

**Exploration of the Development, Implementation, and Value of Digital Storytelling for
Older Adult Clients of a Community-Based Organization: A Case Study**

by
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A Thesis submitted to the Faculty of Graduate Studies of
The University of Manitoba
in partial fulfillment of the requirements of the degree of

MASTER OF SCIENCE

College of Rehabilitation Sciences
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Winnipeg, Manitoba

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Abstract

Background: Emerging evidence on DST for older adults suggests positive findings that lend support for providing older adults with opportunities to participate in DST; however, such opportunities are limited. For community service providers interested in bringing a digital storytelling (DST) approach for older adults into their organization, a more contextual and nuanced understanding is required of how the engagement of older adults in DST can be supported. Stemming from a mutual interest in DST for older adults, this participatory-research (PR) project was undertaken collaboratively with a local community-based organization in the context of their DST project. **Purpose:** To advance understanding of the perspectives and experiences of older adult clients and of service providers with regard to the development, implementation, and value of DST for older adults served by a community-based organization. **Methods:** Using a single instrumental case study design and qualitative description, individual semi-structured interviews explored the experiences and perspectives of an older adult client and a DST facilitator on the process of creating a digital story for the older adult client. A focus group explored the experiences and perspectives of service providers about the process of developing DST opportunities for older-adult clients of their organization using a PR approach. **Findings:** A general inductive approach to analysis led to the development of three themes: (a) DST takes place in the context of a person-centred approach; (b) understanding the multi-faceted benefits of DST for older adults; and (c) developing DST opportunities for older-adult clients of a community-based organization: meso-level perspectives of service providers. **Conclusions:** This study provides insight into DST implementation in the context of a person-centred approach, the value of DST for older adults, and how a community-based organization new to DST approached introducing DST to their older adult community using a PR approach. Potential

implications for the community-based organization where the study took place are discussed.

Additional insight into the application of a PR approach in occupational therapy and the value placed on the relationship with community partners, as well as the fit for DST with occupational therapy practice, is illustrated.

Acknowledgements

I am grateful to the support of so many people who have accompanied me throughout this journey. Foremost, I would like to express my utmost appreciation to my advisor, Dr. Jacquie Ripat. This journey has been longer than either of us had ever anticipated, yet Dr. Ripat's abundance of patience, caring, flexibility, and encouragement throughout the entire process remained steadfast; it felt truly exceptional. Dr. Ripat fostered my growth in so many ways, most notably through leading by example and generously sharing her wealth of wisdom, insight, and experiences. She affirmed, refined, and challenged my thinking in just the right way, all the while providing just the right dose of emotional support and conveying a genuine respect for me as a student and as a colleague. It was a privilege to work alongside Dr. Ripat. I have learned so much from her.

Thank you to my advisory committee members, Dr. Verena Menec and Dr. Mandy Archibald, for the patience, time, and expertise that they have invested in my learning and the development of this project. I am so grateful for the opportunity to work with such skilled researchers and educators. Dr. Menec's wisdom and experience, balanced with her pragmatic perspective, helped keep me grounded and clear. Her genuine appreciation and interest in the concept of digital storytelling for older adults was inspiring. Dr. Archibald's positive and encouraging approach and her thoughtful feedback guided me to consider alternate perspectives and to expand my thinking about certain aspects of the research process.

I would like to gratefully acknowledge the support of all of the research participants, who very keenly and generously shared their time and experiences for this study.

A special thank you to the community-based organization with whom we partnered, in particular the members of the Digital Storytelling Project team, for their ongoing patience, flexibility, support, and enthusiasm for this project, along with the time and energy that they

invested while juggling a multitude of other personal and professional commitments. What an amazing gift it was to work with such a fabulous team and to have the opportunity to learn and grow together; it has truly been such a pleasure. My sincere appreciation to the manager of adult services for taking the leap to reach out and plant the seed for what has become such a positive and fruitful partnership.

I would like to acknowledge the financial support of the College of Rehabilitation Sciences Endowment Fund. Thank you to Kelly Jonasson (master of occupational therapy student) and Lysie Braun (social work student), the two student project assistants hired through the Endowment Fund, for their contributions to the digital storytelling user manual and brochure.

To my colleagues in the Department of Occupational Therapy of the College of Rehabilitation Sciences: Each of you, in your own way, has supported me throughout this journey. My sincere appreciation to Margaret Anne Campbell-Rempel, whom I worked so closely with on the fieldwork team; I felt her support, patience, and understanding all the way through.

To my extended family and friends who cheered me on along this journey, always taking a moment to thoughtfully check in and provide encouragement.

Finally, and most importantly, I would like to extend my deepest appreciation and loving thanks to my family: my husband David, and my three children, Ryan, Emily, and Owen. Quite simply, I could not have accomplished this journey without each of you.

Dedication

I dedicate this work to my family.

To my parents Sandra and Neill Allison for their unconditional support and belief in me. Even through their declining health, both cognitively and physically, they each had a way of inspiring and giving me strength to forge ahead.

To my husband, David, and my three children, Ryan, Emily, and Owen. In countless ways, their patience, understanding, and support throughout this journey made the “impossible” seem possible.

Structure and Organization of the Thesis

Chapter 1 provides an introduction to digital storytelling (DST) with older adults and to the study context. The description of the study context orients the reader to foundational information related to (a) the evolution of a participatory-research partnership with a local community-based organization in the early stages of their work on a DST project, (b) the use of participatory research as a guiding approach framing this study, and (c) the context of the DST project at a local community-based organization. Chapter 2 includes a review of the literature on DST with older adults. Chapter 3 offers an overview of how the PR team collaborated to establish the nature of the problem, culminating in the development of the research purpose and objectives, followed by Chapter 4, which offers a detailed account of philosophical and theoretical foundations, methodology, and methods. Chapter 5 outlines the study findings, followed by the discussion in Chapter 6, which explores the significance of the study findings, implication for practice, limitations, directions for future research, and conclusions. Following is a list of references and appendices.

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Chapter 1: Introduction

Storytelling, defined as “the effort to communicate events using words (prose or poetry), images, and sounds often including improvisation or embellishment” (Haigh & Hardy, 2011, p. 408) is recognized as a fundamental way in which individuals communicate with each other (Fels & Astell, 2011; Haigh & Hardy, 2011). Stories are considered to be “reflective, creative and value laden, usually revealing something important about the human condition” (Haigh & Hardy, 2011, p. 408). Storytelling, as it relates to an individual’s own life experience, can be viewed as a personal narrative (Fels & Astell, 2011) or a life story (Trentham, 2007).

In the context of health care, Trentham (2007) highlighted the role of storytelling in engaging clients throughout the assessment process to understand their unique strengths and challenges. Trentham contended that storytelling is a vital occupation for older adults that may provide a protective effect against threats to their identity as they age. It may enable them to feel supported by sharing their unique knowledge and experiences and by contributing meaningfully to their communities. Within health care for older adults, a variety of creative ways of storytelling have been applied, resulting in positive outcomes. For example, older adults’ participation in storytelling groups has been associated with increased happiness and well-being (Mager, 2019) and an improved sense of connection and community (Mager, 2019; Pohlman, 2003). Storytelling, as a means to engage older adults in life review, has been linked to a sense of pride and accomplishment (Scott & DeBrew, 2009). Life story work, which encompasses a range of biographical, life history, and life story approaches that result in an end product such as a life story book or collage (McKeown et al., 2006), is another form of storytelling featured prominently in the literature. Notably, an integrative review of life story work for older adults in long-term care underscored the value of life story work in helping older adults be seen as a

person and in facilitating communication and relationships between older adults, their families, and caregivers (Doran et al., 2019).

Over time, advances in technology have shaped the way in which individuals can engage with storytelling, resulting in innovate formats such as digital storytelling (DST; Lal et al., 2015). DST has been defined as the “modern expression of the ancient art of storytelling” (Rule, 2010, p. 56) by which the art of storytelling is merged with technology and a variety of media in the creation of a digital story (Rule, 2010). A *digital story* is a short (3–5 minutes) personal narrative comprised of a combination of media including voice, audio, video, still images, text, and music that enables individuals to express a deep, meaningful account of an experience (Gubrium, 2009; Levett-Jones et al., 2015; Rule, 2010). A digital story can also be understood as a short “multi-media video clip” (Lal et al., p. 56). The end product of DST has also been described as a “short movie” (Park et al., 2017, p. 444). In the context of this study, DST is distinguished from more in-depth and intensive forms of reminiscence work that integrate technology, such as the creation of digital life story books (Subramaniam & Woods, 2016) or multimedia video biographies (Damianakis et al., 2010).

The layering of additional media throughout DST is espoused to enhance the depth of story expression (Rule, 2010) and the meaning and emotions that the storyteller is trying to convey (Lambert, 2013). The digital component of storytelling can be viewed “simply as a tool—much like a pen—to help the storyteller express the story in the most appropriate way to the intended audience” (Hardy & Sumner, 2018, p. 65). DST may take on a life history approach, or that of a short story, centred on a particular moment of an individual’s experience as they wish to share it (Hausknecht et al., 2016), the latter being the focus of this thesis project.

The promotion and development of DST has gained traction, in part, through the creation of the Center for Digital Storytelling in Berkeley, California (Hausknecht et al., 2016). The centre, now known as StoryCenter, (<https://www.storycenter.org/>), has been recognized for developing a clear process for DST (Gubrium, 2009) that involves creating and sharing stories, script writing, and engaging in the technical aspects of video production to combine voice-over narration with photos, texts, and sounds in the creation of a short (2–5 minute) digital story (Lambert, 2010, 2013), akin to a short film. The focus of this thesis is inspired by the DST process developed at StoryCenter. Thus, in the context of this study, DST is distinguished from more in-depth and intensive forms of reminiscence and life story work that integrate digital technology, such as the creation of digital life story books (Subramaniam & Woods, 2016), multimedia video biographies (Damianakis et al., 2010), and the use of life story apps (Critten & Kucirkova, 2019; Thoft et al., 2021).

