Bringing the Outside in Through Facilitated Communication Technology in Long Term Care: How do Facilitated, Virtual Communication Sessions Provide Opportunities for Social Engagement and Participant Well-Being?

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Abstract

This paper aims to explore the effect of virtual communication opportunities on the opinions and communication styles of older adults who live in a long-term care (LTC) setting in Ireland. The paper has been developed from a pre- and post-intervention study during which older adults took part in a facilitated, virtual communication intervention, delivered once per week over a four-week period. While the pre- and post-intervention study provides the scaffold for envisaging changes in the communication styles of older adults in long term residential care, the overarching purpose of this paper is to discuss how technology, as a conduit for bringing the outside world to the lived residential world of the residents gave agency to their respective voices and opinions in a meaningful, anchored communication context. Ten residents participated in semi-structured interviews before and after four weeks of once-per-week virtual talks delivered via an online platform. The interviews provided a means by which residents' opinions, experiences and perceptions pertaining to the use of technology for engaging with topics of interest and facilitating social interaction could be gauged. Interviews were transcribed and then analysed from a phenomenological perspective. The residents' initial interviews revealed themes of 'wellbeing in LTC', 'risks to wellbeing', 'social engagement', 'reminiscing about the past', 'curiosity' and a 'dearth of experience with technology'. After experiencing communication through technology, resident interviews reflected themes such as 'a break from routine', 'forming new ties', 'technology for learning and wellbeing in LTC', and its use to 'augment personal choice and autonomy' in such settings. Based on participants' lived experience and the themes which emerged in the interviews after the technological communications, there is potential for the facilitated use of technology to mitigate social isolation which can arise in such settings, and provide opportunities for common ground, choice-making and forming new ties.

Keywords: *Older adults, technology, social engagement, facilitated virtual communication, long term care settings.*

1. Introduction

At present, there is a strong leaning in medical research towards increasing the quantity of years in peoples' lives, through research devoted to the reduction of mortality-associated illnesses such as cardiovascular disease and cancer (Brown, 2015). This has been such a successful endeavour that, since the 1960s, there has been an average increase in life expectancy of approximately 2.2 years per decade (Oeppen & Vaupel, 2002). For instance, in the 1840s, the oldest global cohort (Swedish women) were expected to live approximately 45 years. Today, their global equivalents (Japanese women) are expected to live approximately 85 years (Oeppen & Vaupel, 2002). For adults, the current life expectancy in Ireland is set at 78.7 years for men and 83.2 years for women, standing above the EU averages of 75.5 years and 82.1 years respectively (Health Service Executive [HSE], 2015). The success in mortality reduction is undeniable and continues in many countries worldwide (Clarfield, 2018).

However, it would be neglectful to assume that added years in life automatically results in an increase in healthy life expectancy, that is, a compression in age-related morbidity. According to Brown (2015), while mortality is reducing in Europe, morbidity is expanding and will undoubtedly have a number of significant economic, social and health related quality-of-life effects. People are living longer as cardiovascular disease and cancer are increasingly well managed; that said, extended longevity is a primary risk factor for developing age-related diseases and disabilities such as dementia, respiratory disease, arthritis and osteoporosis (Brown, 2015). As such, the quality of these added years can be less than optimal, and even very poor (Xie, Brayne, Jagger, Bond & Matthews, 2008), requiring increased support and care, for an ever-growing number of people, across a range of settings and circumstances.

Some of this support is likely to be provided in LTC settings such as nursing homes. While approximately 5% of the older population of Ireland live in congregated settings such as a nursing home at any one time, equating to 22,762 people in the 2016 Census of Population (Central Statistics Office [CSO], 2017), one quarter of Irish women and one third of Irish men will spend time in a long-term nursing home facility at some point before they die (Browne, 2016).

