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ARTICLE

Developing and implementing a Digital Stories programme in nursing homes: a qualitative process evaluation

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Abstract

For older adults requiring permanent care in nursing homes (or residential aged care facilities), there can be a tendency to feel disconnected from their sense of self. Digital storytelling has the potential to improve relationships and social connectedness, and encourage a sense of self and identity; however, there is little research on the implementation of this practice. A qualitative process evaluation was conducted with a sample of 12 volunteers who delivered a Digital Stories programme. The programme connected volunteers with socially isolated residents of nursing homes with the aim of engaging the residents to reminisce and contribute toward creating a digital story about their lives. The study aimed to understand enablers of and barriers to implementing the programme in nursing homes, from the perspective of volunteers. Thematic analysis resulted in several overarching themes and sub-themes. The enablers of implementation included skills and characteristics of the volunteers (*e.g.* adaptable to residents' needs), specific features of the programme (*e.g.* having a shared goal) and support from the nursing home staff. The barriers to implementation included individual traits of the resident (*e.g.* low capacity for engagement), limitations associated with the prescribed protocol, and managing perspectives regarding what stories are told. Volunteers also made suggestions for future programme development. Implications for successful future digital storytelling projects include ensuring a manualised approach to the program while allowing for flexibility in delivery, careful recruitment of residents and volunteers, and providing comprehensive training and education to volunteers.

Keywords: digital storytelling; identity; nursing home; residential care; volunteer

Introduction

The number of older adults is increasing worldwide, with the share of the world's population aged over 65 projected to increase from 9 per cent in 2020 to 16 per cent by 2050 (United Nations, Department of Economic and Social Affairs 2019). In line with

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global trends, the number of Australians aged 65 and over is growing and expected to reach 25 per cent of the nation's population by 2055 (Commonwealth of Australia 2015). Owing to increased longevity and a concomitant rise in age-related physiological and neurological conditions, a greater number of older adults will require support in the future. Some of these older adults will require long-term care in settings such as nursing homes (World Health Organization 2015). In Australia, nursing homes (or residential aged care facilities) currently provide long-term care to approximately 178,000 older adults (Australian Institute of Health and Welfare 2024).

While community-dwelling older Australians generally experience positive mental health, those residing in nursing home settings are more likely to experience psychological distress and poorer quality of life (Atkins et al. 2013). Moving into a nursing home is often characterised by the loss of one's personal possessions and proximity to family, friends and community, and difficulties in engaging in valued activities (Davison et al. 2019; Lee et al. 2013; Lloyd et al. 2014; Paddock et al. 2019). Residents may feel a reduced sense of autonomy and independence as they adopt new daily routines that are largely dictated by organisational pressures rather than personal preferences (Ludlow et al. 2020; Paddock et al. 2019). Despite the shared living arrangement, there may be limited opportunity for meaningful interaction with others (Barbosa Neves et al. 2019), and impaired cognitive and physical health may make it challenging to form new relationships (Grenade and Boldy 2008). Demands on staff to provide clinical and task-oriented care may limit their opportunity to get to know their residents on a close personal level (Ludlow et al. 2020; Oppert et al. 2018). This has led some scholars to suggest that older adults may become 'de-storied', as their individual narratives are not acknowledged or supported (Bohlmeijer et al. 2011: 368). Taken together, older adults in nursing homes commonly report feeling disconnected from their sense of self, meaning and purpose, and their identity (Heliker and Scholler-Jaquish 2006; Lee et al. 2013; Lloyd et al. 2014; Paddock et al. 2019; Saunders and Heliker 2008).

Activities that involve reminiscence and the sharing of life stories have been shown to improve a range of mental health outcomes for older adults in nursing homes, including life satisfaction, self-esteem (Housden 2012; Menn et al. 2020), maintenance of identity, quality of relationships (Doran et al. 2019; Thompson 2011), social isolation and depression (Franck et al. 2016). Reminiscence, defined as the 'recall of experienced episodes from one's past' (Webster et al. 2010: 528), may promote positive mental health outcomes in a number of ways – it may encourage older adults to feel more confident in their ability to cope with challenging circumstances, foster a sense of self-mastery, improve mood through the recollection of pleasant memories and strengthen ego integrity, as well as acceptance and integration of past experiences (Bhar 2015; Webster et al. 2010). Tangible artefacts, such as books, collages and memory boxes, are often created as products of such biographical approaches to record, retain and share stories with others.

The use of multimedia technology is becoming increasingly common for sharing life stories (Thompson 2011). With the proliferation of hand-held devices such as phones and tablets, digital stories can be created with ease and shared with others. As with traditional reminiscence and life story activities, digital storytelling enables older adults to feel heard and to express their emotions and their identity

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(Fiddian-Green et al. 2019). Some evidence has shown that collaborating with older adults to produce digital stories in various ways can stimulate memories (O'Philbin 2019; Subramaniam and Woods 2016), engender positive emotions (Critten and Kucirkova 2019; Damianakis et al. 2010; Hausknecht et al. 2019; Subramaniam and Woods 2016), improve the quality of relationships with family members and caregivers (Damianakis et al. 2010; Subramaniam and Woods 2016), increase social and community connectedness (Capstick et al. 2016; Hausknecht et al. 2019; Sehrawat et al. 2017) and foster a sense of self and identity (Capstick et al. 2016; Critten and Kucirkova 2019; Damianakis et al. 2010). Such studies describe digital storytelling projects primarily conducted with older adults in the UK (Capstick et al. 2016; Critten and Kucirkova 2019; O'Philbin 2019; Subramaniam and Woods 2016), Canada (Damianakis et al. 2010; Hausknecht et al. 2019) and the United States (Sehrawat et al. 2017).

The current study

Given the promising potential of digital storytelling activities to support the mental health of older adults in nursing homes (*e.g.* Damianakis et al. 2010; O'Philbin 2019; Subramaniam and Woods 2016), it is necessary to gain an understanding of the processes that underscore implementing digital storytelling activities in nursing homes. A small number of existing studies have evaluated challenges associated with delivering digital storytelling with older adults living with dementia in particular (*e.g.* Smith et al. 2009; Stenhouse et al. 2013). Investigating processes associated with implementing such activities for nursing home residents without a diagnosis of dementia is important. Process evaluations explore how a programme is implemented and received in practice, which can assist in facilitating adaptive implementation. Such information can be used to refine and improve the implementation of such programmes in future (Fonteyn and Bauer-Wu 2005; Oakley et al. 2006). This may be particularly important when programmes involve implementation across several settings and involve several stakeholder groups (Oakley et al. 2006). Further, such evaluations are important as there is the potential for implementation to produce negative effects for participants, such as sadness and frustration (O'Philbin 2019; Smith et al. 2009). Conducting such an evaluation of the Digital Stories programme to explore specific context-related enablers and barriers is important to produce knowledge that may assist in wider dissemination of the programme in other contexts.