While research on DST with older adults is in its early stage of development, the emerging evidence on older adults' experiences with DST has been linked with several positive findings, including improved computer literacy and DST skills (Hausknecht et al., 2016); preservation of stories and traditions (Hausknecht et al., 2019, 2021); opportunities for reminiscence and reflection (Hausknecht et al., 2019); enhanced social connection (Hausknecht et al., 2019; Sehrawat et al., 2017) and intergenerational relationships (Hausknecht et al., 2021; Hewson et al., 2015; Loe, 2013; Sehrawat et al., 2017); facilitation of self-expression and communication (Hausknecht et al., 2016), including in older adults with dementia (Park et al., 2017; Stenhouse et al., 2013), and development of staff knowledge and understanding of residents in long-term care (Bhar et al., 2022). Studies have shown that, overall, older adults have found engaging in DST to be a gratifying and enjoyable experience (Hausknecht et al.,

2016, 2019). The potential for DST to support the health and well-being of older adults is viewed as promising (Stargatt et al. 2022). These positive findings lend support for providing older adults with opportunities to create and share their digital stories and for continuing to explore its inherent value. Furthermore, according to Fischl et al. (2020), a need exists to ensure that older adults are supported in realizing greater participation in digitally mediated occupations in order to enhance their inclusion in an increasingly digital world.

The current state of the literature on DST with older adults primarily addresses the benefits and challenges, with less focus on strategies for implementation. Using an occupational therapy lens, DST is a relatively novel approach. However, potential applications for DST in occupational therapy practice have been identified, including promotion of self-expression and peer support (Lal et al., 2015). The connection and understanding that has been noted through older adults' experiences of creating and sharing their digital stories with others, combined with the potential opportunity afforded by DST for self-expression and communication, align well with the occupational therapy profession's commitment to client-centred practice.

Communication is regarded as an essential element of client-centred practice in order to build effective client-centred partnerships and to enable therapists to come to understand each individual's unique needs, values, choices, and experiences (Sumsion & Law, 2016).

For community service providers interested in bringing a DST approach into their organization, a more contextual and nuanced understanding is needed of how to support older adults and community-based organizations to engage in DST. In the context of the current study, an opportunity arose for my study advisor and I to collaborate with a local community organization interested in bringing DST to their older-adult community. This was seen to be a

valuable platform and opportunity for us to share and build knowledge together by exploring in more depth the use of and value of DST.

Study Context

The Evolution of a Participatory-Research Partnership with a Community-Based, Older-Adult Services Team in the Context of Their DST Project

In the spring of 2019, I identified a mutual interest in DST with older adults with a community-based older adult services team interested in bringing DST to their older-adult community by way of a DST project. The older adult services team is a branch of a larger community-based organization that provides health and social services to individuals and families in keeping with the values of their community and culture. The mandate of the team is to support and empower their older adult clients to live independently in the community while optimizing their physical, social, and psychological well-being. The team is comprised of case managers with a social work background who offer a range of services tailored to the older adult and their family's needs, such as navigation of community services for assistance with home care, housing, social connection, and recreation; emotional support and counselling; and advocacy. Their client base encompasses community-dwelling older adults, aged 55 years or older, with diverse backgrounds and experience. A large majority of their older adult clients are over 80 years old, many of whom are frail and lacking in social support and connection. Clients may be followed short term or over a period of years. Once clients transition to a personal care home, the involvement of the older adult services team gradually fades out.

The interaction with the older adult services team began through engagement with my poster presentation about a literature review on DST with older adults at a local symposium on aging. Subsequently, the manager of the adult services team approached my study advisor and

me, seeking information about DST to inform their early work on a project for their older adult clients. A series of conversations unfolded to explore the possibilities for collaborating. In light of my study advisor's experience with the development, use, and evaluation of digital stories, coupled with my knowledge of DST with older adults informed by an ongoing literature review, we made the decision to partner and continue to share resources and knowledge related to the DST project. Additionally, through the adoption of a participatory-research approach (Cargo & Mercer, 2008; Taylor, et al., 2017), an opportunity to embed my thesis project was identified. Thus, the study that underlies this thesis represents a collaboration between my study advisor and me and a local community-based organization in the context of their DST project.

Participatory Research as a Guiding Approach

A participatory-research (PR) approach (Cargo & Mercer, 2008; Taylor, et al., 2017) was selected to structure ongoing collaboration between my study advisor and me and the older-adult service team, the latter henceforth referred to as the "DST project team." PR is defined as "the co-construction of research between researchers and people affected by the issues under study (e.g., patients, community members, community health professionals, representatives of community-based organizations) and/or decision makers who apply research findings" (Jagosh et al., 2012, p. 312). As opposed to representing a specific methodology, PR can be conceptualized as an overarching approach to research that encompasses a range of traditions, each of which upholds the central value of inclusivity whereby stakeholders, users, and beneficiaries are engaged throughout the research process as more than simply subjects of the research (Cargo & Mercer, 2008). The degree of stakeholder participation is intended to be open and flexible, taking into the account the needs, interests, expertise, and time available for all partners involved; therefore, the degree of stakeholder participation may vary at each stage (Cargo & Mercer, 2008;

Taylor et al., 2017). Historically, PR research approaches gained momentum in the health field from potential benefits realized through reducing the research-to-practice gap and enhancing the applicability of research findings (Macaulay et al., 2011).

Several defining strengths of PR were considered and justified use of the approach. First, a hallmark of PR is the diffusion of power between researchers and the community, such that researchers and members of the community participate collectively to co-design a project stemming from community-identified priorities (Cornwall & Jewkes, 1995; Taylor et al., 2017). By blending theoretical and practical knowledge and experiences between researchers and stakeholders respectively, a mutually reinforcing partnership evolves that is grounded in trust and respect. It is through this partnership and active involvement in the research process that capacity is built, and individuals become empowered to address their issues (Cargo & Mercer, 2008). Accordingly, at the outset of my engagement with the DST project team, we identified a shared interest in DST with older adults; however, understanding of each other's needs, interests, and circumstances was very preliminary. The application of a PR approach was seen to be helpful in bridging the gap between all individuals involved. Through ongoing conversations and nurturing of a trusting and respectful relationship, my study advisor and I were able to garner an enriched understanding of the DST project team's experiences and perspectives and how we could work together to build knowledge related to issues that were meaningful to everyone.

Another strength of a PR approach is that it takes place locally, in the context of knowledge application; a primary outcome of PR is that the production of knowledge is highly relevant and applicable to the end user (International Collaboration on Participatory Health Research [ICPHR], 2013; Taylor et al., 2017). Correspondingly, the issues identified by the DST project team were inextricably linked to the practice context in which the DST activities were

taking place, and the DST team was seeking information related to DST that could be directly applied to their service delivery. Thus, the application of a PR approach was conducive to maintaining a focus on the nuances of the DST project team's practice context and to gleaning findings that could be practically applied.

Third, an orientation toward innovation and reflection is an advantage of a PR approach (Taylor et al., 2017) that aligned well with the interests of the organization to engage in novel ways of enhancing well-being of their clients. of the DST project. Overall, the adoption of a PR approach was deemed to be helpful in ensuring that the research project balanced the extant literature base while still being grounded in the practice context of the DST project team, with the creation of knowledge that would be considered practical and useful.

To operationalize the PR approach, a PR team was established that included me, my study advisor, and members of the DST project team (manager of adult services, older-adult services team lead, and social worker/case manager). Researchers have identified a number of challenges in enacting PR principles into their research activities (Cargo & Mercer, 2008). To guide the PR process, we relied on the PR framework developed by Taylor et al. (2017). Predicated on an existing community partnership that had been developed over time, Taylor et al. (2017) offered a framework for engaging in PR that outlines an iterative, dialogical process according to the following phases: (a) delineating the problem; (b) analysis and planning; (c) developing service strategies; (d) choosing the research design, data-collection, and analysis methods; (e) implementing action; and (f) reflection and utilization. Compared to other frameworks, I found the process and principles outlined by Taylor et al. to be clear and relatable, thus providing a helpful structure to guide ongoing collaboration with the PR team. Moreover, the framework was developed with an occupational therapy lens, which resonated with my

background and training. Importantly, Taylor et al. (2017) made it clear that the phases are meant to be iterative as opposed to linear in nature and to more broadly reflect a cyclical process of discovery, change making, and evaluation, which aligned with the experiences of the PR team. I will discuss key elements in an integrated way throughout the thesis.

Context of the DST Project at One Local Community-Based Organization

From the spring of 2019, through to the summer of 2021, my study advisor and I engaged in an extensive collaborative process with the DST project team to develop and implement strategies for introducing DST to their older-adult community. In terms of the PR framework proposed by Taylor et al. (2017), this collaboration was reflective of the phases of “developing service strategies” and “implementing action.”

Informed by the work of Taylor et al. (2017), ongoing meetings between my study advisor and I and the DST project team blended discussion of the evidence on DST with older adults and sharing of practical knowledge and resources in developing strategies for introducing DST. Key aspects of this process entailed (a) sharing of evidence, practice knowledge, and resources; (b) development of a common understanding of the nature of DST and digital stories; (c) discussion and decision-making related to the DST process and format, and (d) procurement of additional resources and funding.

Development of a Common Understanding of the Nature of DST and Digital Stories.

In light of the variety of ways that DST can be understood, we identified the importance of coming to a common understanding of the concept of DST and of digital stories. This was achieved through several in person and virtual meetings during which we discussed terminology and shared sample digital stories and web-based resources. To further an understanding of the DST process, I attended a DST workshop in February of 2020 through the StoryCenter

(<https://www.storycenter.org/>) to create my own digital story. The workshop took place virtually through a Zoom videoconferencing platform and comprised six sessions over six weeks.

Additionally, in consultation with my study advisor, I organized DST practice sessions for the DST project team. Beyond enhancing the team's understanding of the DST process, these sessions were deemed important for helping to envision and to generate ideas for what individual DST sessions with an older adult client would look like. The DST practice sessions were informed by the seven steps of digital storytelling outlined in the *Digital Storytelling Cookbook* (Lambert, 2010), workshop materials previously created by my study advisor¹, as well as information gleaned from the online DST workshop I had attended.

