy and rehabilitation services.

"Because of speech therapy, she has improved a lot." **(Caregiver 2)**

"From speech therapy, she is improving to some extent, and from occupational and physio, all the madams and sirs cooperate with Mom in such a way that she feels good communicating with them." **(Caregiver 1)**

"The techniques they taught us have been very helpful. We learned from him to communicate slowly and clearly, which has improved our communication." **(Caregiver 5)**

This sub-theme emphasizes the fact that speech therapy and other rehabilitation interventions help respondents to develop better communication abilities, confidence, and a caregiver-patient relationship.

Sub-theme -2: Family Support

Family has shown support towards caregivers emotionally, physically, and practically, which helps them manage daily life. Emotional and practical burdens were minimized with the help of family.

"My family members help me a lot, physically and emotionally." **(Caregiver 6)**

"Many family members have helped us; they helped in many ways, physically and emotionally." **(Caregiver 3)**

"My two sons, one lives outside, yet I always get support from him. My other son helps me as well." **(Caregiver 4)**

This sub-theme points out that emotional, physical, and practical family support can help decrease the caregiver burden and assist with effective caregiving to people with dysarthria.

Sub-theme -3: Need for Caregiver Training

Several caregivers indicated that they needed systematic training on communication skills and techniques. Caregivers expressed that if they had used formalized professional input, communication at home would have improved. Several caregivers complained about having the structured training.

"If I had proper training, it would be much easier for both of us." **(Caregiver 1)**

"I feel that if I could get training myself, it would be better." **(Caregiver 2)**

Although the current support was valued, caregivers added that more training and advice were needed to enhance home-based communication management and decrease frustrations experienced by caregivers and people with dysarthria. In general, caregivers welcomed the support they could access, but they would like to see more support for the caregivers themselves via education and greater guidance to help manage communication at home.

Results from this study show that caregivers of dysarthric persons have persistent communication problems during daily activities. The main problems arise from utterances that cannot be understood and a failure to articulate, both due to dysarthria. As a result of this, everyday communication involving basic needs, personal care, and emotions can become hard work and unreliable. As cognitive problems emerged, caregivers frequently observed that they did not comprehend, guessed, and made use of context in execution

The results also illustrate that the communication breakdowns are not just non-functionality, but also more. Because of these, both caregivers and patients get emotionally affected. Communication failures left caregivers frustrated, helpless, distressed, and emotionally drained. The findings indicated that caregiving in dysarthria involves a continuous emotional effort whereby the caregivers must also manage their emotions, incorporating the management of tasks. Frequent and prolonged stress exposure and communication inability result in a gradual depletion of emotional energy in caregivers, causing emotional burden.

Evidence indicates that distress is not faced exclusively by caregivers but also by patients. In other words, any break in communication will negatively affect both parties. As patients feel bad, so do their caregivers, as they feel helpless and saddened. This is more reciprocated emotions than isolated feelings.

The findings suggest that those with dysarthria also have reduced social participation. Infrequent efforts to interact as time progressed caused social isolation and a poorer quality of life. Behaviors such as mockery, pity, and ignorance of others intensified

avoidance even further, weakening the confidence of patients and increasing the stress level of caregivers. Because of this, caregivers often protected patients by speaking for them or limiting their social interaction. Although this did not hurt them as much emotionally in the short term, it did not give them a chance to express themselves and be involved.

The findings reveal that communicators have a strategy or solution to artificially overcome communicative problems such as gestures, visual cues, and repetition. The caregivers gained the strategies mainly through experience rather than training, indicating their flexibility and problem-solving ability.

The results provide strong evidence that support systems are needed. Professional services, in particular speech therapy, were considered useful in enhancing communication and confidence, while family support alleviated emotional and practical burden. In addition, the caregivers still indicated that they required regular training in communication strategies, and this implied that the available services did not address the caregivers' needs in communication management at home comprehensively.

This chapter presented the findings from the qualitative study under six key themes. Each theme was discussed with support from participant quotes and detailed analysis, and interpretation. These results set the foundation for the Discussion Chapter, in which the findings of existing literature and implications for practice will be discussed.

CHAPTER-4 DISCUSSION

The study aimed to explore caregiver's perspectives on communication challenges in daily activities for patients with dysarthria. The purpose of this qualitative study was to investigate caregivers' actual experiences in managing communication difficulties during daily activities and the emotional experience of caregivers and patients with dysarthria, as well as the availability of support systems and resources. Based on the qualitative data, six major themes were identified. Six themes were found in the results:

1. Communication Difficulties in Daily Activities

2. Caregiver Challenges in Managing Communication

3. Emotional Impact of Communication Difficulties

4. Social and Participation Challenges

5. Coping Strategies and Communication Techniques

6. Support Systems and Training Needs

These findings related to the research objectives, existing literature, and theoretical frameworks will be put forward in this chapter. In addition, future research will also discuss the implications for practice and policy.

Theme 1: Communication Difficulties in Daily Activities

The research findings indicate that communication barriers were common and affected nearly all daily activities, including eating, drinking, toileting, mobility, personal hygiene, and expressing physical or emotional needs. One of the key objectives of the research is to identify the barriers faced by the caregiver while helping the person with dysarthria in activities of daily living, and these barriers directly respond to the objective.

Past research has also highlighted that dysarthria can cause speech to be slurred, which makes understanding by the caregiver difficult regarding the needs of the patient or the response of the patient. (Bloch & Wilkinson, 2011). Caregivers emphasized that individuals with dysarthria often struggled to express basic needs clearly. Patients with dysarthria have difficulty expressing their most basic needs because of unclear speech, reduced speech loudness, and abnormal speech rates (Baylor et al., 2017). When

caregivers feel unable to express their essentials, there is some delay in the sale of care. Furthermore, the caregiver starts feeling more acutely aware and worried that their needs may not be satisfied (Duffy, 2013).

This study also identified inconsistent speech output as a major barrier. Patients would sometimes state things clearly, but were generally difficult to understand, caregivers reported. The speech production performance in dysarthria changes on different occasions depending on fatigue, affect, and neurological state (Duffy, 2013). The uncertainty leads to more stress on the caregiver and makes it difficult to expect one another when interacting daily.

Altogether, this theme illustrates that through the disruption of everyday communication at the functional level of the person living with dysarthria, caregivers must adapt and compensate continuously. Caregiver burden is increased as a result. In this theme, we observe the dysfunction of the CNS with dysarthria, which makes communication difficult and the most basic daily activities appear as caregiving activities.