From a historical standpoint, the evolution of nursing homes in Ireland has followed a long and winding trajectory, with early roots in the pre-sixteenth century during which time the provision of care was largely administered by religious orders. Reformation then changed this course significantly, resulting in three centuries of sporadic care, dependent on the more affluent members of society and their charitable inclinations (O'Connor, 1995, in Timonen & Doyle, 2007). Subsequently, the Poor Relief Act of 1838 led to the establishment of institutions, commonly known as workhouses, in large urban centres such as Cork, Dublin and Belfast for people who found themselves ill, infirm or otherwise destitute (Timonen & Doyle, 2007). Throughout the late 19th and early 20th century, care was provided in County Alms Houses, though this was not exclusively for older people. Despite the long history of care provision in various religious, voluntary and state-run settings, it was not until the 1968 Interdepartmental Committee on Care of the Aged that demographics pertaining to people living in LTC settings began to be formally recorded. Still, at this point, and right through to the late 1980's and into the 1990's, provision of care was largely centred around physical and medical needs, with little consideration for the social needs of residents (International Federation on Ageing, 2012). Kane (2001, p. 296), accurately reflects this in saying that health and physical safety can often be 'the be all and end all' of LTC provision, when in actual fact, the person availing of LTC may be more inclined towards the best possible, personal outcomes from the perspective of their personally perceived quality of life. Often, therein lies a mismatch, one which Moore and Ryan (2017) indicate is very rarely reflected in research, as there is a general dearth of research which delves into the lived experience of residents living in LTC, in Ireland and in an international context.

In more recent times, LTC settings have experienced a significant shift in landscape from a medical model, where physical care needs take precedence, to the recognition of a requirement for bio-psycho-social considerations for optimal wellbeing outcomes in LTC. This change has been championed in Ireland by the independent regulatory body, the Health Information Quality Authority, which is mandated with the responsibility for ensuring safe, effective care for people who reside in LTC facilities in Ireland (National Quality Standards for Residential Care Settings for Older Persons in Ireland, 2008; 2016). While this is a welcome development, several researchers advocate for the need to give voice to older people and those living in LTC, as it is only through developing an understanding of older adults' experiences and opinions that the provision of LTC can be optimised for the key stakeholders: the people who live in these institutions (Eisenstein, Milstein, Johnson & Berman, 2019).

In the latter part of the 2000s and into the 2010s, it seems further consideration and implementation with regard to social provisions in LTC was necessary. A number of studies indicate the need to provide meaningful communication opportunities for those in LTC, with Williams, Buchhorn and Bower (2005) providing an overview of the impact of positive communication, most significantly, increased satisfaction with nursing home life. However, with staff shortages, significant complexity of medical care and inconsistent levels of training, staff can often overlook interpersonal interaction as a therapeutic tool (Williams et al., 2005), and use communication as a task-based means for conveying information regarding care. Further, stereotypes of ageism in the long-term care setting can in fact hinder communicative efforts of younger staff members, who inadvertently can engage in 'elderspeak', an infantilising style of communication with older adults, increasing the likelihood of depression, social isolation and a reinforcement of internalised beliefs of incompetence and dependence for the older adult themselves (Williams, Kemper & Hummert, 2003).

While social endeavours and initiatives are now becoming a more important focus in this setting, research studies continue to identify the need for increased facilitation of participation and autonomy for older people (Lyttle & Ryan, 2010). More specifically, a significant body of literature has identified risks to wellbeing in LTC settings, ranging from loneliness to psychosocial impacts. For example, Elias, Neville and Scott (2015) found that 56% of residents presented with loneliness while 71.8% were reported to have depression in their research. Choi, Ransom and Wyllie (2008) demonstrated through the use of interviews that residents in LTC perceive a number of factors which act as risks to psychosocial wellbeing, including but not limited to reductions in freedom, independence and ready access to materials and activities of interest, such as lectures, talks and music. Jongenelis et al. (2004) found the same in their earlier study which investigated risk indicators or reductions in wellbeing in LTC settings, observing a diverse set of risk factors applicable to older adults when considering depression and psychosocial wellbeing. They noted specifically that "special attention and care must focus on psychosocial factors such as loneliness, recent negative life events, lack of social support and perceived inadequacy of care" (Jongenelis et al. 2004, p. 141).

Drageset, Kirkevold and Espehaug (2011) developed the concept of loneliness in their paper, indicating that it can be associated with the development of depression, physical decline and sub-optimal self-perceived quality of life in older people. Ó Luanaigh and Lawlor (2008) identified the concept of social loneliness, a phenomenon which often occurs when a person relocates, and they suggested the most logical and effective way to ameliorate this type of

loneliness is to develop new contacts; however, in the context of LTC and the accidental community it presents, this is often impossible.