The current study is a qualitative process evaluation exploring the barriers and facilitators to implementing a volunteer-led digital storytelling programme in nursing homes in metropolitan Melbourne, Victoria in 2018 and 2019. The study explored the perspectives of volunteers who were responsible for delivering the digital storytelling programme. Perspectives of nursing home residents and staff who assisted with programme implementation, are reported elsewhere. It is crucial that volunteers' perspectives are explored and that their feedback is considered in future programme development, as they are responsible for programme execution at the micro level. The current study sought to address the following research questions:

(1) What enabled the implementation of the Digital Stories programme from the perspective of the programme volunteers?

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(2) What hindered the implementation of the Digital Stories programme from the perspective of the programme volunteers?
(3) What suggestions do the programme volunteers make to improve the Digital Stories programme?

Methods

Design

A qualitative study design was used for the evaluation, which was conducted alongside the implementation of the Digital Stories programme over three iterations from mid 2018 to late 2019. The sample size for the evaluation was constrained by the size of the participant pool; a limited number of volunteers were involved in the programme. Interviews were conducted with a sample of volunteers who delivered the programme, in order to gain their unique perspectives as those responsible for the day-to-day implementation of the programme.

The Digital Stories programme

The Digital Stories programme connected volunteers with residents of nursing homes to help residents feel acknowledged, valued and less isolated. Residents were matched with a volunteer. The volunteer met with their matched resident weekly for one to two hours on a one-to-one basis over approximately five months. Volunteers encouraged the resident to reminisce and worked with the resident to create a film lasting three to five minutes about the 'essence' – that is, the values, personal qualities and identity – of the resident.

Volunteers were provided training throughout the programme. The first training session was three hours in length and was held one to two weeks before volunteers were introduced to the residents. This session covered the basics of understanding the nursing home environment and communicating with older people. Ongoing group training sessions were held weekly for approximately 90 minutes and involved education on a range of topics including engaging older people in reminiscence, the benefits of storytelling, choosing the story to be told, skills in writing the script and technical procedures involved in producing the digital story (*i.e.* script writing, sourcing audio-visual materials and using video editing software). Each session was held as a group session involving all volunteers and both co-facilitators. Training sessions also served as an opportunity for debriefing and supervision regarding experiences with residents.

Volunteers were recruited from the psychology and nursing undergraduate populations at the university and the wider university network (*e.g.* attendees of the ageing seminar series, which is open to the general population). Residents were recommended to the programme by key staff members of nursing homes. Residents were required to be at least 65 years old, to be socially isolated and to have sufficient cognitive ability to participate in the programme.

Programme facilitators were responsible for programme oversight (recruitment of volunteers, nursing homes and residents, and volunteer education and training). The programme was facilitated by the first author (JS) and a colleague (RC) who has extensive experience in facilitating volunteer programmes in nursing homes.

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Participants

Individuals who volunteered to deliver the programme in nursing homes between June 2018 and December 2019 were eligible for the study. Twenty-four volunteers were invited to participate in the study, of which 12 consented to the study, seven from the 2018 cohort and five from the 2019 cohort. Volunteers knew others from their cohort as they attended the training groups. The remaining volunteers did not respond to invitations to participate. Reasons for non-response are unknown. No participants dropped out.

The 12 participants volunteered in the Digital Stories programme in five nursing homes in south-eastern metropolitan Melbourne, Victoria: four were not-for-profit homes (two were religion-based and two were non-religion-based) and one was a for-profit home.

Procedure

Participants were interviewed by phone (n = 3) or face-to-face (n = 9) from August 2019 to April 2020 using a semi-structured interview schedule. They were asked three questions: What enabled you to deliver the Digital Stories programme? What were, or could have been, barriers to delivering the Digital Stories programme? Do you have any suggestions for improving the Digital Stories programme?

All interviews were recorded using an audio device. The interview duration ranged from 6 m 44s to 23 m 24s. Interviews were conducted by the first author, a PhD candidate conducting a broader evaluation of the impact of the Digital Stories programme for residents in nursing homes. The interviewer was known to the participants, as she co-facilitated group training sessions. No repeat interviews were conducted.

Data analysis and reporting

Interview data were analysed using thematic analysis. As defined by Braun and Clarke (2006), thematic analysis is a method for identifying, analysing and reporting patterns or themes within a dataset. For the present study, the researchers applied an inductive approach to the analysis, in which the themes are driven by the data, rather than a deductive approach, in which a predetermined theory guides the process of coding and the creation of themes (Braun and Clarke 2006). Thematic analysis was conducted following the six-phase process articulated by Braun and Clarke (2020): (1) data familiarisation and writing familiarisation notes; (2) systematic data coding; (3) generating initial themes; (4) developing and reviewing themes; (5) refining, defining and naming themes; and (6) writing the report. This process was recursive, meaning that the researchers did not move through the phases in a strictly linear fashion (Braun and Clarke 2006). The researchers' engagement with the six-phase process is described next.

The first author who conducted the interviews listened to and transcribed the audio recordings verbatim. Once the interviews were transcribed, the researcher read the transcripts several times in order to become familiar with the data. The author produced written memos throughout the process as potential patterns in the data developed, in order to remain aware of researcher bias (Williams and Morrow 2009).

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The transcriptions were analysed using qualitative data analysis software (Quirkos 2021). The researcher conducted data coding by highlighting data extracts and grouping them into codes. Throughout this process, the researcher met with the two co-investigators to discuss decisions regarding the naming and grouping of codes to reach consensus. After reaching consensus, the initial codes were renamed, collapsed or separated into new codes following review by the researchers. An audit trail of code generation was regularly maintained, and several iterations of coding trees were kept, in order to increase the trustworthiness of the analysis (Nowell et al. 2017).

After coding, the codes were considered for possible generation of themes. Thematic maps were used to aid in the development of themes to visually represent patterns and linkages throughout the data (Braun and Clarke 2006). Peer debriefing with the co-investigators was conducted to examine the overarching patterns and reach consensus on the defining themes, to enhance the credibility of the findings (Nowell et al. 2017).