Theme 2: Caregiver Challenges in Managing Communication

The research findings indicated that management of communication challenges needed continuous effort, patience, and emotional strength. Previous studies have reported similar occurrences, which show that caregivers of people with disorders who communicate experience greater stress because communication has a continuing demand (Baylor et al., 2011).

Caregivers also reported a lot of repetition and guesswork to understand incomprehensible speech. This is consistent with the research that highlighted that frequent communication failures cause considerable cognitive and emotional burden to the caregiver, especially where communication consequences remain unclear (Baylor et al., 2011).

The problem of fatigue was also evident in patience, with caregivers reporting that they experienced emotional exhaustion due to the effort to keep in touch. Constant attempts to handle communication difficulties may cause depressive symptom development in caregivers. Brady et al., (2011) stated in the previous study that caregivers often experienced fatigue when managing people with dysarthria.

During social interactions, the communication mediators were also caregivers. Acting as interpreters for patients increased caregiver responsibility and reduced patient autonomy. The same kind of mediator has been identified in caregivers of a person with acquired communication disorders, further adding strain on caregiver burden and role strain (Kagan and Simmons-Mackie, 2007).

On the whole, this theme points out that caregivers bear a huge burden of communication management, maintaining emotional regulation, interpretation, and social facilitation, frequently without sufficient training or support.

Results indicated that there were dramatic emotional impacts brought about by the continual communication challenges.

Theme 3: Emotional Impact of Communication Difficulties

Another purpose of the study was to assess the emotional impact of dysarthria on the caregiver and the patient. Results showed that there were significant emotional impacts caused by continual communication problems.

Caregivers reported about their feelings of frustration, sadness, helplessness, loneliness, and emotional breakdown while dealing with an individual with dysarthria. Similar research reported that caregivers also experienced a sense of helplessness and frustration when communication barriers prevented them from understanding the needs and emotions of the person they were caring for (Packer et al., 2025).

Caregivers also reported patients appearing angry, crying, withdrawn, and frustrated. Patients with dysarthria often experience frustration, embarrassment, social withdrawal, and more as they cannot communicate effectively, research shows (Atkinson-Clement et al., 2019; Walshe & Miller, 2011).

The emotional burden of caregivers and patients was another important observation. The emotional distress used to be mutual across caregivers and patients. There was frequently sadness, helplessness, and emotional pain on both sides. According to Bloch and Wilkinson (2011), misunderstandings and emotional tension in relationships can be caused by the shared burden of communication challenges as both parties find it hard to sustain good communication.

The current theme highlights that the issues encountered in dysarthria are not only functional, but they are also psychological. Therefore, emotional support and counseling must be a part of the rehabilitation of the caregiver and the individual with dysarthria.

Theme 4: Social and Participation Challenges

Communication challenges were not limited to everyday activities at home but had a great impact on social participation. As reported by caregiver's persons with dysarthria give up due to repeated failure to engage in communication. Just like in the Brady et al. (2017) findings, patients often isolate themselves because no one understands them. Such as its experience often heightens the feeling of loneliness and depression.

The caregivers took on protective functions to protect patients from social harm and spoke for them. Though protective measures minimize immediate distress, they can restrict chances of making independent communication, which has also been raised in the past caregiver research (Brady et al., 2011).

To summarize, dysarthria may cause social participation issues and caregiver stress and burden. Consequently, this theme interacted and resulted in a greater social impact. These results indicate the necessity of social awareness, including contexts and interventions of inclusive communication and social participation, and speech rehabilitation.

Theme 5: Coping Strategies and Communication Techniques

The results of this investigation demonstrated that caregivers develop various coping strategies and communication strategies gradually through daily contact with the dysarthric patient. More than many caregivers do not have prior training, they showed flexibility and resilience as they modified their way of communicating through experience and repeated contact. The process shows that the caregiver sustained communication despite the repeated difficulties faced.

The slow speech, short sentences, repetitions, and clear articulations were frequently reported by caregivers. These strategies were used to improve comprehension and reduce communication breakdown. Similar communication partner strategies have been recommended in the literature for individuals with dysarthria, where modifying

speech rate is a well-documented intervention for improving intelligibility in individuals with dysarthria (Blanchet & Snyder, 2010). The results indicate that caregivers unconsciously embrace evidence-based approaches, despite a lack of professional training.

Non-verbal techniques such as pointed gestures, pictures, and visual cues were frequent, and literature supports such multimodal approaches for children with motor speech disorders (Hustad & Garcia, 2005). Results underline the usefulness of multimodal communication for daily caregiving interactions.

Also, the caregivers indicated emotional regulation and acceptance as coping. Studies show that stress is relieved by embracing one's feelings, which enhances long-term illness caregiving (Brady et al., 2011).

This theme reflects the resilience, adaptiveness, and communication challenges of the caregiver. This latter approach, while helpful, was developed by trial and error, suggesting that if these techniques were strengthened and refined by professionals, caregivers would suffer less stress.

Theme 6: Support Systems and Training Needs

The last goal examined the supports and resources available to caregivers. Having professional assistance, particularly in terms of speech-language therapy, was considered useful. Outcomes of various studies showed that an effective intervention to improve intelligibility and maladaptive communication in dysarthria is speech therapy (Archer & K-y, 2025). Caregivers noted that the support of healthcare providers, rehabilitation services, and their families helped reduce their emotional and practical burden.

According to the Caregiver's report speech, occupational and physiotherapy were rated as the most useful professional support. Therapy improved the speech clarity, receptive skills, confidence, and willingness to communicate in the patients. The findings of this investigation align with earlier studies that show how speech-language therapy improves functional communication and participation of those with dysarthria (Collis & Bloch, 2012). Therapists taught caregivers practical communication techniques that improved interactions in the home situation.

Caregiver stress can be reduced by family support, which agrees with evidence that social support buffers caregiver burden (Joubert et al. 2010). The current findings indicate that having a good family support network helps caregivers stay well.

The majority of caregivers said that they value the support at their disposal. However, they strongly desire formal training on specific communication strategies intended for caregivers. Caregivers felt unprepared to cope with communication problems by themselves at home and thought proper training would reduce frustration for the speaker and patient. Studies suggest that the best treatment for dysarthria is professional speech therapy. The further incorporation of caregiver training with professional treatment could possibly improve treatment outcomes and reduce breakdowns in communication (Kurniawan et al., 2025).