The concept of an 'accidental community' is one which Guse and Masesar (1999) described as one which results in a lack of self-determination regarding social contacts which frequently exists in LTC settings simply as a result of living in a community formed by necessity (Lee, Woo & McKenzie, 2002). This can be a stressful experience heightening the risk of loneliness and social isolation, while simultaneously reducing opportunities to continue with previous hobbies and interests in an autonomous way (Causey-Upton, 2015). With these factors in mind, it is important to note that, within these physical, cognitive and psychosocial indicators of health lies a heterogeneous population requiring cognitive stimulation and social contact at a level of each individuals' capabilities, which involves choice-making (Jongenelis et al., 2004).

Though it is generally recognised that activity and social interaction can mitigate the risks associated with LTC living (Danhauer, Hilliard-Scirroco & Andrykowski, 2006), adults in this setting can spend 69% of their day engaged in non-communicative states with their eyes closed, which can be a negative predictor for cognitive functioning and mood over time (Morgan-Brown, Omerod, Newton & Manley, 2011).

The effects of depression and social isolation in LTC cannot be overstated. Brownie and Horstmanshoff (2011) demonstrated the significance of these factors, not only from a wellbeing perspective, but also from the perspective that both factors are a real and measurable risk for early mortality. Their study explored the idea that the social environment, when low in interaction can cause physiological and cognitive decline. Therefore, reducing a residents' sense of social isolation, and creating a socially inclusive, socially active environment is likely to increase a sense of wellbeing for those residing in the setting. Certainly, Gubrium's (2012) description of loss with regard to sense of place, possession and self, places a strong onus on service providers to continually research and develop ways for residents to feel as though they are living safe, meaningful, participatory lives. Moore and Ryan (2017) indicated that the most potent and effective way of establishing if residents' lives are meaningful to them, as well as optimally socially participatory is through engaging with and facilitating residents to provide their opinions, something which is rare in research pertaining to residents' lived experience in LTC.

Thomas, O'Connell and Gaskin (2013) indicated that higher levels of social engagement have been linked to greater physical health and cognitive functioning with residents in LTC, rating regular communication as a high priority. Semi-structured interviews conducted by Gleibs,

Sonnenberg and Haslam (2014, p. 268), showed that prior to active group interaction within the LTC setting, residents indicated a strong sense of "being stuck". After taking part in a collective engagement activity, participants reported a strengthened sense of autonomy and a heightened sense of belonging.

Technology, as a means for facilitating social engagement in LTC, is gaining traction theoretically and in practice, with older adults' openness and desire to engage with communication technology is rising rapidly (Gatto & Tak, 2008). Communication technology is acknowledged to contribute to wellbeing, and a reduction in social isolation, with increases in social connectedness and a sense of remaining "current" and "in touch" (Tsai, Shillair, Cotten, Winstead & Yost, 2015, p. 703). One subpopulation who are not experiencing this change as dramatically as other older adults are those in LTC. At present, consideration and implementation are only beginning in terms of the use of activity and social engagement as psychoeducational and psychosocial interventions to reduce risk factors which may impact wellbeing in LTC. This paper aims to describe how technology, as a vehicle for bringing the outside world to the lived residential world of the residents gave agency to their respective voices and opinions in a meaningful, anchored communication context.

2. Method

2.1 Ethical Approval

Ethical approval was sought from a university research ethics committee, and the Director of Older Person Residential Care for the area provided permission for the facilitated virtual talks to go ahead.

2.2 Participant Profile

Ten residents agreed to take part in the four, once-per-week virtual sessions. Five men and five women, ranging in age between seventy-six and ninety participated in the study, and attended all sessions of virtual talks held in the oratory. All participants had medical or physical conditions which required management, such as diabetes, cardiovascular disease or neurodegenerative conditions. These factors precipitated the need to live in LTC, in combination with other factors such as increased frailty or increased risk of falls. From a sensory perspective, six participants wore glasses, and four wore hearing aids.

2.3 Interviews

All ten participants took part in a semi-structured interview (Figure 1) prior to commencing virtual talks on a weekly basis for four weeks. The interviews were conducted at each participant's side, seated in a quiet location. The interviews were recorded with consent from each participant, and transcribed by the researcher. Where extracts from interviews are included in the findings section, pseudonyms are used to indicate which participant's voice is being heard, to protect the identity of those taking part.