Reporting of the evaluation adhered to the guidelines specified by the consolidated criteria for reporting qualitative research (COREQ; Tong et al. 2007; see supplementary file). Findings were organised around the research topics: (1) enablers of implementation, (2) barriers to implementation and (3) suggestions for future implementation (Guest et al. 2014). Due to the participants providing only limited implementation suggestions, the data were insufficient to allow any theme to emerge. These suggestions were reported without thematic analysis being applied. Only interview data pertaining to the research questions are analysed and reported in this article.

Findings

The individual characteristics of the volunteers are presented in Table 1. Volunteers were all female and aged between 21 and 70 years. Most of them were undergraduate students at the time of their participation in the study.

Findings were organised by the three research questions of this study. The main themes and sub-themes generated will be presented in turn (Table 2). Additional participant suggestions to better facilitate programme implementation are also reported. Quotations from volunteers are presented to support each theme. Pseudonyms are used to name volunteers and residents to maintain anonymity. For clarity, residents who were participants of the programme are referred to as 'residents' henceforth; the term 'participants' refers to volunteers who participated in this evaluation study.

Enablers for implementing the Digital Stories programme

Volunteers were invited to share their perspectives on the factors that enabled them to implement the programme. All participants identified various elements of the programme protocol that enabled them in their delivery ($n = 12$). Many participants also identified specific skills and characteristics required of themselves in order to successfully implement the programme ($n = 6$). A smaller number discussed that the support they received from staff at the nursing home assisted in their ability to deliver the programme ($n = 2$). Thus, three overarching themes were constructed: features of the programme, skills and characteristics of the volunteer, and support from nursing home staff. Within these three themes, specific sub-themes were further explored.

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Table 1. Participant characteristics

Facility	Pseudonym	Gender	Age	Level of education	Area of occupation
1	Amy	Female	32	Bachelor degree	Research
1	Kathryn	Female	22	Bachelor degree in progress	Student
1	Grace	Female	21	Bachelor degree in progress	Retail
1	Susan	Female	70	Graduate diploma in progress	Psychology
2	Madison	Female	23	Honours degree in progress	Customer service
2	Melissa	Female	19	Bachelor degree in progress	Student
2	Janelle	Female	34	PhD	Research
3	Sophie	Female	19	Bachelor degree in progress	Student
3	Veronica	Female	47	Bachelor degree	Marketing
3 & 4*	Kimberley	Female	45	Bachelor degree	Project management
4	Cindy	Female	21	Bachelor degree in progress	Hospitality
5	Sharon	Female	44	Honours degree in progress	Library services

Note: 1 = for-profit providers, 2 and 4 = not-for-profit providers operated by a religious organisation, 3 and 5 = not-for-profit providers operated by community-based organisations.
*This participant volunteered in the programme twice.

Table 2. Major themes and sub-themes pertaining to the enablers for and barriers to implementing the Digital Stories programme

Research question	Themes	Sub-themes
Enablers for implementation	Features of the programme	Support from peers and facilitators
		Education and training
		Shared end goal
	Skills and characteristics of the volunteers	Adaptable to residents' needs
		Personal investment
	Support from nursing home staff	Practical support
		Emotional support
Barriers to implementation	Individual traits of the resident	Cognitive capacity
		Emotional capacity
		Humility
	Limitations associated with the prescribed protocol	
	Managing perspectives regarding what story is told	

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Theme 1: Features of the programme

In the Digital Stories programme, volunteers are provided with a manual for delivering the one-to-one digital storytelling programme with a resident in a nursing home they are paired with and attend regular education and training with their peers and programme facilitators at the university. Across all interviews, participants identified various elements of the programme itself when they were asked to discuss what enabled them to implement the Digital Stories programme. Sharon commented broadly that the structured protocol provided by the programme aided in her *success:* 'We had plenty of information about the process and I think it's quite a well organised programme, it's like, "go in and get to know them first", so you do give time to build the rapport which is important and before you sort of say, "well while you're there now you've gotta start looking for the real stuff"'.

All participants identified at least one specific feature of the programme that enabled them to deliver the programme successfully. Three sub-themes were generated: support from peers and facilitators, education and training, and sharing an end goal with the resident.

As part of the scheduled training, volunteers have the opportunity to debrief regarding their experience within the weekly session and can seek support from peers and facilitators during this time. Most participants ($n = 9$) highlighted the importance of both formal and informal support provided by facilitators and their peers throughout the programme:

> Feeling like I was sharing in an experience and part of a programme was actually really beneficial … I was able to sort of recognise, you know, when I'd had successes or challenges just by the nature of finding out about their experiences. (Veronica)

> I must admit I'm sort of at times unsure of myself … so the support I got from all of you, and the cohesion and love and support that the group had for each other, was really what enabled me to do it. (Susan)

Practical support from peers, particularly in relation to producing the digital story, was recognised by Veronica who shared: 'I witnessed that in our group [that there were technological barriers], … but students who couldn't do that, I saw other students step in to help.' Kathryn also noted that the group was 'really helpful to bounce ideas around'.

Almost half of the participants ($n = 5$) identified the importance of the education and training provided in the training for the role.

> Yeah, learning that skill to just sit and listen and pick up on the, on the interesting things that they're saying and picking up on some of the training that you guys gave us, especially at the start … I thought that was really good. (Janelle)

> [The facilitators] did such a good job of preparing, and all the booklet that kind of guided us, um, so, I think without that it would be quite difficult and I probably would've been a lot more lost structurally. (Cindy)

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Two participants reported that the shared end goal of producing a digital story assisted them in forming relationships with the resident, which may have otherwise been challenging: 'having an end goal in mind gave me more motivation to go rather than just sit there, maybe I would've felt a little bit listless, sitting with Alma' (Amy). For Veronica, the benefit to the resident in having a shared end goal was noticeable in the nature of their relationship following the conclusion of the formal programme: 'Now that we don't actually have that shared interest of creating the story, I've noticed that the visits are more challenging. It was actually really nice to have an incentive to work together and collaborate, and I think that the resident felt that sense of collaborating in something.' Overall, participants identified that support from peers and facilitators, education and training provided, and having a shared end goal with the resident enabled their implementation of the digital storytelling project.

Theme 2: Skills and characteristics of the volunteer

Half of the sample described various characteristics and personal qualities related to the way that they approached their role. For example, Susan articulated the importance of approaching the role with a balance between personal investment and maintaining appropriate boundaries:

> I went to Arthur's 100th, and yeah, the family is just lovely. We don't over-contact each other but we intend to be in contact … you have to think very carefully about, as a volunteer, that you don't overdo your role too. There is a distance there that there is, sort of a professionalism as a volunteer, that needs to be maintained … that you don't try and be one of the family. (Susan)

Two specific sub-themes were identified: the ability to be adaptable to residents' needs and the importance of personal investment. First, participants ($n = 4$) described that the ability to be adaptable to residents' needs was crucial in establishing and developing a relationship with the residents and progressing through the programme.