This theme highlights that support systems currently in place are insufficient to meet caregivers' needs, even though they are benefiting. According to the results, educating caregivers, activity-focused communication training, as well as maintaining professional support, all contribute to enhancing communication at home and improving quality of life for both caregivers as well as the patients who have dysarthria.

CHAPTER-5 LIMITATIONS & RECOMENDATIONS

5.1 Limitations

Conducting the research study had some limitations. Those are as follows:

- As an undergraduate student, the research study was his or her first research project, so there were some limitations during data analysis.
- The time period was too short to conduct the study properly.
- One major limitation was One major limitation of the research was that the interview was done in Bangla and then subsequently translated to English. It was difficult to interpret in English how the caregivers
- Since the researcher had no real experience in research procedures or tactics, therefore, the researcher had little actual research expertise. The supervisor, therefore, had some errors that he overlooked.

5.2 Recommendations

- Longitudinal studies can show how long-term impacts of dysarthria can be impactful on a caregiver and family communication.
- As this research focused on the experiences of caregivers, further research should include the views of dysarthria individuals, their families, and health professionals.
- More studies should be conducted to determine the impact of socio-economic status, cultural background, and access to rehabilitation services on caregiver experiences.
- Financial pressure of long-term therapy and long-term care at different income levels can be studied to gauge the economic impact.

CHAPTER-6 CONCLUSION

This chapter concludes by presenting the research entitled “Exploring caregiver's perspectives on communication challenges in the daily activities for patients with dysarthria”. This study examined caregivers’ perspectives on communication breakdown that occurs when providing assistance for dysarthria. Thematic analysis of data provided six themes that describe the communication, emotional, and social difficulties experienced by caregivers and a person with dysarthria.

The study's findings show that daily communication is particularly impaired for people with dysarthria when expressing basic needs due to unclear and inconsistent speech. Caregiving required guesswork from caregivers. The process of guessing causes the work to get messy, tiring, and mentally tiring. Patients and caregivers suffered helplessness, frustration, emotional distress, and shared feelings like burdens due to a communication breakdown.

Communication breakdown had a recurring pattern, resulting in social withdrawal and participation reduction. The patient’s confidence level was further lowered by negative social responses. Caregivers rapidly developed various coping strategies, including the use of simplified words, extra meaning derived from gestures, and emotional regulation. They acquired these mostly through experience and not through formal training. Caregivers acknowledged the usefulness of professional and family support but expressed a desire for communication training.

The studies provide important information on the impact of dysarthria on everyday communication, emotional well-being, and social participation from the caregivers’ perspective. The study emphasizes the importance of communication training for the caregiver, emotional support, and more social awareness for enhancing the quality of life of the caregivers and the person with dysarthria.

This research has contributions for speech and language therapy and the therapy process by gaining an insight into the real-life challenges of the caregivers of a person with dysarthria. This indicates the necessity of meeting caregiver needs with patient rehabilitation and can be used to enhance clinical practice, caregiver support, and future research in the field of dysarthria.

CHAPTER-7 REFERENCES

Archer, S. B., & K-y, J., MA. (2025). A Qualitative Exploration of Patient Experience of Speech and Language Therapy for Dysarthria in the Acute Phase Post Stroke. *bioRxiv (Cold Spring Harbor Laboratory)*. https://doi.org/10.1101/2025.09.09.25335432

Arroyo, C. G., Goldfarb, R., & Sands, E. (2012). Caregiver Training in an AAC Intervention for Severe Aphasia. 5, 59. https://www.questia.com/library/journal/1G1-299887460/caregiver-training-in-an-aac-intervention-for-severe

Atkinson-Clement, C., Letanneux, A., Baille, G., Cuartero, M., Véron-Delor, L., Robieux, C., Berthelot, M., Robert, D., Azulay, J., Defebvre, L., Ferreira, J., Eusebio, A., Moreau, C., & Pinto, S. (2019a). Psychosocial Impact of Dysarthria: The Patient-Reported Outcome as part of the Clinical Management. *Neurodegenerative Diseases*, *19*(1), 12–21. https://doi.org/10.1159/000499627

Badesha, M., Thayanantha, A., Shune, S., & Namasivayam-MacDonald, A. (2023). Caregiver burden interventions in speech–language pathology: A systematic review. *International Journal of Language & Communication Disorders*, *58*(4), 1335–1356. https://doi.org/10.1111/1460-6984.12856

Balzan, P., Palmer, R., & Tattersall, C. (2023). Speech and language therapists' management practices, perceived effectiveness of current treatments and interest in neuromuscular electrical stimulation for acquired dysarthria rehabilitation: An international perspective. *International Journal of Language & Communication Disorders*, *59*(2), 744–761. https://doi.org/10.1111/1460-6984.12963

Baylor, C., Yorkston, K., & Burns, M. (2017). Patient-Provider Communication Training for Dysarthria: Lessons Learned from Student Trainees. *Seminars in Speech and Language*, *38*(03), 229–238. https://doi.org/10.1055/s-0037-1602842

Baylor, C., Burns, M., Eadie, T., Britton, D., & Yorkston, K. (2011). A qualitative study of interference with communicative participation across communication disorders in adults. *American journal of speech-language pathology*, *20*(4), 269-287. https://doi.org/10.1044/1058-0360(2011/10-0084)

Beukelman, D., Fager, S., & Nordness, A. (2011). Communication Support for People with ALS. *Neurology Research International*, *2011*, 1–6. https://doi.org/10.1155/2011/714693

Blanchet, P. G., & Snyder, G. J. (2010). Speech Rate Treatments for Individuals with Dysarthria: A Tutorial. *Perceptual and Motor Skills*, *110*(3), 965–982. https://doi.org/10.2466/pms.110.3.965-982

Bloch, S., & Wilkinson, R. (2011). Acquired dysarthria in conversation: Methods of resolving understandability problems. *International Journal of Language & Communication Disorders*, *46*(5), 510–523. https://doi.org/10.1111/j.1460-6984.2011.00076.x

Bowling, A. (2014). *EBOOK: Research Methods in Health: Investigating Health and Health Services*. McGraw-Hill Education (UK).