Pre-Intervention Interview Questions

- Who have you enjoyed chatting with this past week?
- Why have you enjoyed chatting with them?
- What interests do you enjoy?
- How do you like to spend your day since moving here?
- What has made you feel well in yourself recently?
- If you had the opportunity, what would you enjoy doing more of?
- How do you feel about using a computer to talk to people?
- What activities, people and pastimes make you smile and feel happy?

Figure 1 Pre-Intervention Interview Questions

A further semi-structured interview (Figure 2) was completed after the four once-per-week virtual talks, This was recorded and transcribed in the same way as the pre-intervention semi-structured interviews.

Post-Intervention Interview Questions

- How was the last four weeks for you?
- What are your feelings about using a computer to talk to people now?
- What interests and pastimes do you enjoy?
- Tell me about something new you have learned/experienced in the last month?
- How do you feel about staying up to date with your interests through the computer and video-link?
- What has made you feel well in yourself recently?
- What activities, people and pastimes make you smile and feel happy?
- Who do you enjoy chatting with, and why?

Figure 2 Post-Intervention Interview Questions

McCracken's (1988, p.30-31) process for interview analysis was utilised to examine the pre- and post-intervention interviews. The five steps involved reading the transcripts carefully, transcribing to develop observations, noting possible interconnections between preliminary observations, analysing these observations for thematic patterns and determining an overarching set of patterns between interviews. Cross-checking and validation was conducted by the researcher's supervisor through audit of a sample of transcribed interviews for thematic similarity.

2.4 Virtual Talks

Once the participants were interviewed and the speakers for the virtual talks were recruited, the virtual talks commenced in the oratory of the LTC setting. The virtual talks consisted of an expert in a particular field giving a brief seminar on a topic via FaceTime, and allowing an open questions-and-answers forum for participants to engage in questions and comments relevant to the theme of the week. Each week, the researcher attended the setting one hour early to set up. This involved using an iPhone with an adaptor cable and speakers to link with a projector and setting up seating. The researcher also assisted participants in the oratory and provided them with a brief introduction for the weeks' topic.

The first virtual talk was provided by a retired lecturer, who opened by providing a story-context of his own childhood in school and expanded to include a recital of well-known poems by Irish poets. He read some familiar poetry, such as *The Lake Isle of Inisfree* by William Butler Yeats, a poem the residents indicated the recognised by nodding, and invited the participants to join in. When asked if they had any questions about poetry, all of the participants declined. When the video-link ended, all the participants asked the facilitator if it would be possible to find out from the speaker about *two* other local poems. Through discussion with the participants, it transpired that they did not understand that they could ask questions live during the session. A second session was immediately set up using the online platform. The speaker was able to source all the poems requested and read them while on FaceTime.

The theme for week two was the history of Michael Collins, provided by a retired historian. The speaker gave his lecture for approximately thirty minutes, after which seven of the participants engaged in a questions and answers session. Examples of the questions posed included:

- Is Michael Collins' original uniform still available for viewing in the National Museum of Ireland?
- Was the Foxford rug stolen on Collins' funeral day ever found?
- Who killed Michael Collins?

Six residents chose to remain in the oratory after the session, debating amongst themselves. The activities nurse who assisted clients to and from the oratory commented that this "never happened".

The third week was a broadcast from a local library. Songs from the 1960s and 1970s were broadcast by the librarian, whose session lasted approximately twenty minutes. Thereafter, the researcher used YouTube to play songs requested by the residents to broaden the choice of music available to them and strengthen choice-making opportunities. Four residents remarked that they were looking forward to the next session on farming prior to returning to the day room, where they requested to sit with those who had attended the virtual tour.

The final virtual speaker engaged with the participants on the topic of farming. The speaker described how farming has changed in the last fifty years, and gave a history of the local mart, previously attended by many participants. A number of questions followed and the speaker provided live answers to those who asked questions. The residents also inquired about modern farming practices and commented to the speaker how things have changed. At the conclusion

of the programme, the participants spontaneously clapped, and sang two songs for the speaker and the facilitator. Again, in conversation after the virtual talk, the participants indicated in conversation with the researcher that they had spent the previous day collaboratively deciding on the songs and discussing how they would execute their plan over lunch and tea.

3. Findings

Using McCracken's (1988 p. 30-31) five step analysis protocol, five main themes were identified from the pre-intervention interviews (Figure 3).