> My ability to really sit back and listen to the resident without pushing too much of my own idea or my own direction onto them, where I wanted the story to go … I think that really helped. (Cindy)

> Just before he turned 100 there were a few issues that came up, but it didn't matter that I didn't know all of them, because I was able to support him in my own way, and just listen to what he wanted and go with what he needed at the time … you needed to meet him on that level. (Susan)

Second, three participants identified that a level of personal investment was necessary to fulfil the role. The participants felt they needed to be personally motivated to make a commitment to the cause. For example, Grace spoke of her investment in the goals of the programme as a motivator to build the confidence necessary to implement the programme:

> I had to like, really build a lot of confidence at first probably, cos I was – oh I still am – a little bit shy … I think what really pushed me was like, knowing that I'd be able to help someone … so I was really motivated to help Donald with that

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> process of actually realising he's, like, lived a really, really good life, instead of being like, upset that he hasn't achieved something.

In summary, participants felt that the personal qualities of being adaptable to residents' needs and being intrinsically motivated to support residents in their role assisted them to implement the programme.

Theme 3: Support from nursing home staff

Two participants discussed the importance of having support from the nursing home they were volunteering in. Specific sub-themes included practical support and emotional support. First, Sharon highlighted that the nursing home provided practical support when she needed to source materials for the digital story:

> I got lucky when I wanted – Jean doesn't have many photos, she hardly kept any photos of her life when she moved in cos she's quite an organised kind of person so she got rid of them all – so when I had asked the facility for some copies of some photos from her time there, they were really fast, within a day I had them.

Veronica recounted what occurred when the resident she was paired with unexpectedly died during the programme: 'My resident passed away, and I felt, you know I did have a call, and that was very supportive, and so I felt that, yeah there was a lot of support about that.' Practical and emotional support from the nursing home staff felt particularly important for this small number of volunteers.

Barriers to implementing the Digital Stories programme

Participants were asked for their perspectives regarding barriers to implementing the programme. A wide range of responses were provided; most volunteers ($n = 9$) discussed individual traits of the residents that served as a barrier to implementation. A few reported that elements of the prescribed programme protocol were limiting ($n = 3$), and a smaller number discussed tensions associated with choosing the narrative to be told in the residents' digital stories ($n = 2$). Thus, three overarching themes were identified (*i.e.* individual traits of the residents, limitations associated with the prescribed protocol, managing perspectives regarding what stories are told).

Theme 1: Individual traits of the residents

Individual traits are the most salient theme identified when exploring barriers to implementation. The residents' traits, such as cognitive ability, emotional capacity and cultural background, were related to the capacity of residents to fully engage in the programme as expected. For example, Sophie described the challenges she faced when communicating with a resident who experienced poor physical health: 'It was very hard for her to engage in a conversation for a long period of time before she lost her breath or got tired … it was hard for her – psychologically, she wanted to talk.' Amy discussed her experience with a resident from a culturally and linguistically diverse (CALD) background and the impact of this on delivering the programme: 'I think because Alma was slightly more hesitant of me and coming from a collectivist culture that could be a bit of a barrier sometimes, trying to engage a personal narrative … I would be reflecting

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her strengths in an individualised way … and maybe at times she felt uncomfortable with that.'

Some common threads emerged and three sub-themes were generated: cognitive capacity, emotional capacity and humility. Four participants identified that residents' cognitive capacity, especially impairments in autobiographical and short-term memory, hindered them from participating in particular components of the programme with the volunteer, such as using specific prompts for reminiscence around life events. Cindy and Madison spoke of the challenges that cognitive impairment posed to the residents and to meeting the aims of the programme:

> Especially if there's memory problems, I think that having specific questions can be a limitation cos it kind of reminds them of those memory problems rather than letting them speak freely about what they do remember. (Cindy)

> At some point she did have trouble remembering things, … maybe that's also why she didn't really want to talk too much about it [specific past events]. … Memory problems didn't seem to come up until we had started, I guess that may have been a bit of a barrier for the story side of it. (Madison)

Susan identified that residents' short-term memory impairments could be addressed by being patient and understanding how best to prompt the resident's memory: 'He's got short-term memory [loss], but he now can remember me quite well, if I give him time, because he doesn't see that well, but I give him a bit of time and say "it's your biographer here" and not use my name; he then has the context and we can go straight into where we left off.'

Residents' emotional capacity, as cited by a small number of participants ($n = 2$), had implications for their participation. Janelle and Melissa identified that some residents might have memories that are difficult to revisit:

> There are a lot of sensitive things in people's lives they don't want to talk about, and you have to have a, a feeling to be able to know where to, where to keep, keep, being interested in a certain topic and where to just let it go and move on, cos it might be something they don't want to revisit. (Janelle)

> I think maybe at times it could've been a bit confronting, because you spent so long of your life just not really diving into like deep topics with people and suddenly you're introduced to someone and now you have to start talking about your life and although it's completely voluntary, it's, maybe, she sensed umm, at times like … a bit of pressure to sort of reveal things. (Melissa)

Apart from cognitive and emotional capacity, some participants ($n = 4$) identified that a barrier to engagement in the programme was residents' humility. As Kimberley expressed it, 'that initial fear that their story may not be interesting enough' served as a barrier to achieving the end goal of the programme in creating a digital story. Two participants reported that the residents felt that they were 'boring', with Kathryn recalling that the resident queried several times in the early stages of the programme, 'Oh,

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are you sure I'm not boring you?'. Overall, individual resident differences related to capacity (both cognitive and emotional) and humility were central to this theme.

Theme 2: Limitations associated with the prescribed protocol

While some expressed that the manualised nature of the programme enabled effective implementation, three participants were consistent in suggesting that applying the manualised programme too rigidly led to barriers in successful implementation=. Susan felt that the Digital Stories programme 'shouldn't be so rules bound':

> [F]acilities and institutions and programmes have a lot umm, kind of, political agendas, and things like that, and I think that that kind of stops you from being able to explore it as holistically. So if … you get a by-line of you must do this, this, this, this, it's um, sometimes a bit constricting, and you become part of what all the kind of nursing protocols are. … Being able to work from the psychological aspect had freedoms inherent in it, because you weren't administering stuff, the client wasn't a patient in that strict sense of the word, it was a digital story.