Brady, M. C., Clark, A. M., Dickson, S., Paton, G., & Barbour, R. S. (2011). Dysarthria following stroke – the patient's perspective on management and rehabilitation. *Clinical Rehabilitation*, *25*(10), 935–952. https://doi.org/10.1177/0269215511405079

Braun, V., & Clarke, V. (2020). Can I use TA? Should I use TA? Should Inotuse TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research*, *21*(1), 37–47. https://doi.org/10.1002/capr.12360

Bright, F. a. S., & Reeves, B. (2020). Creating therapeutic relationships through communication: a qualitative metasynthesis from the perspectives of people with communication impairment after stroke. *Disability and Rehabilitation*, *44*(12), 2670–2682. https://doi.org/10.1080/09638288.2020.1849419

Brown, K., & Spencer, K. (2018). Dysarthria following Stroke. *Seminars in Speech and Language*, *39*(01), 015–024. https://doi.org/10.1055/s-0037-1608852

Carlsson, E., Hartelius, L., & Saldert, C. (2014). Communicative strategies used by spouses of individuals with communication disorders related to stroke-induced aphasia and Parkinson's disease. *International Journal of Language & Communication Disorders*, *49*(6), 722–735. https://doi.org/10.1111/1460-6984.12106

Chadwick, D. D., Jolliffe, J., Goldbart, J., & Burton, M. H. (2005). Barriers to Caregiver Compliance with Eating and Drinking Recommendations for Adults with Intellectual Disabilities and Dysphagia. *Journal of Applied Research in Intellectual Disabilities*, *19*(2), 153–162. https://doi.org/10.1111/j.1468-3148.2005.00250.x

Collis, J., & Bloch, S. (2012). Survey of UK speech and language therapists' assessment and treatment practices for people with progressive dysarthria. *International Journal of Language & Communication Disorders*, *47*(6), 725–737. https://doi.org/10.1111/j.1460-6984.2012.00183.x

Communication problems | SLT | Expert providers of speech and language therapy throughout the UK. (n.d.). https://www.slt.co.uk/what-we-treat/communication-problems/

Creswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing Among Five Approaches*. Sage Publications, Incorporated.

Crossman, A. (2020). Understanding purposive sampling. Thought Co. https://www.thoughtco.com/purposive-sampling-3026727

De Cock, E., Oostra, K., Bliki, L., Volkaerts, A., Hemelsoet, D., De Herdt, V., & Batens, K. (2021). Dysarthria following acute ischemic stroke: Prospective evaluation of characteristics, type and severity. *International Journal of Language & Communication Disorders*, *56*(3), 549–557. https://doi.org/10.1111/1460-6984.12607

DePoy, E., & Gitlin, L. N. (2019). *Introduction to Research E-Book: Understanding and Applying Multiple Strategies*. Elsevier Health Sciences.

Drummond, A., & Campling, J. (1996). *Research Methods for Therapists*. Springer US.

Duffy, J. R. (2013). *Motor speech disorders: Substrates, differential diagnosis, and management.* Elsevier Mosby.

Dysarthria. (2025, October 29). Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/17653-dysarthria

Enderby, P. (2013). Disorders of communication. *Handbook of Clinical Neurology*, *110*, 273–281. https://doi.org/10.1016/b978-0-444-52901-5.00022-8

Giri, M. P., & Rayavarapu, N. (2018). Assessment on impact of various types of dysarthria on acoustic parameters of speech. *International Journal of Speech Technology*, *21*(3), 705–714. https://doi.org/10.1007/s10772-018-9539-0

Guo, Y. E., & Togher, L. (2008). The impact of dysarthria on everyday communication after traumatic brain injury: A pilot study. *Brain Injury*, *22*(1), 83–98. https://doi.org/10.1080/02699050701824150

Hanson, E. K., & Fager, S. K. (2017). Communication supports for people with motor speech disorders. *Topics in Language Disorders*, *37*(4), 375–388. https://doi.org/10.1097/tld.0000000000000137

Hartelius, L., Runmarker, B., & Andersen, O. (2000). Prevalence and characteristics of dysarthria in a Multiple-Sclerosis Incidence cohort: relation to neurological data. *Folia Phoniatrica Et Logopaedica*, *52*(4), 160–177. https://doi.org/10.1159/000021531

Hicks, C. (2009). *Research methods for clinical therapists: Applied Project Design and Analysis*. Churchill Livingstone.

Howells, S. R., Cornwell, P. L., Ward, E. C., & Kuipers, P. (2020). Living with Dysphagia in the Community: Caregivers "do whatever it takes." *Dysphagia*, *36*(1), 108–119. https://doi.org/10.1007/s00455-020-10117-y

Hustad, K. C., & Garcia, J. M. (2005). Aided and unaided speech supplementation strategies. *Journal of Speech, Language, and Hearing Research*, https://doi.org/10.1044/1092-4388(2005/068)

Ji, H., Cui, M., Lin, W., Huang, Z., Ye, B., & Gan, S. (2025). Dysarthria in spinocerebellar ataxia Type 3: Prevalence and disease progression. *Journal of Speech Language and Hearing Research*, *68*(9), 4256–4262. https://doi.org/10.1044/2025_jslhr-24-00845

Joubert, K., Bornman, J., & Alant, E. (2010). Speech intelligibility and marital communication in amyotrophic lateral sclerosis. *Communication Disorders Quarterly*, *33*(1), 34–41. https://doi.org/10.1177/1525740110367824

Kagan, A., & Simmons-Mackie, N. (2007). Beginning with the end. *Topics in Language Disorders*, *27*(4), 309–317. https://doi.org/10.1097/01.tld.0000299885.39488.bf

Kim, Y., Kim, M., Kim, J., & Song, T. (2024). Smartphone-Based Speech Therapy for Poststroke Dysarthria: Pilot Randomized Controlled Trial Evaluating Efficacy and Feasibility. *Journal of Medical Internet Research*, *26*, e56417. https://doi.org/10.2196/56417

Kramer, J., Müller, C., Schneider, C., Vocks, N., Beushausen, U., & Grotzbach, H. (2022). Update Dysarthrie: *Neurologie & Rehabilitation*, *28*(1), 25–30. https://doi.org/10.14624/nr2201003

Kurniawan, E., Suyanto, S., Melastuti, E., & Sulistyaningsih, D. R. (2025). Literature Rivew: Effectiveness of Speech Therapy in Improving Verbal Communication Ability of Stroke Patients with Dysarthria". *Indonesian Journal of Global Health Research*, *7*(2), 701–708. https://doi.org/10.37287/ijghr.v7i2.5604

Lee, H., Nam, Y., & Lee, K. (2015). Development-assistance strategies for Stroke in low- and middle-income countries. *Journal of Korean Medical Science*, *30*(Suppl 2), S139. https://doi.org/10.3346/jkms.2015.30.s2.s139