Discussion and Decision-Making Related to the DST Process and Format. As a result of ongoing discussion and engagement during the DST practice sessions, a number of key decisions were made about the DST format. For example, the DST project team felt that, given the mobility levels and social preferences of their older adult population, a one-on-one format in the client's home, as opposed to a group-based workshop, would be preferred. Additionally, much discussion around the importance of developing a rapport and relationship with the older adult client as part of the DST process contributed to the decision to have a social worker or case manager, as opposed to a volunteer, serve as the DST facilitator. This decision was also seen to be important in terms of being responsive to the potential for varying emotions that might be invoked through storytelling. The potential for both positive and negative emotions was brought to light during the DST team's practice sessions and has also been discussed in the literature. Hausknecht et al. (2019), for instance, described how, for some older adult DST participants, the reflective process, combined with integrating various media to capture their story, led to a

¹ Workshop materials created as part of College of Rehabilitation Sciences Endowment Fund Project, 2017

change in their outlook and shaped a new understanding of their story. The process of reflection and digital story creation brought the “story to life” (p. 2725) for many participants in what was perceived to be a deeply emotional experience. In terms of negative emotions, Capstick et al. (2016) reported one incident of a negative emotional reaction from a resident of a care home while watching their video, thus drawing attention to the need to be mindful of the potential for negative reactions that may be invoked through recalling certain memories during the DST process.

Furthermore, throughout the discussion of the video-editing process, the DST project team came to appreciate how the video-editing process overlaps with the story-creation process. Therefore, they determined that it would be helpful to have a consistent person working with the older adult to create their digital story to ensure that the client’s story is coming to life as they had intended.

After considering all of the steps involved in the DST process, the team decided to trial it with one client who was known to not have any obvious signs of cognitive impairment. This decision was made to enable the team to become more familiar with the foundational elements of the DST process and to gain a solid basis to build upon and to contemplate applying to other clients.

Procurement of Additional Resources and Funding. In order to assist with monetary costs for items such as printing and equipment, an application to the New Horizons Seniors Grant Competition was completed. To assist with the development of the *DST User Manual*, an application to the College of Rehabilitation Sciences Endowment Fund Project Competition (Spring 2020) was also completed. The application was successful, and subsequently, in the

summer of 2021, two students were hired to work on the user manual and also on the creation of a brochure explaining DST.

In keeping with an emergent design and a PR approach, and with the need to be responsive to the then current landscape of COVID-19, the DST project team was intentional in not being overly prescriptive in structuring the DST process at the outset. They developed a general workshop outline to guide the DST process through an iterative planning process as the DST project progressed. Overall, the DST process was largely informed by (a) the DST project team's current knowledge of the needs and preferences of their older adult clients; (b) the *Digital Storytelling Cookbook* (Lambert, 2010); (c) literature-based design considerations (Hausknecht, et al., 2019; Park et al., 2017; Stenhouse et al., 2013); and (d) experience gained through DST practice sessions, the online DST workshop I attended, and my study advisor's prior involvement with creating digital stories. An overview of the anticipated DST workshop outline in regard to timeframe, format, structure, and content, with consideration that the ongoing approach was to be iterative in nature, is presented in Appendix A.

Chapter 2: Literature Review

The intent of this literature review was to explore what is currently known about the topic of digital storytelling with older adults. In a time of unprecedented growth in the aging population that calls for innovative strategies to promote healthy aging (World Health Organization, 2015), an understanding of the current state of research on DST with older adults, however small, is critical to informing potential research gaps and future considerations. The ensuing discussion provides a brief overview of the literature on DST with older adults that was retrieved, followed by a synthesis of the possible benefits, challenges, and facilitators of older adults' engagement in digital storytelling. Information gleaned from this review helped provide a basis upon which to situate the exploration of the development, implementation, and value of DST for older adults of a community-based organization in more depth.

Literature Search Strategy

Overall, the literature search was exploratory in nature. In conducting a search for relevant literature, search terms were divided under the following three concepts: (a) "life stor*" OR "lifestor*" OR "life histor*" OR storytell* OR biograph* OR narrative* OR stories OR story, (b) geriatric* OR gerontol* OR "older adult*" OR senior* OR elder* OR aging OR ageing OR "older person*" OR "older people" OR dementia, and (c) digit* OR video* OR audio* OR multimedia*. Concepts # 1, #2, and #3 were combined using the Boolean operator AND to conduct searches in the following databases: Ovid Medline, SCOPUS, CINAHL, ERIC, Academic Search Complete, and Ageline.

Only articles that focused on the use of DST and involved the older adult in the creation of a short digital story were included in the review. The age range was limited to older adults (fifty-five years and older); however, studies in which the age range was not specified were also included in the review if there was a plausible link to older adults. For example, one study by

Stenhouse et al. (2013) related to individuals with early-stage dementia did not specify the age range of participants. There were, however, implicit suggestions that linked this study with older adults in that the authors called attention to the “lack of compassion in the care and treatment of older people” (p. 134) in their abstract as well as their introduction. Similarly, in a study by Hausknecht et al. (2021) which involved intergenerational collaboration between Elders and youth of Nak’azdli Whut’en First Nation, the age range of the Elders was not specified. However, a related article by Freeman et al. (2020) reported that most of the Elders of the Nak’azdli community were over age 50, noting that the majority were greater than 60 years old. Publication type was limited to English text. Studies that did not incorporate digital technology in the story creation, such as the use of photos or a life storybook in paper format only, were excluded. Studies pertaining to more in-depth and intensive forms of reminiscence and life story work that integrate digital technology, such as the creation of digital life story books (Subramaniam & Woods, 2016), multimedia video biographies (Damianakis et al., 2010), and the use of life story apps (Critten & Kucirkova, 2019; Thoft et al., 2021) were also excluded. Hand searching was incorporated into the search strategy by reviewing the reference lists and extracting articles that pertained to the inclusion criteria or helped to expand on an evolving concept.

Overview of Research

While the current body of research is small, researchers have explored a variety of facets of DST with older adults. The purpose of the studies included in this review encompassed exploration of (a) older adults’ integration of multimedia into their digital stories (Hausknecht, 2018); (b) understanding subjective experiences and perceived benefits for older adults engaging in DST workshops, including perspectives of story viewers (Hausknecht et al., 2019); (c) design

and evaluation of DST workshops from the perspectives of older adults (Hausknecht et al., 2016); (d) intergenerational collaboration and DST (Hausknecht et al., 2021; Hewson et al., 2015; Loe, 2013; Sehrawat et al., 2017); (e) understanding the impact of DST on wellbeing for older adults in the community (Schoales et al., 2020); (f) understanding the impact of DST on well-being and social participation for older adults with dementia in long-term care (Capstick et al., 2016); and the use of digital stories in shaping staff's knowledge of residents of a personal care home (Bhar et al. 2022). Additionally, two studies have explored the experiences of DST specific to individuals with early-stage dementia, one from the perspective of storytellers (Park et al., 2017) and one from that of workshop facilitators (Stenhouse et al., 2013). Finally, one study explored the use of DST to support communication between a care-home resident with dementia and their caregivers (Abrahão et al. 2018).

Digital Storytelling with Older Adults: What Are the Benefits?

The review of the literature revealed several positive findings with respect to older adults' engagement in DST. These benefits can be grouped into the following categories: (a) skill building, (b) social and emotional benefits, (c) intergenerational connections, (d) self-expression and communication, (e) reminiscence and reflection, (f) preservation of heritage, and (g) promotion of person-centred care.

Skill Building

Hausknecht et al. (2016) conducted a study designed to evaluate participants' experiences of being part of one of three group-based DST workshops that took place in the greater Vancouver area, Canada, in 2014. The workshops occurred weekly for 2 hours for 8 to 10 weeks at various locations in the community. An anonymous survey using a five-point Likert scale and open-ended questions was used to evaluate the workshop, with one item specifically targeting

participants' perceptions related to skill acquisition. Forty adults aged 55 and over completed the survey. Results indicated that approximately two thirds of participants reported an improvement in computer literacy and software skills, and over three quarters reported improved capacity for creating a digital story (Hausknecht et al., 2016). Hausknecht et al. drew attention to the fact that older adults "became digital producers and not simply consumers producing artifacts that could be distributed among family, friends, or whomever they wished" (p. 238). Moreover, participants were found to be "eager producers of digital content" (p. 238), which emphasizes the significance of these findings related to skill building.

Social and Emotional Benefits

DST for older adults has also received attention with regard to potential social and emotional benefits. Studies have shown that, overall, older adults have found engaging in DST to be a gratifying and enjoyable experience (Hausknecht, et al., 2016, 2019). Similarly, the process of creating digital stories by older adults with dementia has been associated with a sense of enjoyment, accomplishment, and pride (Park et al., 2017). Park et al. (2017) observed that individuals with early-stage dementia experienced a sense of accomplishment and pride by taking part in the creation of their digital stories. This sense of accomplishment was embodied in participant statements: one care partner reported that her husband was "beaming" (p. 449) after sharing his story with her, and another participant's comment after viewing his story was that it was "above and beyond anything [he] thought was possible" (p. 449). A limitation of this study, as noted by Park et al. (2017), was that the findings were preliminary in nature, reporting on early stages of data analyzed from only one of three sites involving seven participants, four males and three females. Therefore, results need to be interpreted with caution.

Researchers have also shed light on how DST may help to enhance social connection (Hausknecht et al., 2019) and relationships (Abrahão et al., 2018; Park et al., 2017) for older adults. Hausknecht et al. (2019) provided a compelling analysis of the social connection experienced by participants throughout their involvement in group-based DST workshops. Building off the initial survey research conducted by Hausknecht et al. (2016), Hausknecht et al. (2019) reported on more in-depth exploration of participants' experiences in DST workshops using focus-group interviews completed after the final digital storytelling session. The participant sample included 88 individuals in Metro Vancouver ranging in age from 55 to 89 years; the majority were female and approximately half were new immigrants to Canada. Thematic analysis was used to develop codes, categories, and themes, one being "social connectedness through shared experience and story" (p. 2723). In discussing this theme, Hausknecht et al. illustrated the richness of participants' experiences by sharing selected participant quotes. For example, as expressed by one participant, "by the end of time you, you know, these little bits about that person, that ah, it's, it's personal" (p. 2724). Likewise, the following quote exemplified how participants learned from each other: "But it, it just makes you, maybe, understand people more" (p.2724). In addition to gleaning the perspectives of storytellers, Hausknecht et al. added to the theme of "connectedness" more broadly by exploring the perspectives of story viewers who had the opportunity to view participants' digital stories at a community event. Following the event, 47 story viewer participants completed a survey in which they were asked to rate each story with respect to interest and enjoyment, then choose their top three stories and explain why. An analysis of responses yielded three main categories; how story viewers connected to the meaning of participants' stories, how the stories resonated with them emotionally, and their appreciation of the artful presentation (Hausknecht et al., 2019). In their

deliberation of findings, Hausknecht et al. asserted that the theme of “connectedness” can be extended more broadly beyond the shared connection between workshop participants to significant others outside the course, thus fostering opportunities for older adults to share subjective experiences and connect with others in a deeply meaningful way. It follows that a unique feature of this study was that it illuminated the potential for DST to foster a sense of connection for older adults, not only between group members, through the process of story creation, but also with other individuals who viewed their story.