The remaining two participants identified specific limitations associated with taking an overly prescribed approach to reminiscence – Cindy found that, for the resident, 'questions that were too specific could be quite limiting and didn't lead to extended answers … I felt that kind of hindered her ability to kind of talk about things.' Sophie reported that the resident perceived the meetings as an 'interview … and because she thought it was an interview that made it a bit superficial, that she had limits to what she could say'. For these participants, applying the protocol too strictly or formally appeared to limit their capacity to explore the residents' stories in a meaningful way.

Theme 3: Managing perspectives regarding what stories are told

While this final theme was discussed by only two participants, it featured prominently in their interviews. Both volunteers discussed experiencing tensions associated with choosing what information to include in the digital story. For Veronica, this tension resulted from upholding the wishes of the resident in the context of managing the expectations of family members:

> My resident was quite adamant that she didn't want the, her family, really interfering in that process … you've got to keep in mind about how they're going to receive this, and um, at the same time, respecting the autonomy of the participant … she was quite assertive about telling her own story … I think it was more about leaving her, the stories of her children, out, that the story was her own story.

For Janelle, this tension came about as a result of recognising that the story she personally felt deserved to be told may not have been the same story the resident wanted to be told:

> Does he think that it's OK for me to put this in a digital story or does he think that it's, you know like, not important? Like, I think that it's important, but maybe he doesn't … I asked him multiple times whether he thinks it's OK to use this story

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> and use these photos because I felt like maybe he didn't, so I feel like that maybe was a barrier.

In both instances, participants realised the need to be faithful to the stories told by the residents themselves and their own wishes for what was included in and omitted from the story.

Additional suggestions to better facilitate the programme

In addition to commenting on barriers and facilitators, participants were asked to provide suggestions for future programme implementation. Specific suggestions were offered by five participants. While many participants emphasised the importance of peer support during the training sessions, two participants raised the need to ensure that there is a careful balance between providing structured education and opportunities to debrief and share weekly experiences.

> The earlier ones [training sessions] were really useful because you gave us a lot of training, and the later ones were still useful but I think they were more about, like, just everyone going through their experiences of that week … sometimes it just felt a bit long, like maybe it should've been an hour, not an hour and a half. (Janelle)

> Some weeks you spend more time talking about the weekly experiences than is ideal, umm but you know that's part of it. (Sharon)

Despite participants having a basic level of proficiency in the use of computers, some may not have the necessary skills to use video editing software efficiently. Two participants made suggestions around providing more specific support in this area.

> The support was very good with the Friday night sessions, maybe, technological, it might have just been our group, so perhaps – when you've got younger students, like you don't want to go through that because it might bore them – but maybe just a session on how to put it together, just to alleviate some of the stress that people have with that. (Veronica)

> Maybe just get like a, someone professional, … just, to give us techniques on editing, because like just the little things can make a big difference and like we can take that on board for like other things, if we wanna make like our own family video or anything, even for like just one of the seminars just get like an IT person or I don't know, yeah, um, yeah because I struggled with that, I'm not a very good computer person. (Sophie)

One participant, Grace, suggested that volunteer and resident pairs could meet each other in a group meeting before commencing the programme to enhance wider community connectedness: 'I've got one idea – umm, for everyone to be introduced all together maybe, like in the different facilities, so you have like a little team where everyone sees each other first … it's not one on one it's more like everyone that's partnered together all in the same room talking to each other.' Overall, while a few suggestions

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were made, they appeared to be primarily associated with the training and support provided throughout the programme, with only Grace making a suggestion with regards to how the meeting with residents is approached.

Discussion

The purpose of the current study was to investigate volunteers' accounts of the enablers of, barriers to and improvements to implementing the Digital Stories programme in nursing homes. Developing an understanding of the processes that supported and hindered programme implementation was expected to improve future delivery of the programme and to assist in interpreting programme efficacy. With regard to enablers of programme implementation, thematic analysis produced three overarching themes: skills and characteristics of the volunteers (*e.g.* the ability to be adaptable to residents' needs), specific features of the programme (*e.g.* having a shared end goal with the resident) and support from the nursing home staff (*e.g.* emotional support). With regard to barriers to implementation, overarching themes were: individual traits of the residents (*e.g.* capacity for engagement), limitations associated with the prescribed protocol, and managing perspectives regarding what story is told. Volunteers also made suggestions for future programme development, primarily related to education and training. Salient findings associated with enablers of and barriers to implementation will be discussed in turn next, before turning to the implications, strengths and limitations of the evaluation.

With respect to enablers, all volunteers identified features of the programme that enabled successful implementation. Most of them emphasised the importance of ongoing support and specific education and training. Given that volunteers in the Digital Stories programme were not required to have any formal education in counselling or any age-related studies, training was anticipated to play a pivotal role in the programme delivery. The importance of support from peers, facilitators and nursing homes has also been reported in other studies. In a review of volunteering in dementia care, volunteers who prematurely resigned from their roles reported a lack of opportunity to debrief about their experiences (Hurst et al. 2019). Volunteers working with older adults interviewed by Same et al. (2020) expressed a similar need to feel supported and heard by the organisation they were volunteering with, and also spoke highly of specific instances of individual support they received. Previous research has reported positive outcomes for befriending schemes when volunteers were formally trained (Charlesworth et al. 2008). A review of studies of volunteers in dementia care showed that ensuring that volunteers are adequately trained and provided with a clear and specific description of their role and activities reduces the likelihood of burnout and emotional distress (Hurst et al. 2019). Alignment was found between the opinions expressed by volunteers in the present study and those expressed by staff members who participated in the programme, with staff identifying the importance of having a supportive team within the facility who understood the programme and could provide practical and emotional support to volunteers.

Some volunteers expressed that the collaborative nature of the programme, by which both volunteers and residents held a shared goal to produce a digital story, partly enabled the success of the programme. It is well known that goal collaboration is crucial

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in forming a therapeutic working alliance, which plays an important role in engendering positive outcomes between health professionals and clients (Horvath et al. 2011; Horvath and Greenberg 1989). Although the current programme was not designed to constitute therapy or counselling, its success appeared to rely partly on the agreement of the goal between residents and volunteers.

Furthermore, many volunteers also identified personal qualities and skills that were required on their behalf in order to successfully deliver the programme, including the ability to be adaptable to the needs of the residents and a degree of personal investment. When working with older adults, the ability to make modifications in line with their specific cognitive and physical needs is important in producing successful outcomes (Bhar et al. 2015; Fearn 2021; Rehm et al. 2017). Sentiments regarding personal investment expressed by our volunteers are consistent with those in previous studies; volunteers in aged and dementia care become involved and persist in the role for a number of reasons, including altruism and the desire to make a positive change, as well as personal development with regard to, for example, confidence and self-esteem (Fearn 2021; Hurst et al. 2019; McHugh et al. 2016; Same et al. 2020).