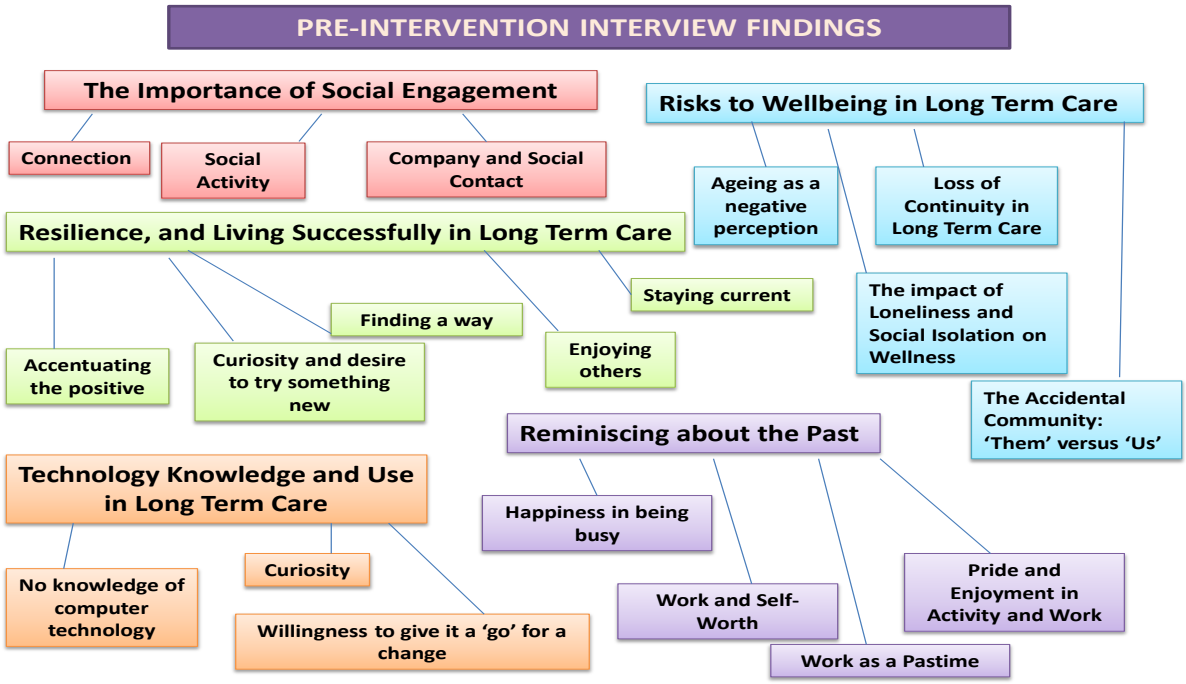

Figure 3 Pre-Intervention Interview Findings

3.1 The Importance of Social Engagement

All ten participants made reference to connection, social engagement, company, contact or camaraderie when interviewed. Each person viewed it as an essential aspect of their lives, and all spoke of its importance to wellness. Furthermore, all participants referred to social engagement as a form of activity, both now, and in their earlier lives. The following excerpts demonstrate how they perceive social engagement.

> "My niece and my sister call for a chat every second day nearly" Conor (maintaining family connections through visits)

> "Well, I like chatting with the neighbours and about home, and keeping in touch with people" Joe (contact, maintaining a connection with home, staying in touch)

> "I value the company more than anything" Jane (placing value on company and social connection)

3.2 Risks to Wellbeing in LTC

A theme which emerged strongly in the pre-intervention interviews was a lack of continuity of old hobbies and interests in their LTC facility and the reduced frequency with which they have social contact. Five of the ten participants also contrasted their previously busy lives with a sense of boredom and waiting in their current day to day living. All participants made reference to home being 'somewhere else'.

> "There is a woman up there… and no one is talking to her and I don't ever see anyone talking to her. I was down in that bed once and that makes me sad and anyone didn't come talking to me. I'm glad you've come talking to me" Jane (loneliness and social isolation in older person LTC; gratitude for social contact)

> "It's important to me to chat to people; you wouldn't get lonely then like, you know?" Conor (mitigating the potential for loneliness in LTC)

> "I salute most people but I don't chat that much, some of them here are a bit different to me" James (accidental community; 'them' and 'us' in older person LTC; lack of common interests, abilities and values)

> "I went home Sunday for a while and I got on great, there were a load of family there" Bill (a sense of home as somewhere else)

3.3 Living Successfully in LTC

Participants made reference to factors which could influence their wellbeing in LTC and indicated similar factors for the maintenance and development of a 'good' quality of life in LTC.