Lehner, K., & Ziegler, W. (2021). Clinical measures of communication limitations in dysarthria assessed through crowdsourcing: specificity, sensitivity, and retest-reliability. *Clinical Linguistics & Phonetics*, *36*(11), 988–1009. https://doi.org/10.1080/02699206.2021.1979658

Lowit, A., & Kent, R. D. (2016, February 15). *Management of dysarthria*. University of Strathclyde. https://pureportal.strath.ac.uk/en/publications/management-of-dysarthria/

Mackenzie, C., Kelly, S., Paton, G., Brady, M., & Muir, M. (2013). The Living with Dysarthria group for post-stroke dysarthria: the participant voice. *International Journal of Language & Communication Disorders*, *48*(4), 402–420. https://doi.org/10.1111/1460-6984.12017

Mackenzie, C., Paton, G., Kelly, S., Brady, M., & Muir, M. (2012). The Living with Dysarthria group: implementation and feasibility of a group intervention for people with dysarthria following stroke and family members. *International Journal of Language & Communication Disorders*, *47*(6), 709–724. https://doi.org/10.1111/j.1460-6984.2012.00180.x

Macrae, C. (2017). When no news is bad news: communication failures and the hidden assumptions that threaten safety. *Journal of the Royal Society of Medicine*, *111*(1), 5–7. https://doi.org/10.1177/0141076817738503

Mahendran, M., Visalakshi, R., & Balaji, S. (2024). Combined convolution recurrent neural network for the classification of dysarthria speech. *International Journal of Nutrition Pharmacology Neurological Diseases*, *14*(2), 255–261. https://doi.org/10.4103/ijnpnd.ijnpnd_99_23

Mattap, S. M., Mohan, D., McGrattan, A. M., Allotey, P., Stephan, B. C., Reidpath, D. D., Siervo, M., Robinson, L., & Chaiyakunapruk, N. (2022). The economic burden of dementia in low- and middle-income countries (LMICs): a systematic review. *BMJ Global Health*, *7*(4), e007409. https://doi.org/10.1136/bmjgh-2021-007409

Mills, J., Duffy, O., Pedlow, K., & Kernohan, G. (2025). Exploring Speech and Language Therapists' Perspectives of Voice-Assisted Technology as a Tool for Dysarthria: Qualitative study. *JMIR Rehabilitation and Assistive Technologies*, *12*, e75044. https://doi.org/10.2196/75044

Moya-Gale, G., & Levy, E. S. (2019). Parkinson's disease-associated dysarthria: prevalence, impact and management strategies *Research and Reviews in Parkinsonism*, *Volume 9*, 9–16. https://doi.org/10.2147/jprls.s168090

NCI Dictionary of Cancer Terms. (n.d.). Cancer.gov. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/activities-of-daily-living

Neto, L. L., Novais, T., Júnior, M. F., & Chun, R. (2021). Repercussions of language difficulties in people with amyotrophic lateral sclerosis and the impact on their lives and on their caregivers. *Revista CEFAC*, *23*(4). https://doi.org/10.1590/1982-0216/202123414120

Olarescu, V., & Ponomari, D. (2024). Etio-patho-symptomatology of dysarthria. *In Science and Education: New Approaches and Perspectives*, 290–295. https://doi.org/10.46727/c.v1.21-22-03-2024.p290-295

Packer, R., Rumbach, A., Farrell, A., Hutchinson, N., Verner-Wren, S., Henderson, R., & McCombe, P. (2025). Living with Dysphagia and Dysarthria: A Qualitative Exploration of the Perspectives of People with Motor Neuron Disease and Their Caregivers. *Healthcare*, *13*(18), 2306. https://doi.org/10.3390/healthcare13182306

Packer, R., Rumbach, A., Farrell, A., Hutchinson, N., Verner-Wren, S., Henderson, R., & McCombe, P. (2025). Living with Dysphagia and Dysarthria: A Qualitative Exploration of the Perspectives of People with Motor Neuron Disease and Their Caregivers. *Healthcare*, *13*(18), 2306. https://doi.org/10.3390/healthcare13182306

Page, A. D., & Yorkston, K. M. (2022). Communicative Participation in Dysarthria: Perspectives for Management. *Brain Sciences*, *12*(4), 420. https://doi.org/10.3390/brainsci12040420

Rahman, M., Rana, M. S., Khandaker, G., Rahman, M. M., & Khan, M. N. (2023). National Burden of Disability in Bangladesh and its Socio-Demographic Correlates. *bioRxiv (Cold Spring Harbor Laboratory)*. https://doi.org/10.1101/2023.09.13.23295500

Raimjonovna, S. N., & Nilufar, P. A. (2025, April 27). *Pedagogical Foundations for The Development of Voice and Breathing in Children with Dysarthria*. European International Journal of Pedagogics. https://inlibrary.uz/index.php/eijp/article/view/81805

Research for the health professional: a practical guide : Bailey, Diana M., 1942- author : Free Download, Borrow, and Streaming : Internet Archive. (1997). Internet Archive. http://archive.org/details/researchforhealt0000bail

Ribeiro, A. F., & Ortiz, K. Z. (2009). Perfil populacional de pacientes com disartria atendidos em hospital terciário. *Revista Da Sociedade Brasileira De Fonoaudiologia*, *14*(4), 446–453. https://doi.org/10.1590/s1516-80342009000400004

Savundranayagam, M. Y., Hummert, M. L., & Montgomery, R. J. V. (2005). Investigating the effects of communication problems on caregiver burden. *The Journals of Gerontology Series B*, *60*(1), S48–S55. https://doi.org/10.1093/geronb/60.1.s48

Scholderle, T., Staiger, A., Lampe, R., Strecker, K., & Ziegler, W. (2016). Dysarthria in Adults with Cerebral Palsy: Clinical presentation and impacts on communication. *Journal of Speech Language and Hearing Research*, *59*(2), 216–229. https://doi.org/10.1044/2015_jslhr-s-15-0086

Schulz, R., & Eden, J. (Eds.). (2016). Families caring for an aging America. *National Academies Press.* https://doi.org/10.17226/23606

Sellars, C., Hughes, T., & Langhorne, P. (2002). Speech and language therapy for dysarthria due to nonprogressive brain damage: a systematic Cochrane review. *Clinical Rehabilitation, 16*(1), 61–68. https://doi.org/10.1191/0269215502cr468oa

Shaunfield, S. L. (n.d.). *"It's a Very Tricky Communication Situation": a Comprehensive Investigation of end -of-Life Family Caregiver Communication Burden*. UKnowledge. https://uknowledge.uky.edu/comm_etds/43

Speech rate Treatments for individuals with dysarthria: a tutorial. (n.d.). *Perceptual and Motor Skills,* https://doi.org/10.2466/pms.110.3.965-982

Speech rate Treatments for individuals with dysarthria: a tutorial. (2012). *Perceptual and Motor Skills, 110(3,* 965-982.