With respect to barriers to implementation, volunteers mainly identified characteristics of the residents that made delivery challenging, frequently citing capacity in the context of memory impairment and emotional capacity for engagement. These issues are echoed in previous research; Pennington and Knight (2008) interviewed volunteers of a befriending programme for isolated community-dwelling older adults and identified that impaired memory was a barrier to building rapport. In a series of exploratory case studies, befrienders in nursing homes identified that issues with short-term memory resulted in having to re-establish rapport upon every visit, making it challenging to form an enduring friendship (Stephens et al. 2016). Housden et al. (2012) argued that facilitators of reminiscence programmes must be appropriately trained to recognise when the activity may create risk of emotional harm, particularly for older adults with experiences of trauma or unresolved past conflicts.

Some volunteers expressed challenges associated with telling stories that were faithful to the residents' lived experiences, while managing the expectations of family members and their own perceptions of what constituted a story worth telling. Such findings are common in digital storytelling literature. Researchers have documented tensions associated with deciding whether to include emotionally sensitive content (Smith et al. 2009; Waycott et al. 2017), the challenges faced by 'holding the threads' when the older adults have difficulty with articulating their personal narrative (Stenhouse et al. 2013) and managing the power relations inherent in producing stories on behalf of those with traditionally marginalised voices (Manchester and Facer 2015; Stenhouse and Tait 2018; Waycott et al. 2017).

Beyond the overarching themes generated, some volunteers made noteworthy comments regarding individual resident qualities, such as cultural background, that may play a role in successful implementation. There is evidence to show that there are important cross-cultural differences in the ways people view their life stories and engage in reminiscence (Swann and Bosson 2010; Webster et al. 2010). In the present study, cultural differences were pertinent to the aim of telling a story about an individual person who may identify with a collectivist way of being, where the needs of the

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group are more salient than the needs of the individual. Indeed, similar studies of digital storytelling projects have taken place in Western, individualistic nations (Capstick et al. 2016; Critten and Kucirkova 2019; Damianakis et al. 2010; Hausknecht et al. 2019; O'Philbin 2019; Sehrawat et al. 2017; Subramaniam and Woods 2016). Further investigation is required, with a larger and more diverse sample of participants, to ascertain the impact of such individual differences on implementation.

Implications for digital storytelling practice

Firstly, while many volunteers expressed similar opinions regarding implementation, some variation in findings emerged, such as how taking a prescriptive approach hindered rapport development for some but assisted in providing meaning and purpose to the visits for others; further, providing ample time for debriefing in group sessions was regarded as crucial by some but excessive by those who felt that they did not need it. For future implementation, programme facilitators should ensure that delivery of the programme (including providing training, instruction and support to volunteers) is itself flexible enough without making facilitation overly onerous.

Secondly, given that most volunteers reported that individual traits of the residents (such as cognitive and emotional capacity) were barriers to successful implementation, facilitators must carefully select residents in the recruitment stage of the project with regards to such traits. A more thorough screening process could be adopted, in which facilitators collaborate closely with nursing home staff to increase the likelihood that the programme is offered only to residents who have the capacity to participate fully.

Thirdly, the training and education provided (which was identified as an enabler by almost half of the volunteers) could be enhanced to include greater emphasis on the challenges articulated by volunteers in the current study, such as those associated with resident capacity for participation and managing ethical conflicts regarding what stories are told. Given that most volunteers identified that formal and informal support from facilitators and peers was important, educational content should be balanced with the opportunity to provide support on specific issues as they arise, both during and outside of formal training sessions.

Lastly, some volunteers indicated that their personal qualities, such as personal investment, adaptability, and ability to listen well, enabled them to implement the programme. This highlights the importance of ensuring that volunteers are thoughtfully recruited, on the basis of such qualities and skills, for future projects.

Strengths and limitations

The present study sought to qualitatively evaluate the implementation of a novel digital storytelling programme, intended to improve relationships and social connectedness, and encourage a sense of self and identity, among nursing home residents. Findings from interviews with volunteers directly responsible for delivering the programme contribute to an emerging body of literature interested in developing novel approaches to supporting the psychosocial health of older adults in nursing homes. Themes emerging from interviews in the present study provide specific areas of focus for improving the implementation of future digital storytelling programmes.

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There are two salient limitations in the present study. First, stakeholders beyond programme volunteers were not included in this process evaluation, including both nursing home staff who assisted with implementation and, importantly, residents who participated in the programme. Staff and residents may hold different views from those of programme volunteers with regard to enabling and limiting factors. While some findings were presented as a point of comparison in the present study, these perspectives on the programme are reported elsewhere. Second, only 50 per cent of programme volunteers participated in the study. It is unknown whether the 12 volunteers who did not participate held different views compared to the volunteers who participated in the study.

Conclusion

These findings contribute to the small but growing body of research interested in the process of digital storytelling with older adult participants (*e.g.* Smith et al. 2009; Stenhouse et al. 2013). Given the capacity for digital storytelling activities to support the personal values and self-views of older adults in nursing homes, the present study explored the factors that support or block implementation of such activities by volunteers. It is well documented that stigma exists around working with older adults and there is a lack of training opportunities for such work, particularly in the psychology and nursing disciplines (Bhar and Silver 2014; Stargatt 2017; Wells et al. 2004). As a result, it is imperative for volunteers to be supported to work with older people and gain knowledge of the experiences of ageing, to increase the workforce who specialise in age-related fields in future. For this reason, it is critical that volunteers have positive experiences of implementing such programmes and that their feedback is considered in future programme development.

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References

Atkins J, Naismith SL, Luscombe GM and Hickie IB (2013) Psychological distress and quality of life in older persons: Relative contributions of fixed and modifiable risk factors. *BioMed Central Psychiatry* **13**, article 249. https://doi.org/10.1186/1471-244X-13-249.

https://doi.org/10.1017/S0144686X24000424 Published online by Cambridge University Press

Australian Institute of Health and Welfare (2024) Older Australians, Aged care. Canberra: Australian Institute of Health and Welfare. https://www.aihw.gov.au/reports/older-people/older-australians/contents/aged-care.

Barbosa Neves B, Sanders A and Kokanović R (2019) 'It's the worst bloody feeling in the world': Experiences of loneliness and social isolation among older people living in care homes. *Journal of Aging Studies* **49**, 74–84. https://doi.org/10.1016/j.jaging.2019.100785.