Regarding the quality of relationships, Abrahão et al. (2018) described how a DST process undertaken with a resident of a care home who had dementia allowed for a relationship to develop with the researchers and an opportunity to get to know the resident better. Similarly, Park et al. (2017) commented how, over time, the relationship between the older adult and the facilitator improved during the DST process. (Of note, studies specifically addressing intergenerational relationships and DST are discussed separately in the next section of this literature review.)

One study by Capstick et al. (2016) highlighted the benefits afforded to social engagement and well-being through DST. This study took place between 2010 and 2014 in long-term care facility and involved engaging 10 people with dementia (eight women and two men, average age of 87 years) in the creation of short films. This study was unique in that it examined the impact of DST on specific concepts of participation and well-being and employed objective measures to assess these concepts (behaviour-category codes associated with dementia care mapping, Bradford Well-Being Profile, and Arnstein’s Ladder of Citizen Participation). Data was collected from participants prior to, during, and after the filmmaking. Overall, findings were described as positive with respect to all three measures (Capstick et al., 2016). For example, with

respect to the behaviour-category codes, prior to filmmaking, when observed in an activity such as an art or music group, “all participants exhibited some negative indicators such as boredom, anxiety or listlessness” (p. 27), whereas during filmmaking participants were not observed to be spending time in “disengaged or passive states” (p. 27).

Schoales et al. (2020) reported on the positive impact of DST on older adults’ wellbeing in the context of a-community-based three-day workshop in which older adults created personal digital stories about aging well. Using an interpretive phenomenological design, individual semi-structured interviews and one focus group with 8 older adults explored how older adults viewed wellbeing and the impact that their participation in DST had on their well-being. Findings revealed that older adults enjoyed participating in DST and that they experienced a sense of efficacy and engagement with the DST process as well as a connection with others that aligned with the core themes and subthemes capturing their personal views of wellbeing. In deliberating implications for practice, Shoales et al. suggested that DST programming may offer a means of supporting older adults’ wellbeing and advocated more broadly for ongoing creative programming for older adults in the community.

Intergenerational Connections

Studies exploring DST using an intergenerational approach have provided additional perspectives on the capacity for building intergenerational learning and relationships through DST (Hausknecht et al., 2021; Hewson et al., 2015; Loe, 2013; Sehwat et al., 2017). Loe (2013) undertook a study that evaluated the results of a digital life history project, in which students enrolled in a course on aging were randomly paired with older adults in the community, ages 55–98, for a 10-week duration. Using life history interviews as a starting point, students engaged their older adult partner in DST to distill their narrative and create a short digital story

representing the older adult's life. These stories were later shared at a community event. Participants' experiences were evaluated by way of open-ended written feedback. The development of a meaningful relationship between the student and the older adult through engaging in storytelling emerged as one of the key findings (Loe, 2013). Loe also found that sharing older adults' life stories with younger students could be a transformative experience, helping the latter to confront ageist attitudes and nurture empathy. This was captured through sharing participants' comments that were convincing in demonstrating these experiences, such as "I learned to meet everyone on their own level; try to walk in their shoes" (p. 37). "Reading about *and* seeing elders grapple with their agency as their physical and mental abilities began to deteriorate has inspired me to do what I can to advocate for their agency and to help them to age the way they want to" (p. 36).

Another study by Sehrawat et al. (2017) reported on the evaluation of an intergenerational storytelling project in which four college students aged 18 to 41 years were randomly paired with four older adults aged 73 to 82 years. The pairs met once per week for 6 weeks with the goal of co-creating a digital story reflecting a moment in the older adult's life. Week 6 culminated in a final celebratory event to preview the older adults' digital stories. The researchers employed content analysis, capturing many positive impacts of digital storytelling for older adults and students. Notably, a key theme identified was the concept of digital storytelling "as a powerful tool" (p. 58), "a powerful way to learn about each other and connect on a deep level" (p. 59). In what the researchers labelled as a "wave of connectedness" (p. 61), the opportunity to connect through story sharing extended beyond the project members to family, friends, and other community groups. Moreover, Sehrawat et al. found that participants appreciated the relationships that evolved throughout the process.

Similarly, studies by Hausknecht et al. (2021) and Hewson et al. (2015) provided additional insight into the intergenerational application of DST. Hewson et al. (2015) reported on a DST course whereby seven older adults and seven social work students were paired to create a digital story for the older adult related “stories of home” (p. 137). Evaluation of older adult and student participants’ experiences using a survey design revealed that the majority of participants regarded their experiences positively and appreciated the opportunity to learn more about and to work with each other.

Hausknecht et al. (2021), in the context of studying an intergenerational DST workshop involving 13 Elders, 31 Grade 6/7 students, two teachers, and one principal of the Nak’azdli Whut’en First Nation, found that DST provided a platform for building meaningful connections and relationships between generations. For example, the researchers highlighted how one Elder valued the opportunity for connection with the students by reminding a family member ahead of every session to ensure that she could be present to share her stories with the children. From the perspective of the teachers, the additional opportunity for students to work closely with Elders over a longer period of time was appreciated. Finally, the researchers described how the students enjoyed learning about various aspects of their history as shared by the Elders.

Self-Expression and Communication

Another benefit of DST for older adults lies in its potential to facilitate self-expression and communication, and this has been discussed in the literature in a variety of ways. Capstick et al. (2016) found that the visual images used in story creation for long-term care residents with dementia were helpful in stimulating conversation. Hausknecht et al. (2016) reported that “expression through learning story creation” (p. 237) was a primary theme that represented participants’ engagement in a DST workshop. This theme emerged from an analysis of responses

to open-ended survey questions soliciting participants' feedback about the workshop. Notably, a strength of this study is that the researchers provided several compelling quotes from participants highlighting their appreciation of learning new ways of expressing themselves: one participant said that their favourite part of the workshop was "finding new ways to tell my story" (Hausknecht et al., 2016, p. 237).

Building on the aforementioned study, Hausknecht (2018) examined the use of multimedia in shaping older adults' self-expression. Hausknecht conducted an analysis of 10 digital stories created by older adults during a series of workshops offered between 2014 and 2016, with the goal of exploring how older adults used media to shape their digital stories. This was complemented by an analysis of one participant's reflective journal detailing her process for incorporating multimedia into her story. Hausknecht suggested that "the use of multi media seems to allow older adults to communicate with multiple layers of expression within their stories" (p. 488). Participants integrated music, sound, or images in a variety of ways to add emphasis to certain story elements or to enhance meaning. The form of media chosen was observed to have a specific effect, such as the use of music to convey mood or the use of imagery to express emotion (Hausknecht, 2018). Accordingly, this study informs ways in which the integration of multi-media in DST may enable a more nuanced expression by older adults in creating their stories.

For individuals with dementia, studies have suggested that in spite of several challenges, such as difficulty with reduced memory and communication (Park et al., 2017; Stenhouse et al., 2013), individuals with dementia could be supported in creating digital stories (Abrahão et al., 2018; Park et al., 2017; Stenhouse et al., 2013), and this in turn might support self-expression (Stenhouse et al., 2013), opportunities for interaction through one's story (Park et al., 2017), and

deeper conversations with significant others (Abrahão et al., 2018). As noted earlier, a limitation of the study by Park et al. (2017) was that the findings were preliminary in nature. A noted strength of these studies is that they inform the inclusion of individuals with dementia in digital storytelling projects and offer specific strategies for overcoming barriers. These strategies are discussed in the upcoming section under challenges and facilitators.

Preservation of Heritage

DST for older adults has also been linked with positive findings extending into the realm of preservation of heritage, both from the perspectives of older adults (Hausknecht et al., 2019; Park et al., 2017) and those of their family members (Abrahão et al., 2018). Park et al. (2017) touched on this point only briefly in the discussion of their findings, noting that a potential benefit of DST expressed by participants was that of creating a legacy. In like manner, a case study by Abrahão et al. (2018) in a personal care home setting reported that family members appreciated the historical value of digital stories and the opportunity to capture a special moment in time that they could look back on. In the study by Hausknecht et al. (2019), “creating legacy” (p. 2726) emerged as a key theme capturing participants’ involvement in a digital storytelling workshop.

Hausknecht et al. (2019) illustrated how participants valued the capacity of digital stories to preserve their stories, life lessons, or pieces of history and pass them down to younger family members. Notably, the researchers found that participants appreciated the digital aspect of preserving not just their story but also a recording of their own voice. Moreover, in their discussion, Hausknecht et al. (2019) explained how participants valued the short, simple nature of digital stories, which was conducive to sharing with their busy family members.

Further, Hausknecht et al. (2021), in their evaluation of an intergenerational DST workshop in a Canadian First Nations community, highlighted the capacity of DST to preserve local Indigenous knowledge and traditions and share it with the next generation. A key phase of the DST workshops involved engaging Elders in sharing a range of stories with Grades 6 and 7 students in large and small groups. Audio recordings of the stories were later used by students to create digital stories. A general inductive approach to analysis of focus groups conducted with Elders ($n = 13$) and youth ($n = 31$) and interviews with two schoolteachers and one principal saw that one key theme that emerged was “sharing stories for rich learning of traditional knowledge” (p. 290). In reporting on this theme, Hausknecht et al. (2021) described how the Elders enjoyed sharing their stories, particularly the opportunity to pass on traditional knowledge. Similarly, students appreciated learning about traditional knowledge, as exemplified in a statement from one of them: “You get to learn about how things like how the loon got white on it” (p. 291). In the discussion of findings, the researchers highlighted how integrating DST into the school curriculum, including the creation of stories in a digital format, provided an additional means of preserving Indigenous traditions and knowledge.