Suzuki, Y., Nagasawa, A., Mochizuki, H., & Shimoda, N. (2019). Effects on activities of daily living and instrumental activities of daily living independence in patients with Alzheimer's disease when the main nursing caregiver consciously provides only minimal nursing care. *Journal of Physical Therapy Science*, *31*(4), 398–402. https://doi.org/10.1589/jpts.31.398

Tomik, B., & Guiloff, R. J. (2010). Dysarthria in amyotrophic lateral sclerosis: A review. *Amyotrophic Lateral Sclerosis*, *11*(1–2), 4–15. https://doi.org/10.3109/17482960802379004

Tufoni, S., Grappini, L., Baglioni, I., Sarzana, F., & Ceroni, E. (2025). La comunicazione come atto complesso nella Sclerosi Laterale Amiotrofica: indagine conoscitiva su paziente e caregiver. *Dissertation Nursing*, *4*(1). https://doi.org/10.54103/dn/26824

Walshe, M., & Miller, N. (2010). Living with acquired dysarthria: the speaker's perspective. *Disability and Rehabilitation*, *33*(3), 195–203. https://doi.org/10.3109/09638288.2010.511685

Watson, B. J. (2017). Communication and burden in dementia care. *International Journal of Healthcare*, *4*(1), 5. https://doi.org/10.5430/ijh.v4n1p5

Weisser, F. B., Bristowe, K., & Jackson, D. (2015). Experiences of burden, needs, rewards and resilience in family caregivers of people living with Motor Neurone Disease/Amyotrophic Lateral Sclerosis: A secondary thematic analysis of qualitative interviews. *Palliative Medicine*, *29*(8), 737–745. https://doi.org/10.1177/0269216315575851

Wolfrum, V., Lehner, K., Heim, S., & Ziegler, W. (2023). Clinical Assessment of Communication-Related Speech Parameters in Dysarthria: The Impact of Perceptual Adaptation. *Journal of Speech Language and Hearing Research*, *66*(8), 2622–2642. https://doi.org/10.1044/2023_jslhr-23-00105

Wylie, K., Carrier, H. M., Loftus, A. M., Thilakaratne, R., & Cocks, N. (2022). Barriers and Facilitators to Conversation: A Qualitative Exploration of the Experiences of People with Parkinson's and Their Close Communication Partners. *Brain Sciences*, *12*(7), 944. https://doi.org/10.3390/brainsci12070944

Yoho, S. E., Healy, E. W., Barrett, T. S., & Borrie, S. A. (2025). Communication in complex situations: The combined influence of dysarthria and sensorineural hearing loss on speech perception in everyday noisy environments. *Journal of Speech Language and Hearing Research*, *68*(10), 1–12. https://doi.org/10.1044/2025_jslhr-24-00862

ANNEXURES

ANNEXURE- 1(A)

Questionnaire English

Demographic Information

Name of Participant:

Age: Gender:

Mobile number:

Relation with the person with dysarthria:

Duration of caregiving:

Have you had any caregiving or communication-related training? (Yes/No)

Self-made Questionnaire

1. Can you describe the communication difficulties you commonly face when assisting the person with dysarthria in daily activities?
2. What do you find most challenging when trying to communicate with the person with dysarthria? Please explain.
3. How do you feel when communication becomes difficult? (For example - frustration, stress, loneliness/isolation.)
4. Can you describe a specific time when it was especially difficult to communicate with the patient? How did that experience make you feel?
5. How do you think the patient feels when communication becomes difficult?
6. Which strategies make communication easier for you when interacting with the person with dysarthria? Please explain.
7. What kind of support (from professionals, family, community, or other sources) have you received in dealing with these communication difficulties? Do you think the available support is sufficient, or do you feel that further improvement is needed? Please explain.

ANNEXURE- 1(B)

Questionnaire Bangla

Demographic Information

অংশগ্রহণকারীর নাম:
বয়স: লিঙ্গ:
মোবাইল নম্বর:
যিনি ডিসআর্থ্রিয়ায় ভুগছেন তার সাথে সম্পর্ক:
যত্ন নেওয়ার সময়কাল:
আপনি কি যত্ন নেওয়া বা যোগাযোগ সম্পর্কিত কোনো প্রশিক্ষণ পেয়েছেন? (হ্যাঁ/না)

Self-made Questionnaire

১. আপনি যখন ডিসআর্থ্রিয়া আক্রান্ত ব্যক্তিকে দৈনন্দিন কাজকর্মে সহায়তা করেন, তখন আপনি সাধারণত কী কী ধরনের যোগাযোগের সমস্যার সম্মুখীন হন তা ব্যাখ্যা করুন ।

২. ডিসআর্থ্রিয়া আক্রান্ত ব্যক্তির সাথে যোগাযোগের ক্ষেত্রে আপনার জন্য সবচেয়ে চ্যালেঞ্জিং বিষয় কী? ব্যাখ্যা করুন ।

৩. যোগাযোগ করা যখন কঠিন হয়ে পড়ে তখন আপনি কেমন অনুভব করেন? (যেমন-হতাশা, মানসিক চাপ, একাকীত্ব) ।

৪. আপনি কি এমন একটি নির্দিষ্ট সময়ের বর্ণনা দিতে পারেন যখন রোগীর সঙ্গে যোগাযোগ করা বিশেষভাবে কঠিন ছিল এবং সেই অভিজ্ঞতা আপনাকে কেমন অনুভব করিয়েছিল? ব্যাখ্যা করুন ।

৫. যোগাযোগ করা যখন কঠিন হয়ে পরে তখন রোগী কেমন অনুভব করে বলে আপনি মনে করেন?