Bhar SS (2015) *Narrative Approaches with Older Adults*. Singapore: Springer Singapore.

Bhar SS and Silver M (2014) Introduction of a university-based counselling service for older adults. *Australasian Journal on Ageing* **33**(1), 36–42. https://doi.org/10.1111/ajag.12114.

Bhar SS, Silver M, Campbell J, Lawson M, O'Brien S and Rehm I (2015) Counselling older adults living in residential aged care settings: Four illustrative case studies. *Australian Psychologist* **50**, 141–147. https://doi.org/10.1111/ap.12098.

Bohlmeijer ET, Westerhof GJ, Randall W, Tromp T and Kenyon G (2011) Narrative foreclosure in later life: Preliminary considerations for a new sensitizing concept. *Journal of Aging Studies* **25**, 364–370. https://doi.org/10.1016/j.jaging.2011.01.003.

Braun V and Clarke V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* **3**, 77–101. https://doi.org/10.1191/1478088706qp063oa.

Braun V and Clarke V (2020) One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, 1–25. https://doi.org/10.1080/14780887.2020.1769238.

Capstick A, Ludwin K, Chatwin J and Walters ER (2016) Participatory video and well-being in long-term care. *Journal of Dementia Care* **24**, 26–29. http://hdl.handle.net/10454/7727.

Charlesworth G, Shepstone L, Wilson E, Thalanany M, Mugford M and Poland F (2008) Does befriending by trained lay workers improve psychological well-being and quality of life for carers of people with dementia. *Health Technology Assessment* **12**(4). https://doi.org/10.3310/hta12040.

Commonwealth of Australia (2015) *2015 Intergenerational Report: Australia in 2055*. Parkes, ACT: Commonwealth of Australia. https://treasury.gov.au/sites/default/files/2019-03/2015_IGR.pdf.

Critten V and Kucirkova N (2019) 'It brings it all back, all those good times; it makes me go close to tears': Creating digital personalised stories with people who have dementia. *Dementia* **18**, 864–881. https://doi.org/10.1177/1471301217691162.

Damianakis T, Crete-Nishihata M, Smith KL, Baecker RM and Marziali E (2010) The psychosocial impacts of multimedia biographies on persons with cognitive impairments. *Gerontologist* **50**, 23–35. https://doi.org/10.1093/geront/gnp104.

Davison TE, Camões-Costa V and Clark A (2019) Adjusting to life in a residential aged care facility: Perspectives of people with dementia, family members and facility care staff. *Journal of Clinical Nursing* **28**, 3901–3913. https://doi.org/10.1111/jocn.14978.

Doran C, Noonan M and Doody O (2019) Life-story work in long-term care facilities for older people: An integrative review. *Journal of Clinical Nursing* **28**(7–8), 1070–1084. https://doi.org/10.1111/jocn.14718.

Fearn M (2021) Befriending older adults in nursing homes: Volunteer perceptions of switching to remote befriending in the Covid-19 era. *Clinical Gerontologist* **44**, 430–438. https://doi.org/10.1080/07317115.2020.1868646.

Fiddian-Green A, Kim S, Gubrium A, Larkey LK and Peterson J (2019) Restor(y)ing health: A conceptual model of the effects of digital storytelling. *Health Promotion Practice* **20**, 502–512. https://doi.org/10.1177/1524839918825130.

Fonteyn M and Bauer-Wu S (2005) Using qualitative evaluation in a feasibility study to improve and refine a complementary therapy intervention prior to subsequent research. *Complementary Therapies in Clinical Practice* **11**, 247–252. https://doi.org/10.1016/j.ctcp.2005.05.007.

Franck L, Molyneux N and Parkinson L (2016) Systematic review of interventions addressing social isolation and depression in aged care clients. *Quality of Life Research* **25**, 1395–1407. https://doi.org/10.1007/s11136-015-1197-y.

Grenade L and Boldy D (2008) Social isolation and loneliness among older people: Issues and future challenges in community and residential settings. *Australian Health Review* **32**, 468–478. https://doi.org/10.1071/AH080468.

Guest G, MacQueen K and Namey E (2014) Writing up thematic analyses. In Guest G, MacQueen KM and Namey EE, *Applied Thematic Analysis*. Thousand Oaks, CA: Sage, 241–278.

https://doi.org/10.1017/S0144686X24000424 Published online by Cambridge University Press

Hausknecht S, Vanchu-Orosco M and Kaufman D (2019) Digitising the wisdom of our elders: Connectedness through digital storytelling. *Ageing & Society* **39**, 2714–2734. https://doi.org/10.1017/S0144686X18000739.

Heliker D and Scholler-Jaquish A (2006) Transition of new residents to long-term care: Basing practice on residents' perspective. *Journal of Gerontological Nursing* **32**, 34–42. https://doi.org/10.3928/00989134-20060901-07.

Horvath AO, Del Re AC, Flückiger C and Symonds D (2011) Alliance in individual psychotherapy. *Psychotherapy* **48**, 9–16. https://doi.org/10.1037/a0022186.

Horvath AO and Greenberg LS (1989) Development and validation of the working alliance inventory. *Journal of Counseling Psychology* **36**, 223–233. https://doi.org/10.1037/0022-0167.36.2.223.

Housden S (2012) The use of reminiscence in the prevention and treatment of depression in older people living in care homes:. *Groupwork* **19** 2, 28–45. https://doi.org/10.1921/gpwk.v19i2.674.

Hurst A, Coyne E, Kellett U and Needham J (2019) Volunteers motivations and involvement in dementia care in hospitals, aged care and resident homes: An integrative review. *Geriatric Nursing* **40**, 478–486. https://doi.org/10.1016/j.gerinurse.2019.03.010.

Lee V, Simpson J and Froggatt K (2013) A narrative exploration of older people's transitions into residential care. *Aging and Mental Health* **17**, 48–56. https://doi.org/10.1080/13607863.2012.715139.

Lloyd L, Calnan M, Cameron A, Seymour J and Smith R (2014) Identity in the fourth age: Perseverance, adaptation and maintaining dignity. *Ageing & Society* **34**, 1–19. https://doi.org/10.1017/S0144686X12000761.

Ludlow K, Churruca K, Mumford V, Ellis LA and Braithwaite J (2020) Staff members' prioritisation of care in residential aged care facilities: A q methodology study. *BioMed Central Health Services Research* **20**, 423. https://doi.org/10.1186/s12913-020-05127-3.