Reminiscence and Reflection

Opportunities for reminiscence and reflection throughout the process of creating digital stories have also been recognized in the literature. Hausknecht et al. (2019), for instance, provided an in-depth exploration of participants’ experiences in a DST workshop by applying thematic analysis to focus-group interviews completed after the final session. One of the key themes identified was “reminiscence and reflecting on life” (p. 2725): opportunities for reminiscence and reflection were found to be subsumed in the process of creating digital stories. The researchers described how, for some participants, the reflective process combined with

integrating various media to capture their story led to a change in their outlook and shaped a new understanding of their story. Additionally, they pointed out that the process of reflection and digital-story creation brought “the story to life” (p. 2725) for many participants, in what was perceived to be a deeply emotional experience.

Person-Centred Care

The potential for digital stories to promote person-centred practice in long-term care facilities was discussed by Bhar et al. (2022), who used a single-arm trial design in four personal-care homes in Australia to explore how digital stories might impact staff understanding of residents in their care. The researchers engaged student volunteers to work with eight residents who were 60 years old or older and classified as not having dementia. The task was to co-create a short digital story (3–5 minutes) for the resident that reflected their unique qualities and values. Data collection entailed administration of a self-report questionnaire, the Knowledge of Resident Scale to 50 care-home staff in varied roles prior to and after watching the resident’s digital story, as well as for supplementary questions targeting the staff member’s perspective on whether viewing a digital story had altered their perception of the resident or would improve future care. The researchers reported a significant improvement in staff knowledge and understanding of the resident, as measured by the pre and post self-report questionnaires. Moreover, staff responses to the supplementary questions were largely positive in terms of invoking more positive views of the resident and improving their future care. Bhar et al. (2022) offered convincing participant comments to illustrate this concept: “It gave me insight into her life, beliefs and strength of character.... Her pride and achievements are very special and need the respect and care she deserves” (p. 4). Ultimately the researchers concluded that the use of digital life stories in personal care homes may potentially provide an effective means of

conveying unique aspects of the resident as a person, thereby fostering a more tailored approach that is congruent with person-centred care. Importantly, they acknowledged specific study limitations that need to be taken into consideration, such as the lack of a control mechanism, the lack of data about the maintenance of the staff's improved understanding of the resident over time, and objective measures of improved resident care.

This section of the literature review has made evident some of the positive findings the suggested about older adults' engagement in DST. Consideration of these benefits needs to be balanced with potential challenges in order to create a comprehensive picture of the research on DST with older adults. The following section provides a review of some of the challenges to DST with older adults along with potential facilitators.

Digital Storytelling With Older Adults: What Are the Challenges and Facilitators?

The issue of time and support required to engage participants in the process of creating stories has arisen as a concern in the literature. Hausknecht et al. (2016) noted that some participants had difficulty completing their story within the allotted workshop time spanning up to 10 weeks, so supplementary tutorial sessions were created. Involving youth as facilitators through an intergenerational program was suggested as a potential strategy to minimize time and resource barriers (Hausknecht et al., 2016).

A variety of challenges in managing the technological aspects of DST have also been discussed in the literature (Hausknecht et al., 2016, 2019; Park et al., 2017; Stenhouse et al., 2013). The studies by Park et al. and Stenhouse et al. specifically addressed the issue of technology in the context of individuals with dementia. In order to alleviate anxiety associated with computer technology, Stenhouse et al. (2013) took on this role with the participants "directing" the activity. Similarly, Park et al. (2017) approached issues with technology as a

collaborative effort between the facilitator and participant, seeking input from participants with respect to the choice of multimedia to incorporate into their story. To account for varying technological literacy, researchers implemented lower facilitator–participant ratios (1:5); however, this posed additional demands on human resource requirements (Hausknecht et al., 2016; 2019).

Beyond issues of time, resources, and technology, two studies that addressed DST for individuals with early-stage dementia explained some of the barriers encountered with respect to memory and communication, and offered strategies to enable meaningful participation (Park et al., 2017; Stenhouse et al., 2013). Interestingly, in the study by Stenhouse et al. (2013), the researchers did not have any facilitation experience with individuals with dementia; therefore, they took part in daily reflections as a group to allow for an iterative planning process. Understanding the influence of interpersonal relationships on the process arose as a central focus of the researchers' reflections, which were categorized into three themes: “engaging with story, engaging with doing and engaging with others” (p. 137). Some of the primary challenges participants experienced with engaging with their story related to word finding and “holding onto the threads of a story” (p. 137). Facilitators drew on their skills of reflection, active listening, and use of photographs to support participants' self-expression and to come to understand their stories; essentially “holding the threads and making space for stories to develop” (p. 138). In terms of “doing,” participants required support in a variety of ways to read their scripts out loud and record their voiceovers, such as increasing clarity and size of font, reducing the number of sentences per line, pacing, and practice. The researchers anticipated the need for this individualized attention, and thus created small groups of four participants each. They found that the relationship between the facilitator and participant, through promoting “positive person

work” (p. 140), was fundamental to supporting expression for individuals with early-stage dementia.

Park et al. (2017), in a qualitative multi-site case study designed to explore experiences with DST of individuals with dementia, uncovered similar challenges. With respect to communication, fluctuation in symptoms related to word finding and memory was encountered; however, the use of a notebook was found to be a helpful compensatory strategy. Moreover, the inclusion of a care partner, as well as conducting sessions in individuals’ homes, was identified as being especially helpful for individuals with dementia in enhancing their comfort with the process. Consideration of the progressive nature of dementia and the potential impact on participation resulted in shortening the duration of the workshop from 10 weeks to 6 weeks. In order to provide more individual attention, a mix of one-on-one and group work as well as smaller group sizes of two to four participants were implemented and seemed to have a positive effect on participants’ engagement (Park et al., 2017).

Significance

Overall, taking into account some of the challenges and suggested solutions, this literature review has made evident that the emerging evidence on DST with older adults has been linked with several positive findings, thus lending support to providing older adults with opportunities to create and share their digital stories and to continuing to explore its inherent value. Moreover, an emphasis on the benefits and challenges of DST with older adults, with less focus on strategies for implementation was noted. Thus, when the opportunity presented itself to partner with a local community organization interested in introducing DST to their older-adult community, this evidence was critical to informing our future collaboration using a PR approach;

a collaboration that was ripe with opportunity for exploring in more depth the development, implementation, and value of DST for older adults of a community-based organization.

Chapter 3: Delineating the Problem, Research Purpose, and Objectives

This section of the thesis addresses how the PR team collaborated to understand the nature of the problem. In PR, developing a fulsome understanding of the complexity of the problem requires a multi-faceted approach that extends beyond consideration of gaps in the literature to also include stakeholders' perceptions and environmental and contextual factors (Taylor et al, 2017). In line with this, the PR team explored each of these dimensions to delineate the full scope of the problem for this research study, as outlined in Table 1. The evidence and gaps in the research-based literature were discussed in the preceding chapter and summarized in the first row of Table 1; therefore, the remainder of the discussion elaborates on stakeholders' perspectives and contextual and environmental factors, leading to a final summary of the scope of the problem.

Table 1*Delineation of the Problem*

Dimension	Study Considerations
Literature-based considerations	<ul style="list-style-type: none"> • Emerging evidence on DST with older adults suggests several positive findings, thus lending support for continued exploration of its inherent value and for providing older adults with opportunities to engage in DST • Current research is primarily focused on benefits and challenges, with less emphasis on strategies for implementation • A more nuanced and contextualized understanding of how service providers could support older adults' participation in DST is required.
Stakeholders' perspectives	<ul style="list-style-type: none"> • Community-based older adult service with a desire to extend the scope of their work to enhance the well-being of their older-adult population through DST. • Interest in understanding potential socio-emotional benefits of DST, such as improving memory or mood, engaging socially isolated older adults, preserving traditions, and promoting person-centred care. • Interest in understanding the impact that DST may have on older adults' overall experience of coping during the COVID-19 pandemic. • Interest in understanding challenges and opportunities of participating in DST to inform ongoing program development.

Contextual and environmental factors	<ul style="list-style-type: none"> • Limited opportunities within Manitoba to support older adults' engagement in DST. • DST project team: Limited knowledge and resources to support the DST process; desire to learn more about DST challenges and opportunities to inform ongoing DST implementation. • COVID-19 landscape and social-distancing protocols restricted in-person home visits to engage clients in DST. • A PR approach and associated collaboration between occupational therapy and social work viewed as a novel experience for the DST project team; interest in understanding how this approach shaped the development of DST opportunities.
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Note. Taking guidance from the work of Taylor et al., (2017), this table illustrates how the PR team applied three key areas, literature-based considerations, stakeholders' perspectives, and contextual/environmental factors, in delineating the scope of the problem.

Stakeholders' Perspectives

A series of in-person and virtual meetings, dating back to the spring of 2019, took place with the DST project team to learn more about their perspectives and priorities. Taking guidance from Cargo and Mercer (2008) and Taylor et al. (2017), my study advisor and I employed a variety of strategies to foster a trusting and respectful relationship with the DST project team that were conducive to empowering everyone involved in decision-making and shaping the research agenda. For example, to facilitate ease of participation, we went to their office for meetings until we had to transition to a virtual format due to in-person restrictions imposed by COVID-19. Throughout regular team meetings, we endeavoured to create an open dialogue, encouraged

reciprocal sharing of ideas, listened actively, and critically reflected on our own biases and assumptions in order to gain a fulsome understanding of the practice context and perspectives of the DST project team and ultimately to find common ground. We spent time learning about their organization, specifically their older-adult services team, and coming to understand their interest in DST and what they were hoping to achieve. In concert, we emphasized that, while we had important resources and knowledge to share, the knowledge and expertise of the DST project team were equally valuable, and we were eager to learn. Further, we were mindful of pacing and allowing sufficient time for everyone to voice their opinion and contemplate decisions. Finally, I took detailed reflexive notes of meetings and mapped initial meetings to the phase of the PR framework of Taylor et al. (2017). I found this process to be beneficial in terms of guiding my reflection about how the PR process was unfolding and how core elements such as the development of trust and power sharing were taking shape.