৬. আপনি যখন ডিসআর্থ্রিয়া আক্রান্ত ব্যক্তির সাথে কথা বলেন, তখন কোন কৌশলগুলো আপনার জন্য যোগাযোগকে সহজ করে তোলে? ব্যাখ্যা করুন ।

৭. এই যোগাযোগ সমস্যাগুলোর মোকাবেলায় আপনি পেশাদার, পরিবার, সমাজ বা অন্যান্য উৎস থেকে কী ধরনের সহায়তা পেয়েছেন? আপনি কি মনে করেন এই সহায়তা গুলো যথেষ্ট ছিল, নাকি আরও কোনো উন্নতির প্রয়োজন আছে? ব্যাখ্যা করুন।

ANNEXURE- 2(A)

Consent Form English

Informed Consent

(Please read out to the participant)

Assalamualaikum/Namaskar, My name is Mst.Tonni Akter Jarin. I am a 4th-year student of Speech & Language Therapy department. I am conducting this study for a Bachelor's project titled **"Exploring Caregiver's Perspectives on Communication Challenges in Daily Activities for Patients with Dysarthria"**, from Bangladesh Health Professions Institute (BHPI), University of Dhaka. I would like to know about the communication challenges faced by the caregivers of dysarthria patients. This will take approximately 10-15 minutes.

I would like to inform you that this is a purely academic study and will not be used for any other purpose. The researcher is not directly related to the Centre for the Rehabilitation of the Paralyzed (CRP), so your participation in the research will have no impact on your present or future in this area. All information provided by you will be treated as confidential, and in the event of any report or publication, it will be ensured that the source of information remains anonymous.

Your participation in this study is voluntary, and you may withdraw at any time during this study without any negative consequences. You also have the right not to answer a particular question that you don't like or do not want to answer during the interview.

If you have any queries about the study or your rights as a participant, you may contact **Mst.Tonni Akter Jarin**, researcher and supervisor, **Sanjida Subahan**, Assistant Professor, Speech & Language Therapy department, Bangladesh Health Professions Institute (BHPI).

Do you have any questions before I start? .....

So, may I have your consent to proceed with the interview? YES/NO

Signature/Fingerprint of the Participant: Date:

Signature of the Researcher: Date:

ANNEXURE-2(B)

Consent Form Bangla

<u>সম্মতিপত্র</u>

আসসালামুয়ালাইকুম/নমস্কার,আমার নাম মোসাঃ তন্নি আক্তার জেরিন। আমি স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি বিভাগের ৪র্থ বর্ষের একজন ছাত্রী। আমি একটি ব্যাচেলর প্রোজেক্টের জন্য একটি সংশিষ্ট হাসপাতালে "**ডিসআর্থ্রিয়া রোগীদের দৈনন্দিন কার্যক্রমে যোগাযোগের চ্যালেঞ্জ নিয়ে সেবাদানকারীদের দৃষ্টিভঙ্গি অনুসন্ধান"**, এই বিষয়ের উপর গবেষণা করছি, বাংলাদেশ হেলথ প্রফেশনস ইন্সটিটিউট, ঢাকা বিশ্ববিদ্যালয় হইতে। আমি ডিসআর্থ্রিয়া রোগীদের দেখাশুনা করার সময় সেবাদানকারীরা কী ধরনের যোগাযোগ সংক্রান্ত সমস্যার মুখোমুখি হন এই প্রসঙ্গে কিছু প্রশ্ন করতে চাই। এই আলোচনার সময়সীমা প্রায় ১০-১৫ মিনিট।

আমি আপনাকে জানাচ্ছি যে, এই গবেষনা সম্পূর্ণ ভাবে প্রাতিষ্ঠানিক লেখাপড়ার কাজ ছাড়া অন্য কোন উদ্দেশ্যে ব্যবহার করা হবে না। এই গবেষনা, বাংলাদেশ হেলথ প্রফেশন ইন্সস্টিটিউটের সাথে সরাসরি ভাবে জরিত না, তাই আপনার অংশ গ্রহণে আপনার বর্তমান ও পরবর্তী চিকিৎসার কোন প্রকার ক্ষতি সাধিত হবে না। গবেষক, অংশগ্রহনকারীদের কাছ থেকে গৃহীত সকল তথ্যের গোপনীয়তা রক্ষা করবেন এবং প্রকাশের ক্ষেত্রে নাম বাদ দিয়ে প্রকাশ করা হবে।

এই গবেষণায় আপনার অংশগ্রহণ হবে ঐচ্ছিক এবং আপনি যে কোন সময়ে এই গবেষনা থেকে নিজেকে প্রত্যাহার করতে পারবেন। এখানে উল্লেখ্য যে, এই সাক্ষাৎকার গ্রহনকালে অংশগ্রহণকারী সকল প্রশ্নের জবাব দিতে বাধ্য থাকবেন না।

আপনার যদি কোন তথ্য জানার থাকে বা অংশগ্রহনকারী হিসেবে আপনার অধিকার যে, আপনি যোগাযোগ করতে পারেন, **মোসাঃ তন্নি আক্তার জেরিন**, গবেষক, এবং তত্ত্বাবধায়ক **সানজিদা সুবাহান**, সহকারী অধ্যাপক, স্পীচ অ্যান্ড ল্যাঙ্গুয়েজ থেরাপি বিভাগ, বাংলাদেশ হেলথ প্রফেশনস ইন্সটিটিউট।

আলোচনা করার আগে, আপনার কি কিছু জানার আছে?

আলোচনার জন্য আমি কি অনুমতি পেতে পারি? ☐ হ্যাঁ / ☐ না

অংশগ্রহনকারীর স্বাক্ষর / টিপসইঃ _____ তারিখঃ _____

গবেষকের স্বাক্ষর / টিপসইঃ _____ তারিখঃ _____

ANNEXURES- 3(A)

IRB Permission Form

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

BANGLADESH HEALTH PROFESSIONS INSTITUTE

Ref: CRP-BHPI/IRB/ 09/2025/1185 Date: 15.09.2025

To
Mst. Tonni Akter Jarin
4th Year Student
B.Sc. in Speech & Language Therapy
Session: 2020-21, DU Reg. No.: 14335
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal – "Exploring Caregiver's Perspectives on Communication Challenges in Daily Activities for Patients with Dysarthria".

Dear Mst.Tonni Akter Jarin,

The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator and Sanjida Subahan, Assistant Professor of Speech & Language Therapy Department, Bangladesh Health Professions Institute (BHPI), CRP as thesis supervisor. The Following documents have been reviewed and approved:

Sl. No.	Name of the Documents
1	Dissertation Proposal.
2	Questionnaire (English and Bengali version)
3	Information sheet & consent form.

The purpose of the study is to explore and understand the communication challenges encountered by the caregivers in daily activities for patients with dysarthria. The study involves answering a self-made questionnaire that may take ten to fifteen minutes and exploring caregiver's perspectives on communication challenges in daily activities for patients with dysarthria and have no likelihood of any harm to the participants and have possibility of benefit for dysarthria caregivers in their communication challenges management. The members of the Ethics committee has approved the study to be conducted in the presented form at the meeting held at 08:30 AM on May 21, 2025 (49th IRB meeting) at BHPI.