> "Ah, I wouldn't go anywhere without the phone" Molly (finding alternative ways of staying in touch)

> "A computer? Yes, I would I suppose, sure I'll try it anyway" Jane (curiosity and a willingness to try something new)

> "I'll give it a go for something different to the routine" Bridget (willingness to try something new)

3.4 Technology Use in Older Person LTC

One of the predominant factors which influences successful computer use in older adults is one of 'computer curiosity' in contrast with 'technology fear' (Wittenberg-Lyles, Parker-Oliver, Demiris et al., 2012). All participants in this study stated that they had a lack of knowledge regarding computers and the internet, but all were willing to try it out.

> "I haven't a clue when it comes to computers! Next week will be interesting, a change" James (acknowledgement of lack of knowledge in relation to technology; willingness to participate in a facilitated session to see what it is about)

> "No, I've never done that before; I'm delighted to go along with it" Bridget (computer use and knowledge; willingness to try something new)

> "I don't know, I've never done it; It'll be a break from the routine of this place" Joe (no knowledge of computer use, but willing to try something new)

3.5 Reminiscence and Pride in Past Work and Activity

A fifth theme identified from the semi-structured interview analysis was prompted by the question: "How do you like to spend your days since moving here?" A number of participants found this difficult to answer in the present but remarked on ways they had previously enjoyed spending their time, personally and professionally.

> "We were working at home like. There were animals outside on the farm, all over the bloody place!" Jane (demonstrating business in earlier life; self-worth in working)

> "I could tell you anything about wool; I know everything about wool from sheep's back to cloth" Conor (pride in work knowledge)

> "I nursed for a good while and I did some training in maternity too" Ethel (taking pride in one's work)

3.6 Post Intervention Interview Findings

A summary of post-intervention interview findings is provided in Figure 4.