Through these meetings, the DST project team shared their goal of implementing DST as a means of extending the scope of their work to enhance the well-being of their older-adult population, with the possibility of reaching older adults with dementia or memory loss. Consistent with the organization's mission to improve the psychological, social, cultural, emotional, and physical well-being of their older-adult community, the DST project team expressed an interest in understanding the potential socio-emotional and cognitive benefits that DST might offer, such as improving memory or mood, engaging isolated older adults in their community, and enhancing person-centred care. The potential value that DST might hold for older adults in terms of preserving traditions and passing their story down to significant others was also identified by the DST project team as an important aspect to explore. Furthermore, team members expressed an interest in understanding the impact that DST might have for older adults

on their overall experience of coping with the underlying COVID-19 pandemic. Team members also shared their vision that the DST project might extend more broadly to the community at large, through sharing the results of the project with interested older adults, service providers, and families. From a process perspective, the DST project team stated that it was important for them to develop a preliminary understanding of what clients perceived to be the challenges and opportunities of engaging in DST and of how the process could be improved as the DST project evolved.

Contextual Factors

Beyond the research-based evidence and consideration of the DST team's perspectives, there were a number of contextual factors that were deemed integral to framing the problem. While the DST project team expressed a keen interest in offering DST to their older-adult community, they said that they had limited knowledge about what DST entailed and how it could be implemented to meet the needs of their older adult clients. Moreover, the social-distancing restrictions related to the COVID-19 pandemic posed additional challenges to the in-person DST format desired by the team. Additionally, the evolution of a PR approach and how this shaped the DST project team's experiences in developing DST opportunities was identified as an important contextual factor.

Thus, arising from the confluence of the emerging literature on DST with older adults, the DST project team's perspectives, and contextual factors, the full scope of the problem encompassed a need "to advance an understanding of the perspectives and experiences of both service providers and older adult clients on the development, implementation, and value of DST for older clients of a community-based organization."

It follows that this comprehensive understanding of the problem set the stage for the research purpose and objectives. Stemming from a comprehensive understanding of the problem, in collaboration with the DST project team, the following research purpose and objectives were established:

Research Purpose

The purpose of this study was to explore the development, implementation, and value of digital storytelling for older adult clients of a community-based organization.

Research Objectives

In order to advance understanding of the development, implementation, and value of DST for older adults in a community-based organization, the research objectives were

1. To explore and describe the experiences and perspectives of *an older adult client* on the process of creating their digital story and sharing it with another individual (*digital-story viewer*).
2. To develop an understanding of the experiences and perspectives of *an older adult client* about ways in which creating and sharing their digital story shaped their experience in the context of coping during the COVID-19 pandemic.
3. To explore and describe the experiences and perspectives of an individual with whom the older adult shared their personal digital story (*digital-story viewer*).
4. To explore and describe the experiences and perspectives of the *DST facilitator* on the process of working with an older adult client to create their digital story.
5. To explore and describe the experiences and perspectives of service providers (*DST project team*) on the process of developing DST opportunities for older adult clients of their organization, using a PR approach.

Chapter 4: Philosophical and Theoretical Foundations, Methodology, and Methods

The research design and methods were selected with input from the DST project team. As advocated by Taylor et al. (2017), particular attention was paid to consideration of how the research design and methods aligned with the service strategies, context, and stakeholders' concerns in order to achieve a "balance between scientific and practical concerns" (p. 434). Additionally, similar to the process described by Wener and Woodgate (2013), formulation of the research design took into account the methodological scaffolding process proposed by Crotty (1998), which guides researchers through a reflective process of situating the research questions and objectives within an epistemological orientation, followed by exploration of theoretical perspectives, methodology, and methods. Accordingly, the following section discusses the research design in relation to (a) epistemology and theoretical perspectives, (b) methodology, and (c) methods.

Epistemology and Theoretical Perspectives

Epistemology

This study was situated within a constructionist epistemology (Crotty, 1998), which views knowledge as socially constructed through the meaning that individuals ascribe to their experiences. There is an appreciation for variations in meaning making between individuals, thus recognizing multiple realities as opposed to only objective truth (Crotty, 1998). From a constructionist lens, research questions are generally designed to be more open and exploratory, thus affording greater exploration of participants' experiences (Creswell & Poth, 2018). In keeping with a constructionist epistemology, this study aimed to illuminate the subjective experiences of participants engaging with DST and the unique value and meaning that these experiences held. The nature of the research questions was primarily open-ended in order to

foster an exploratory approach. Moreover, there was an appreciation that the research team might find varying experiences across study participants, including the older adult, the digital story viewer, the DST facilitator, and service providers.

While being grounded in a constructionist epistemology, the PR team was also attuned to other ways of knowing that were congruent with a PR approach. Taking guidance from Taylor et al. (2017), we recognized the need for additional and alternative forms of knowledge creation that extended beyond traditional epistemologies, in order to uphold the more practical type of real-world knowledge and capacity building that resonated with various stakeholders involved. As such, throughout the research process, an orientation was maintained toward producing knowledge that was practical and useful and that enhanced the capacity of the DST project team. Furthermore, an important aspect of knowledge generation within PR is the integration of various stakeholder perspectives, whereby knowledge is co-created by nurturing a trusting and respectful dialogical process (International Collaboration for Participatory Health Research [ICPHR], 2013). This perspective on knowledge creation was also upheld throughout the research process.

Person-Centred Care

Person-centred care, which served as a guiding theoretical perspective for this study, is a fundamental approach that health-care providers aspire to and that looks beyond a person's health condition to see the person first, as a unique human being (Pelzang, 2010). Person-centred care embraces a holistic perspective and is grounded in a collaborative relationship that is built on respect and a commitment to coming to understand an individual's unique needs, desires, and preferences throughout their health-care journey (Morgan & Yoder, 2011). Person-centred approaches have been recognized as integral to ensuring the quality of health-care service

delivery (Kitson et al., 2013) and appreciating the richness and complexity of an individual's subjective experiences (Hughes et al., 2008). While there is support for person-centred approaches in health care, researchers have found that the concept of person-centred care lacks conceptual clarity (Morgan & Yoder, 2011; Pelzang, 2010; Pluut, 2016; Wilberforce et al., 2016). In an effort to achieve a common understanding of person-centred care among the PR team, we drew from 10 common themes outlined by Hughes et al. (2008) in their conceptual analysis of the terms "client, family, patient, person, and relationship-centredness" (p.456) across the disciplines of social work, occupational therapy, nursing, and medicine: (a) respect for individuality and values, (b) honouring the uniqueness of each individual's experiences, (c) cultivating a therapeutic relationship, (d) the importance of social context and relationships, (e) a holistic view of health, (f) valuing the individuals and families as experts in their own health, (g) shared responsibility, (h) authentic and effective communication, (i) respect for autonomy, and (j) acknowledging the professional as a person (Hughes et al., p. 458). Notably, the fact that these themes spanned literature from multiple disciplines, including occupational therapy and social work, appealed to the interprofessional nature of the PR team.

The application of PCC as a guiding theoretical perspective took into account the practice context of the DST project team as well as the literature in support of PCC for older adults. In terms of the practice context, a PCC perspective resonated strongly with the DST project team as being a central feature of their service delivery and thus one that was important for them to uphold throughout the research process. In the context of older adults, PCC has been recognized as the cornerstone of best practice (Nolan, 2001; Talerico et al., 2003; Wilberforce et al., 2016). Several researchers have highlighted the value of PCC in being responsive to the complexity of older adults' health-care needs (Kogan et al., 2016; Ohs & Yamasaki, 2017; Ruggiano &

Edvardsson, 2013; Wilberforce et al., 2016). In addition, the diversity of the aging population (Ohs & Yamasaki, 2017; WHO, 2015) and factors related to ageism (Ohs & Yamasaki, 2017; Ouchida & Lachs, 2015; WHO, 2015) have been identified as unique elements underpinning the need for PCC with older adults. Considering the substantial heterogeneity of the older-adult population, the WHO (2015) has recommended that a flexible and responsive approach that acknowledges older adults' unique circumstances is required. Moreover, underlying ageist attitudes and stereotypes have been found to preclude a fulsome appreciation of older adults as unique individuals (Ohs & Yamasaki, 2017; Ouchida & Lachs, 2015; WHO, 2015).

It follows that taking into account the value that PCC held for the DST project team, combined with the support for PCC for older adults in the literature, the integration of PCC as a guiding theoretical perspective was deemed to be helpful in fostering an openness to exploring and understanding the unique perspectives and experiences that DST held for study participants. More specifically, the concepts outlined by Hughes et al. (2008) provided a guiding lens through which to consider the study purpose and objectives and the multiple experiences and perspectives of all participants on the development, implementation, and value of DST.

Methodology

A case study approach, using a single instrumental case study design (Stake, 1995) was employed to gain an in-depth understanding of the phenomenon in context, the development, implementation, and value of DST for older adults in a community-based setting. Case studies represent an orientation to research that seeks to provide an in-depth understanding of a phenomenon of interest situated in the real-life context in which it occurs (Stake, 1995). More specifically, according to Creswell and Poth (2018), case study research can be defined as:

a qualitative approach in which the investigator explores a real-life, contemporary bounded system (case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving *multiple sources of information* (e.g., observations, interviews, audiovisual material, and documents and reports), and reports a *case description* and *case themes*. (pp. 96–97)

Contained within the methodology outlined by Stake (1995) are three different types of case study designs that a researcher may choose from: instrumental case study, intrinsic case study, and collective case study, each of which is dependent on the intended focus of the study. *Instrumental case studies* are favoured when the focus of the research is to advance understanding of an issue, wherein the case provides a supportive role, as opposed to *intrinsic case studies*, which are designed to enhance understanding of a particular case (Stake, 1995). For the purpose of this study, an instrumental case study was deemed to be the best fit, as the case was intended to provide a supportive role in understanding the development, implementation, and value of DST for older adults in a community-based organization.