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

Muhammad Millat Hossain
Associate Professor, Project and Course Coordinator, MRS
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

ANNEXURES- 3(B)

Permission Letter for Research Conduct

Date: 19.07.2025

To

The Head

Department of Speech & Language Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343, Bangladesh

Subject: **Prayer for Seeking Permission to conduct the Research Project.**

Sir,

With due respect, I state that I am a 4th year student of B.Sc. in Speech & Language Therapy Department. Session: 2020-21 at Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). I am sincerely seeking your permission to conduct my research project as the partial fulfillment of the requirement for the degree of B.Sc in Speech and Language Therapy. The title of research project is "**Exploring caregiver's perspectives on communication challenges in daily activities for patients with dysarthria**". The purpose of the study is to explore and understand the communication challenges encountered by the caregivers in daily activities for patients with dysarthria.

Now I am seeking your kindness to approve me to conduct the research project and I would like to ensure that anything of my research project will not be harmful to the participants.

So, I therefore pray and hope that you would be kind enough to grant me the permission to conduct the research project.

Your obediently

Jarin

Mst. Tonni Akter Jarin

4th year student of B.Sc. in Speech & Language Therapy Department

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka

Head of the Department	Comment
Md. Sazzad Hossain Assistant Professor & Head Department of Speech and Language Therapy Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka	Permission has been granted. 21/7/25

Md. Sazzad Hossain
Asst. Professor & Head
Department of Speech and Language Therapy
Bangladesh Health Professions Institute (BHPI), CRP

ANNEXURES- 3(C)

Permission Letter for Data Collection

7th August, 2025

The Head

Department of Speech & Language Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343, Bangladesh

Subject: **Prayer for seeking permission to conduct the data collection.**

Sir,

With due respect, I state that I am a 4th year student of B.Sc. in Speech & Language Therapy Department, Session: 2020-21 at Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). I am sincerely seeking your permission to start data collection for my research project as the partial fulfillment of the requirement for the degree of B.Sc. in Speech and Language Therapy. The title of research project is **"Exploring caregiver's perspectives on communication challenges in daily activities for patients with dysarthria"**. The purpose of the study is to explore and understand the communication challenges encountered by the caregivers in daily activities for patients with dysarthria.

Now I am seeking your kindness to approve me to start data collection for my research project and I would like to ensure that anything of my research project will not be harmful for the participants and confidentiality will be maintained for each participant.

So, I therefore pray and hope that you would be kind enough to grant me the permission to conduct the data collection successfully as a part of my academic requirement.

Yours obediently

Jarin

Mst. Tonni Akter Jarin

4th year student of B.Sc. in Speech & Language Therapy Department

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1243

Head of the Department	Comment & Signature
Md. Sazzad Hossain Assistant Professor & Head Department of Speech and Language Therapy Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka-1243	Permission has been granted 7/8/23

Md. Sazzad Hossain
Asst. Professor & Head
Department of Speech and Language Therapy
Bangladesh Health Professions Institute (BHPI), CRP

ANNEXURES- 3(D)

Permission Letter for Data Collection

10th August, 2025

The Head

Department of Speech & Language Therapy

Centre for the Rehabilitation of the Paralysed (CRP)

CRP, Savar, Dhaka-1343, Bangladesh

Subject: **Prayer for seeking permission to conduct the data collection.**

Dear sir,

With due respect, I state that I am a 4th year student of B.Sc. in Speech & Language Therapy Department. Session: 2020-21 at Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). The title of research project is "**Exploring caregiver's perspectives on communication challenges in daily activities for patients with dysarthria**". The purpose of the study is to explore and understand the communication challenges encountered by the caregivers in daily activities for patients with dysarthria. I would like to collect data from 15th August to 15th November,2025 period time of according to the department preference time. Now I'm seeking your kindness to approve me to start the data collection from the Speech & Language Therapy department for the study project and I would like to ensure that anything of my research project will not be harmful for the participants and confidentiality will be maintained for each participant.

So, I therefore pray and hope that you would be kind enough to grant me the permission to conduct the data collection successfully as a part of my academic requirement.

Yours obediently

Jarin

Mst. Tonni Akter Jarin

4th year student of B.Sc. in Speech & Language Therapy Department

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1243

Head of the Department	Comment & Signature
Tahmina Sultana Head & Junior Consultant Department of Speech and Language Therapy Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka-1343	Permision given. Tahmina (TS)

Forwarded

Md. Sazzad Hossain
Asst. Professor & Head
Department of Speech and Language Therapy
Bangladesh Health Professions Institute, BHPI, CRP

10/8/2025

ANNEXURES- 3(E)

Application for IRB

Date:27.07.2025

The Chairman
Institutional Review Board (IRB)
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh

Subject: **Application for review and ethical approval.**

Sir,

With due respect I would like to draw your kind attention that I am a 4th year student of B.sc in Speech & Language Therapy Department, session:2020-2021 at Bangladesh Health Professions Institute (BHPI)- an academic institute of CRP under Faculty of Medicine of University of Dhaka (DU).I have to conduct a thesis entitled, **"Exploring caregiver's Perspectives on Communication Challenges in Daily Activities for Patients with Dysarthria"** under honorable supervisor, Sanjida Subahan, Assistant Professor of Speech & Language Therapy Department, Bangladesh Health Professions Institute (BHPI). The purpose of the study is to explore and understand the communication challenges encountered by the caregivers in daily activities for patients with dysarthria.

A qualitative type of phenomenological research design will be used followed by a self-made questionnaire that will take about ten to fifteen minutes. The information will be collected from the caregivers of dysarthria. Data collectors will receive informed consents from all participants. Any data collected will be kept confidential.

Therefore, I look forward to having your kind approval for the thesis proposal and to start data collection. I can also assure you that I will maintain all the requirements for study.

Sincerely yours,

Mst.Tonni Akter Jarin
4th Year student of B.Sc. in Speech & Language Therapy Department.
BHPI, CRP, Savar, Dhaka-1343, Bangladesh
Recommendation from the thesis supervisor

Sanjida Subahan
Assistant Professor of Speech & Language Therapy Department
BHPI, CRP, Savar, Dhaka-1343

Attachment: Thesis Proposal including measurement tools and process and procedure for maintaining confidentiality, Questionnaire (English and Bengali version), Information sheet & consent & any other paper (if applicable).