Manchester H and Facer K (2015) Digital curation: Learning and legacy in later life. *E-Learning and Digital Media* **12**, 242–258. https://doi.org/10.1177/2042753014568178.

McHugh JE, Lee O, Aspell N, Connolly L, Lawlor BA and Brennan S (2016) Peer volunteer perspectives following a complex social cognitive intervention: A qualitative investigation. *International Psychogeriatrics* **28**, 1545–1554. https://doi.org/10.1017/S1041610216000144.

Menn L, Corsten S, Lauer N and Wallace SJ (2020) The effectiveness of biographical approaches in long-term care: A systematic review. *Gerontologist* **60**, e309–e328. https://doi.org/10.1093/geront/gnz074.

Nowell LS, Norris JM, White DE and Moules NJ (2017) Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods* **16**, 1–13. https://doi.org/10.1177/1609406917733847.

Oakley A, Strange V, Bonell C, Allen E and Stephenson J (2006) Process evaluation in randomised controlled trials of complex interventions. *British Medical Journal* **332**, 413–416. https://doi.org/10.1136/bmj.332.7538.413.

O'Philbin L (2019) Reminiscence and Digital Life Story Work for Dementia Care. PhD thesis, Bangor University. https://research.bangor.ac.uk/portal/files/22765337/2018_OPHILBIN_L_PhD.pdf.

Oppert ML, O'Keeffe VJ and Duong D (2018) Knowledge, facilitators and barriers to the practice of person-centred care in aged care workers: A qualitative study. *Geriatric Nursing* **39**, 683–688. https://doi.org/10.1016/j.gerinurse.2018.05.004.

Paddock K, Brown Wilson C, Walshe C and Todd C (2019) Care home life and identity: A qualitative case study. *Gerontologist* **59**, 655–664. https://doi.org/10.1093/geront/gny090.

Pennington J and Knight T (2008) Staying connected: The lived experiences of volunteers and older adults. *Ageing International* **32**, 298–311. https://doi.org/10.1007/s12126-008-9020-5.

Quirkos (2021) [Qualitative analysis software.] Quirkos. quirkos.com.

Rehm IC, Stargatt J, Willison AT, Reser MP and Bhar SS (2017) Cognitive behavioral therapy for older adults with anxiety and cognitive impairment: Adaptations and illustrative case study. *Journal of Cognitive Psychotherapy* **31**, 72–88. https://doi.org/10.1891/0889-8391.31.1.72.

Same A, McBride H, Liddelow C, Mullan B and Harris C (2020) Motivations for volunteering time with older adults: A qualitative study. *PLoS (Public Library of Science) ONE* **15**, 1–13. https://doi.org/10.1371/journal.pone.0232718.

Saunders JC and Heliker D (2008) Lessons learned from 5 women as they transition into assisted living. *Geriatric Nursing* **29**, 369–375. https://doi.org/10.1016/j.gerinurse.2007.10.018.

https://doi.org/10.1017/S0144686X24000424 Published online by Cambridge University Press

Sehrawat S, Jones CA, Orlando J, Bowers T and Rubins A (2017) Digital storytelling: A tool for social connectedness. *Gerontechnology* **16**, 56–61. https://doi.org/10.4017/gt.2017.16.1.006.00.

Smith KL, Crete-Nishihata M, Damianakis T, Baecker RM and Marziali E (2009) Multimedia biographies: A reminiscence and social stimulus tool for persons with cognitive impairment. *Journal of Technology in Human Services* **27**, 287–306. https://doi.org/10.1080/15228830903329831.

Stargatt J (2017) The availability of psychological services for aged care residents in Australia: A survey of facility staff. *Australian Psychologist* **52**, 406–413. https://doi.org/10.1111/ap.12244.

Stenhouse R and Tait J (2018) Finding our voices in the dangling conversations: Co-producing digital stories about dementia. In Hardy P and Sumner T (eds), *Cultivating Compassion: How Digital Storytelling is Transforming Healthcare*, 2nd edn. Cham: Springer Nature, 283–296.

Stenhouse R, Tait J, Hardy P and Sumner T (2013) Dangling conversations: Reflections on the process of creating digital stories during a workshop with people with early-stage dementia. *Journal of Psychiatric and Mental Health Nursing* **20**, 134–141. https://doi.org/10.1111/j.1365-2850.2012.01900.x.

Stephens J, Simpson T, Holmes OS, Collins R, Silver M and Bhar SS (2016) Volunteers befriending older adults in aged care residences: Three case studies. *Australian Psychologist* **51**, 164–170. https://doi.org/10.1111/ap.12160.

Subramaniam P and Woods B (2016) Digital life storybooks for people with dementia living in care homes: An evaluation. *Clinical Interventions in Aging* **11**, 1263–1276. https://doi.org/10.2147/CIA.S111097.

Swann WB and Bosson JK (2010) Self and identity. In Fiske ST, Gilbert DT and Lindzey G (eds), *Handbook of Social Psychology*. Hoboken, NJ: John Wiley & Sons, 589–628.

Thompson R (2011) Using life story work to enhance care. *Nursing Older People* **23**, 16–21. https://doi.org/10.7748/nop2011.10.23.8.16.c8713.

Tong A, Sainsbury P and Craig J (2007) Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care* **19**, 349–357. https://doi.org/10.1093/intqhc/mzm042.

United Nations, Department of Economic and Social Affairs, Population Division (2019) *World Population Prospects 2019: Highlights*. ST/ESA/SER.A/423. New York: United Nations. https://population.un.org/wpp/publications/files/wpp2019_highlights.pdf.

Waycott J, Davis H, Warr D, Edmonds F and Taylor G (2017) Co-constructing meaning and negotiating participation: Ethical tensions when 'giving voice' through digital storytelling. *Interacting with Computers* **29**, 237–247. https://doi.org/10.1093/iwc/iww025.

Webster JD, Bohlmeijer ET and Westerhof GJ (2010) Mapping the future of reminiscence: A conceptual guide for research and practice. *Research on Aging* **32**, 527–564. https://doi.org/10.1177/0164027510364122.

Wells Y, Foreman P, Gething L and Petralia W (2004) Nurses' attitudes toward aging and older adults. *Journal of Gerontological Nursing* **30**, 5–9. https://doi.org/10.3928/0098-9134-20040901-04.

Williams EN and Morrow SL (2009) Achieving trustworthiness in qualitative research: A pan-paradigmatic perspective. *Psychotherapy Research* **19**, 576–582. https://doi.org/10.1080/10503300802702113.

World Health Organization (2015) *World Report on Ageing and Health*. Geneva: World Health Organization. https://iris.who.int/handle/10665/186463.

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