A number of elements inherent to case study research were considered in the decision to employ a case study approach for this study. A distinguishing feature of case study research is that it seeks to provide an in-depth understanding of the phenomenon of interest situated in the real-life context in which it occurs. The phenomenon of interest and the context cannot be easily separated (Stake, 1995). The rich and descriptive nature of case study research serves to illuminate the complexity of a phenomenon while also taking into account the relevant contextual details (Salminen et al., 2006). Furthermore, Salminen et al. (2006), in their review of case study research, advocated for the value of case study approaches in the practice of occupational therapy to enable a more detailed understanding of clinical-practice issues while

also being amenable to a small participant base. As applied to this study, the PR team was seeking an in-depth understanding of the phenomenon of interest (the development, implementation, and value of DST in a community-based organization), starting with a small number of participants (one case). The phenomenon of interest was enmeshed in, and could not be considered, without the multitude of contextual elements embedded in the practice context of the DST project team and the landscape of the COVID-19 pandemic. Thus, a case study approach served to facilitate an in-depth exploration of the development, implementation, and value of DST while also encapsulating the unique elements of the practice context that were important for the DST project team. Moreover, case study approaches have been reported to be a good fit in the field of health sciences research in exploring program evaluation, developing theory, and interventions (Baxter & Jack, 2008). A parallel can be drawn with this study which explores the introduction and evaluation of a novel approach.

Within the case study design, a qualitative approach (Creswell & Poth, 2018) to inquiry was adopted to explore participants' subjective experiences and further guide data collection and analysis for the selected case. Qualitative research has been defined as "an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem" (Creswell, 2014, p. 4). A qualitative approach was selected since the PR team was interested in exploring and describing the subjective experiences of participants as they engaged in DST in their natural environment, and the value they ascribed to it, as opposed to a more quantitative approach of testing a related hypothesis in a controlled setting (Creswell, 2014). Furthermore, a qualitative approach to inquiry tends to be more exploratory and open, related to a particular phenomenon, as opposed to more defined questions about cause and effect that are characteristic of quantitative approaches (Creswell, 2014). Thus, the open-ended nature of the

research objectives indicated that a qualitative approach would be most suitable. In addition, a qualitative approach is conducive to research in which there is little known about a topic (Creswell & Poth, 2018; Luborksy & Lysack, 2006; Morse & Field, 1995), as was the case with the phenomenon of DST being explored in this study. As a final point, an enhanced understanding of the richness of participants' experiences that may be realized through a qualitative approach (Morse & Field, 1995) aligned well with the complexity of the research question and objectives under study.

Under the umbrella of qualitative research, qualitative description was selected as the specific approach to inquiry. *Qualitative description* (QD) is an approach within qualitative research that is geared toward garnering findings that are inherently descriptive and can be represented in a straightforward manner (Kim et al., 2017). Within the domain of QD, data collection largely uncovers “the *who*, *what*, and *where* of events or experiences, or their basic nature and shape” (Sandelowski, 2000, p. 338). While there is a range of interpretation involved in producing a rich description, the findings produced through QD are considered to be “data-near” (Sandelowski, 2010, p. 78). An orientation to producing findings that were straightforward and close to the data aligned well with the PR team's desire to generate knowledge about DST that could be practically applied to inform the DST project. Moreover, QD has been deemed to be a good fit with research endeavours that seek to glean participants' perspectives about service provision (Stanley, 2015), which was congruent with the PR team's desire to understand participants' experiences of DST. Lastly, researchers have outlined strategies for participant sampling, data analysis, and data collection commonly embedded in QD (Colorafi & Evans, 2016; Kim et al., 2017; Sandelowski, 2010), which I as a novice student researcher regarded as an advantage of this approach.

Methods

This section comprises a discussion of: (a) case selection, (b) case boundaries, (c) participant sampling and recruitment, (d) data-collection strategies, (e) data-analysis strategies, (f) methods to enhance trustworthiness and rigour, (g) ethical considerations, and (h) projected timelines.

Case Selection

Stake (1995) asserted that, when selecting a case, priority should be given to what allows for maximum exploration of the phenomenon of interest, while at the same time considering practical challenges of accessibility. Accordingly, for this study, the case was comprised of an older adult client, a DST facilitator, and service providers from the DST project team, thus allowing for in-depth exploration of the development, implementation, and value of DST from multiple perspectives.

Of note, the original plan was, if possible, for the case to include a digital-story viewer participant (an individual nominated by the older adult with whom they had shared their digital story). During discussion throughout the research-proposal stage, the PR team had some concern about making the digital-story viewer participant a firm requirement, given what they knew about their clients, their limited social circles, and their capacity to share with others. Therefore, we decided collectively that having the older adult nominate a digital-story viewer participant would be optional. For the older adult in the case presented in this thesis, it was not feasible for them to nominate a digital-story viewer.

Case Boundaries

An essential feature of case studies is the identification of clear case boundaries in order to ensure a manageable scope (Baxter & Jack, 2008), which may include parameters such as time

or place (Creswell & Poth, 2018). For this study, the PR team identified time and activities to be important parameters to define in order to maintain a clear scope for the project. Accordingly, exploration of Research Objectives 1 to 4 spanned the time from the start of the DST process with an older adult client to its culmination in the creation of a digital story and its sharing with a significant other. Exploration of Research Objective 5 took into account the interactions with the DST project team spanning the time from spring 2019, the beginning of our engagement (that of my study advisor and me) with the DST project team until the completion of one digital story with an older adult client (Appendix B).

Participant Sampling and Recruitment

Purposive sampling, a strategy used to engage individuals in data collection who are knowledgeable about the topic under study (Creswell & Poth, 2018) was employed to recruit study participants. The following inclusion and exclusion criteria were applied:

- The *older adult participant* was to be an individual who created a digital story with the DST facilitator, was 65 years of age or older, spoke and understood English fluently, was able to participate in a one-hour in-depth interview (telephone or virtual) for the purpose of data collection, and did not have any obvious signs of cognitive impairment. Individuals identified by the DST project team as having obvious signs of cognitive impairment were excluded from the study.
- The *digital-story viewer* participant was to be an individual with whom the older adult participant shared their digital story and nominated to participate in the study, was able to speak and understand English fluently, and was able to participate in a one-hour in-depth virtual interview. Individuals with obvious signs of cognitive impairment were excluded from the study.

- The *DST facilitator* was an individual who was primarily responsible for working with an older adult to create their digital story and was able to participate in a one-hour in-depth virtual interview.
- The *service providers* (DST project team members) were individuals who were part of the DST project team and were responsible for planning and carrying out selected aspects of the DST project activities using a PR approach. They were able to participate in one two-hour in-depth virtual focus group.

The process of recruiting study participants was carried out as follows:

- For the *older adult participant*, it was anticipated that they may have been a client of the DST facilitator; therefore, several strategies were built into the recruitment process in order to uphold respect for free and informed consent and minimize any potential for undue influence or unintended feelings of pressure to participate in the study. The DST facilitator verbally shared study information with an older adult client who fit the inclusion criteria, supplemented with a study advertisement poster (Appendix C). When the older adult expressed an interest in learning more about the study, permission was requested to share their contact information with another member of the DST project team. The DST project team member then contacted the older adult by phone to provide further details about the study. When the older adult confirmed their interest in participating in the study, permission was requested to share their preferred contact information with me. I then followed up to provide further details about the study and an opportunity to ask questions and contemplate their involvement prior to obtaining informed consent using the information and consent form for an older adult participant (Appendix D).

- For the *digital-story viewer*, the process of recruitment began with the older adult who had agreed to participate in the study. The older adult was invited to nominate an individual of their choosing, with whom they had already shared their digital story or planned to do so, to participate in the study. In this case, it was not feasible for the older adult to nominate a digital-story viewer; therefore, the student researcher did not pursue recruitment of a digital-story viewer.
- For the *DST facilitator*, recruitment began with the older adult who agreed to participate in the study. The older adult was asked for permission to contact the DST facilitator who was responsible for working with them to create their digital story. I followed up by email, inviting the DST facilitator to take part in the study and requesting that they contact me if interested. Upon expression of interest, I followed up to provide further details about the study and an opportunity to ask questions about their involvement in the study prior to providing consent. Informed consent was obtained using the participant information and consent form for the DST facilitator (Appendix E).
- Recruitment of the *service providers* (DST project team members) took place by way of an email inviting all team members to participate in the study and asking them to contact me they were interested. Upon indication of interest, I provided further details of the study and an opportunity to ask questions about their involvement in the study prior to obtaining informed consent. Informed consent was obtained using the participant information and consent form for service providers (Appendix F).

Data-Collection Strategies

Data collection for this study consisted of individual interviews, a focus group, and field notes. In light of the then current COVID-19 landscape limiting in-person contact, data

collection took place virtually using Microsoft Teams™ videoconferencing platform for the service providers and the DST facilitator participant and by telephone for the older adult participant. The older adult chose the option of a telephone, as opposed to a videoconferencing format, as this was the method that they were most comfortable with. The following section provides a description of and rationale for the data-collection strategies as they relate to each research objective, followed by discussion of the use of virtual/telephone as opposed to an in-person format.

Semi-Structured Interviews (Older Adult Client and DST Facilitator). A semi-structured interview (Morse & Field, 1995) was used to explore the experiences and perspectives of an *older adult participant* on the process of creating and sharing their digital story (Objective 1) and to develop an understanding about ways in which creating their digital story shaped their experience of coping in the context of a COVID-19 pandemic (Objective 2). A semi-structured interview was also used to explore and describe the experiences and perspectives of the *DST facilitator* (Objective 4) on the process of working with an older adult client to create their digital story. As outlined by Morse and Field (1995), the format of a semi-structured interview entails the use of guided questions related to the research objectives organized into a logical order with follow-up prompts, while still allowing for flexibility in adjusting the order and nature of follow-up questions. Questions tend to be more open-ended, as opposed to closed in nature. Interviewees are encouraged to elaborate and share as much detail as possible about a particular issue in order to provide a rich description for analysis (Morse & Field, 1995).