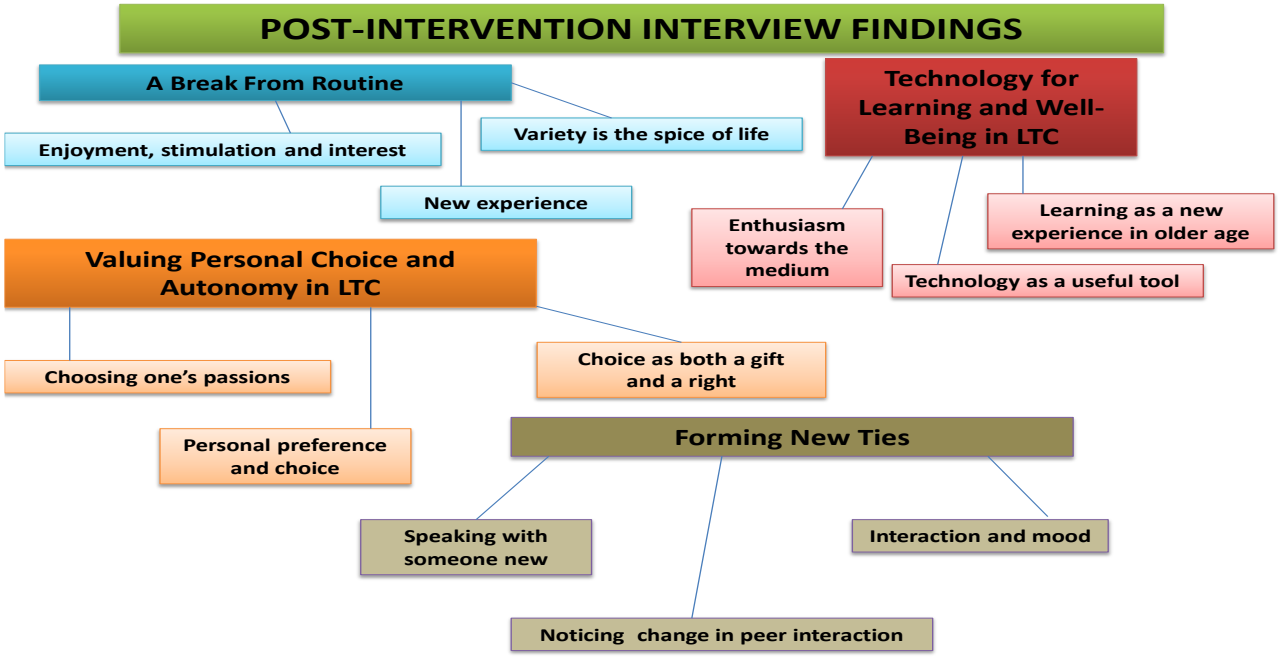

Figure 4 Post-Intervention Interview Findings

On completion of the final virtual talk, the researcher returned to the community hospital within five days to re-interview all participants regarding their experience of the virtual tours. The questions were formed based on both the literature review and the pre-intervention questions.

3.7 The Enjoyment and Intellectual Stimulation of a New Experience: A Break from Routine

All participants made reference to the enjoyment derived from experiencing the newness of the virtual talks. Relevant interview excerpts pertaining to this theme include:

> "I enjoyed them! It was a break from everything else on a day to day basis" Conor (enjoyment, stimulation, interest)
>
> "Oh goodness, it was very nice, it was indeed. Here, you know, things can pass you by; it was very interesting... [chatting with more people] talking to us through the computer? Boys it would be very nice, more different people like" Bridget (importance of variety, newness, staying current, stimulation and interest)
>
> "Well, I couldn't pick out one specific thing, I enjoyed all of it" Mike (enjoyment of a new experience as a whole)
>
> "Being alive. To be sucking air. And to be trying something daft and new at my age!" Bill (opportunity to try something new)

3.8 Valuing Personal Choice and Autonomy in Older Person LTC

This theme seemed to place weight on the participants' perception of choice, autonomy, and their seemingly positive effects on wellbeing.

> "I need time to think [pause] well, I'm very interested in Irish and Irish culture, I'm a fluent Irish speaker you see. Something on that would be great. I'd like more of the talks" Bridget (being afforded the opportunity to choose for oneself)

> "If given the choice, a talk on sports I'd like very much!" Bill (making reference to choice as a gift; selecting personal topic of interest)

> "Farming would be the best one, I would like more on that. I suppose fowl, chickens, that kind of thing. And, on a different note altogether, politics!" Kate (speaking about personal preference and choice)

This last quote is of striking significance when compared with the pre-intervention interview analysis of this person, who simply stated when asked what her interests are: "I don't know. I'm too old and tired".

3.9 Technology for Learning and Wellbeing in Older Person LTC

This theme contrasted starkly with pre-intervention interview findings. The findings of the post-intervention interviews reflected a greater awareness of the worth of technology in LTC.

> "Use a computer again? Like we just did? Oh yeah, yeah definitely!" Conor (value of using a computer; enthusiasm towards the medium). This contrasted heavily with this gentleman's pre-intervention interview response, where he stated: "It's no advantage to me anyway, but I'll try it out of curiosity and something different".

> "It's the coming thing; it kind of opens things up a bit for us it does. Here, you know, things pass you by" Bridget (being current, technology as a useful tool)

> "I enjoyed it! I enjoyed two of the talks very much, the Michael Collins thing, and farming. Oh gosh, I learned very much!" Bridget (enjoyment and learning through technology)

> "It was a lovely way to get the information you're looking for. No stress or anything, it's just very useful and human. Oh it has been a really wonderful experience and I've learned loads" Ethel (perception of technology as a useful tool after facilitated talks; technology for learning; learning and new experiences in older age)

3.10 Forming New Ties

The concept of the 'accidental community' (Guse & Masesar, 1999) in LTC has garnered a significant amount of interest in the research community. A theme which became apparent in this dataset was one of 'forming new ties'.

> "I like to share, and I like everyone to know. I think that's important. That's getting us back to conversation and how important it is, isn't it? I'm good to chat, but in all honesty, I feel I'm chatting more, with more people here since we did those talks of yours. We laughed a good bit over the last few weeks, didn't we?" Bill (the importance of interaction for mood, increased frequency of social engagement, with a variety of people)
>
> "It is, the men were good, it was nice to hear them asking questions. They asked a load of questions, didn't they?" Kate (noticing change in interaction style and frequency with peers in community hospital)
>
> "[the talks] they made me feel happy. They were interesting to listen to and interact with you see. I had more to talk with the others about after too" James (finding common ground; the effect of interaction on mood)
>
> This final comment was interesting, as prior to the virtual talks, this participant said: "I salute most people but I don't chat that much, some of them here are a bit different to me".

An observed extension of this theme was the change in social dynamics associated with the virtual talks. Many of the participants reported speaking with others in the long-term care setting about a broader range of topic and more frequently than previously.

4. Discussion and Conclusion

The themes which became evident as a result of the pre-intervention interview findings highlight a number of significant factors from several perspectives including social engagement, risks to wellbeing, and living successfully in LTC. The pre-intervention interview findings demonstrated a participant-perceived importance and value in social engagement. These findings are largely in agreement with previously identified concepts, such as the study of Thomas' et al. (2013) which showed that residents in LTC feel there are too few opportunities for social engagement with family, friends, and people who share common interests. The theme 'importance of social engagement' in the current study underpins Thomas' et al. (2013) research

findings. The participants in this study reflected on the value of social engagement, and the frequency with which they engage with others, as outlined in the results section. They demonstrated a level of value in social engagement, and highlighted the concepts of 'keeping in touch', 'getting a lot out of people' and 'valuing the company' when responding to the question: "What is it you like about chatting to people?". Danhauer et al. (2006) underscore the significance of this in their paper, which expands on the theory of social interaction and its importance in overall wellness of the older person.

When the post-intervention interview findings were examined, the concept of 'forming new ties' emerged, which describes participants' lived experiences of sharing with others, including new people, and their desire for maintaining and creating more opportunities to do this, through all available means, including technology. When this is considered in the context of Kiely and Flacker (2003), who indicated that social engagement not only has positive psychological benefits for residents but also physical benefits pertaining to reductions in morbidity and mortality, the opportunity to form new ties and have increased access to social engagement should be considered tantamount to receiving appropriate physical and medical care. Many studies, including those completed by Shapira, Barak and Gal (2007) and Tsai et al. (2015) recognise technology as a viable tool for increasing the rate of and variety of social engagement in LTC. This is also the case with this study, which, during post-intervention interviews, unearthed a distinct theme of the development of new social ties within the LTC setting. According to Brownie and Horstmanshoff (2011), Causey-Upton (2015) and Gerst-Emerson and Jaywardhana (2015), these social ties, which form as a result of common ground, from an autonomous, naturalistic catalyst, could well provide a mitigating effect in relation to loneliness, physical morbidity and even mortality in LTC.

Following from these findings, which place social engagement in high esteem in the field of LTC for older people, Kracker, Kearns, Kier and Christensen (2011) noted that residents in LTC experience better mood and less apathy without the need for psychotropic medication when social engagement is a frequent feature of their routine. However, this is only the case when frequent, stimulating, relevant social engagement is available to residents, which O'Rourke et al. (2009, p. 285) states, is rarely the case: "institutions rarely, if ever, met their emotional and social needs". The implications here are far reaching; social engagement in the LTC setting cannot be underestimated and should be actively encouraged with a view to reducing the potential for psychosocial and physical decline.

A highly important consideration which can be extrapolated from these themes is that the participants interviewed needed choice, access to their passions and interests, stimulation and novel experiences to feel vibrant and vital. This is largely in keeping with findings presented by White et al. (2012) whose article indicates how successful resident, staff and family collaboration regarding fulfilling clients' wishes, interests and choices supports LTC residents' life, psychosocially, physically and from an empowerment and autonomy perspective. Facilitated use of technology in LTC settings may be an avenue to diversify residents' ability to engage socially and collaboratively and requires further consideration.

While not formally analysed, the post-intervention interview quotes speak to a change in dynamic with regard to frequency and quality of social engagement between participants, particularly in relation to the way in which the virtual talks provided facilitatory content in an accidental community. As evident in the results, the formation of new ties through common ground allowed participants to engage more frequently and easily with one another than prior to this technologically facilitated social intervention. A notable change from initial interviews to final interviews in the commentary provided by participants, strengthens the idea that further engagement in social endeavours using virtual channels is something residents of this LTC setting would enjoy. However, influencing the enactment of person-centred, everyday activities in nursing home settings can be difficult for residents without profound ideological, philosophical and practical shifts in focus to give meaningful voice to lived experiences of older people who reside in residential care facilities (Lyttle & Ryan, 2010; Mondaca, Josephsson, Katz & Rosenberg, 2017).

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