Interviews have been recognized within qualitative research as a primary method of data collection to gain in-depth insight into participants' worldviews (Creswell & Poth, 2018; Morse & Field, 1995), thus substantiating their use in this study. Semi-structured interviews, in

particular, are a common method of data collection used in qualitative descriptive studies (Kim et al., 2016). Drawing from Morse and Field (1995), a semi-structured, as opposed to an unstructured, approach was selected as the PR team had a relatively clear focus regarding questions and topics to be addressed. A semi-structured interview was also deemed to be helpful in illuminating the depth of the older adult's and the DST facilitator's subjective experiences of and perspectives on the use of and value of DST. In collaboration with the PR team, I developed a semi-structured interview guide with key questions and follow-up prompts for the older adult participant (Appendix G) and the DST facilitator (Appendix H). Heeding suggestions from Patton (2002), interview questions were framed with the research objectives in mind yet in an open-ended manner, while avoiding leading questions so as to allow the interviewee flexibility in sharing their worldview. Interview questions were also scrutinized for clarity and to ensure that a singular idea, as opposed to multiple ideas, was presented with each question (Patton, 2002). Questions were sequenced from general to specific with an attempt to progress to more challenging questions regarding feelings and values toward the middle and end of the interview (Patton, 2002). Proposed questions were discussed and refined in consultation with the PR team. The telephone interview with the older adult participant was audio-recorded and transcribed verbatim by a research assistant experienced in transcription, and it was de-identified at the time of transcription. The virtual interview with the DST facilitator was audio- and video-recorded and transcribed verbatim using the software on Microsoft Teams™. Of note, the video recordings were not part of the data analysis; the video was only recorded because there was not an option in Microsoft Teams™ to record audio only when the video was turned on for the interview.

Focus-Group Interview with Service Providers (DST Project Team Members). The experiences and perspectives of service providers on the process of developing DST opportunities for older adults of their organization using a PR approach (Objective 5) was explored through a virtual focus group that my study advisor and I co-facilitated. I was the primary facilitator and my study advisor provided support and asked follow up questions. A focus group can be conceptualized as a group interview, whereby individuals are selected to come together in a guided discussion on a particular topic (Freeman, 2006) that they are deemed to have knowledge about (Lysack et al., 2017). The interaction between group members is regarded as a key element that allows for participants to build off of each others' ideas and consider similar and differing perspectives (Freeman, 2006; Morse & Field, 1995). By virtue of the group interaction, focus groups are deemed to be conducive to questions that involve a social dimension (Thorne, 2016), which paralleled the nature of the research objective that was being targeted. It has also been suggested that the natural social setting in which focus groups take place contributes to its face validity (Lysack et al., 2017). In relation this study, a focus group therefore served to foster a rich exploration of the interaction of participants' perspectives and allowed for comparing and contrasting ideas that otherwise would not have been feasible in an individual interview. Furthermore, in discussion with the PR team, the format of a focus group was decided on as the most suitable format for engaging in an in-depth discussion and the most comfortable approach given the pre-existing relationships on the team. As the PR team was accustomed to meeting as a group, it was anticipated that this approach would provide for a more natural and relaxed environment to stimulate an authentic discussion of each group member's perspective.

In justifying the use of a focus group, consideration was also given to potential weaknesses of this approach. Notably, when focus group participants are part of a pre-existing group, there is the potential for individuals to conform to established group norms and patterns of interaction at the expense of expressing their honest opinion (Leask et al., 2001). Therefore, as the members of the DST project team were part of a pre-existing group, my study advisor and I were cognizant of drawing on our professional knowledge and skills related to group formation and dynamics to ensure the creation of a safe space in which participants could openly express their views. Moreover, while the group process of a focus group has been valued for facilitating rich discussion, there is the chance that more vocal group members may overshadow quieter individuals (Lysack et al., 2017), a dynamic that we were mindful of. We thought carefully about attending to the different communication style of each participant by creating space for less verbal members and ensuring each group member had adequate time to process and share their thoughts.

Informed by the work of Krueger and Casey (2009), a focus-group guide (Appendix I) consisting of a short list of simple and open-ended questions, progressing from a general to a more specific focus, was used to facilitate the discussion. Additionally, participants were provided with a focus-group preparation guide (Appendix J) highlighting different stages of the PR team's work together one week in advance of the group in order to allow them time to engage in some preliminary reflection on their perspectives and experiences. This type of preparatory work has been deemed helpful in preparing participants for the focus-group discussion (Krueger & Casey, 2009). The focus-group discussion was audio-recorded and transcribed verbatim using the software on Microsoft TeamsTM, which allowed the researchers to fully attend to the discussion at hand and permitted more in-depth data analysis at a later date (Patton, 2002).

In light of the virtual and telephone formats employed, as opposed to being in person, consideration was given to how these mediums might impact data collection, including applicable mitigation strategies to ensure data quality. With regard to videoconferencing, despite challenges with connectivity and reduced audio and visual quality, research has shown it to be a feasible and acceptable tool for qualitative data collection, touting advantages in terms of being a convenient and user-friendly format that is conducive to nurturing rapport with participants (Archibald et al., 2019). Moreover, as suggested by Archibald et al. (2019), should technical issues arise, the collaborative problem solving that ensues may provide an inadvertent opportunity for building rapport between researchers and participant, which was something that I remained attuned to. Fortunately, the research team did not experience significant technical issues. Importantly, my study advisor and I, along with the DST facilitator and service provider participants, were all familiar with meeting over Microsoft Teams™ and had experience with successfully troubleshooting technical issues together, which provided a strong level of reassurance that this would be a comfortable and viable option.

With respect to telephone interviews, this format is often cited within qualitative research as being inferior to an in-person interview, key concerns being the lack of visual and social cues available and reduced rapport (Novick, 2008). However, Ward et al. (2015), in their study exploring the use of telephone interviewing, offered some encouraging findings to support the use of telephone interviewing as an acceptable format. The researchers found that overall, participants reported a positive experience with their telephone interview, elucidating themes that spoke positively about the ease of establishing rapport and the advantages of concentrating on a person's voice, not feeling judged, and feeling at ease and confident using the phone. Ward et al. offered practical suggestions for conducting phone interviews, which I heeded. For example,

prior to the interview, I took advantage of opportunities to connect with the older adult participant over the phone to introduce myself and obtain consent, which was helpful for initial rapport building. This also allowed me to attend to and modulate the pacing and volume of my speech to enable a clear connection in preparation for the formal interview. I also ensured ahead of time that the older adult participant had a private and comfortable location in their home to conduct the interview. Further, I was intentional about signalling the beginning of the interview and the depth of discussion expected, in order to distinguish it from some of the more informal conversation that had previously taken place. I also took time to describe my environment and invited the older adult participant to do the same, with the goal of enhancing an understanding of each other's contexts and promoting rapport throughout the interview.

Field Notes. Field notes, consisting of descriptive accounts of the researcher's impressions and observations of what has taken place throughout the data-collection process, are considered to be an integral component of qualitative research in informing ongoing data analysis (Morse & Field, 1995; Patton, 2002). Thus, I took detailed field notes upon completion of each individual and focus-group interview. My field notes included logistical details such as the time and place of an interview, impressions about participants' reactions to questions, and hunches related to data analysis (Morse & Field, 1995), and reflections on the quality of the interview (Patton, 2002). Furthermore, pertaining specifically to the focus group and as suggested by Thorne (2016), my field notes also included our reflections (those of my study advisor and me) about ways in which the group dynamic may have shaped participants' individual contributions. Our reflection on the group process was further stimulated by a focus-group debrief session held between my advisor and me). The debrief session was audio-recorded

and transcribed verbatim using the software on Microsoft Teams™ to enable data analysis at a later date.

Data-Analysis Strategies

Creswell and Poth (2018) posited that qualitative data analysis can be conceptualized as having “two layers” (p. 198): the first layer reflects the general analytic procedures common to qualitative research, whereas the second layer builds on procedures unique to the specific approach taken. Accordingly, for this study, a general approach to qualitative analysis outlined by Creswell and Poth (2018) in the form of a “data analysis spiral” (p. 185) provided an overall structure for data analysis: (a) preparing the data, (b) becoming familiar with the data, (c) describing and classifying codes into themes, (d) interpreting the findings, and (e) representing the findings, with strategies overlaid specific to a qualitative-descriptive approach.

Preparing the Data. The content of the telephone interview with the older adult participant was digitally audio-recorded and uploaded to a University of Manitoba secure R: drive, transcribed verbatim into a standard Word document by an experienced transcriptionist who had signed a confidentiality agreement, and de-identified at the time of transcription. I then reviewed the transcript for completion. The content of the DST facilitator participant interview and the focus-group interview was audio- and video-recorded, transcribed verbatim using the software on Microsoft Teams™, and uploaded to a University of Manitoba secure R: drive. I de-identified the transcription notes and completed final edits and formatting to improve readability. Further details of data preparation are discussed under Ethical Considerations.

Becoming Familiar with the Data. My study advisor and I independently engaged in detailed readings of each transcript and field notes to get a sense of the data as a whole and to

begin to actively engage with the data, unencumbered by the process of coding (Creswell & Poth, 2018). Throughout this stage, we began to jot down initial impressions in the form of notes or memos in the transcript margins. It has been suggested that this process of memoing can be helpful with initial exploration and beginning to think critically in terms of making sense of the data (Creswell & Poth, 2018; Thorne, 2016).

Describing and Classifying Codes into Themes. All of the data from the focus group interview with service providers, and interviews with the DST facilitator and older adult were labelled to identify the participant source; however, it was analyzed as a whole. Throughout this phase, a general inductive approach to analysis (Thomas, 2006) was applied: keeping the research objectives in mind to provide a guiding focus while still allowing findings to be constructed from the raw data. I continually reflected on the research question and objectives to help focus identification of key meanings in the text. Thomas (2006) asserted that this type of analysis is a good fit when there is a need to establish clear links between the research objectives and the study findings, which was consistent with the overarching PR approach framing this study in generating outcomes that were practical and useful. Moreover, in keeping with QD methodology, this approach to analysis fit with generating a straightforward description of findings.

My study advisor and I engaged in more in-depth analysis, beginning with the process of coding, assigning a label or phrase to a short segment of text to capture the meaning of that segment (Creswell & Poth, 2018). Codes with similar meanings were then aggregated into categories with descriptions or quotes provided to illustrate the meaning of each category (Creswell & Poth, 2018). Concurrently, I engaged in a process of condensing categories to

reduce overlap or redundancies and of ongoing refining and linking of categories, giving rise to the most important categories or themes in relation to the research objectives (Thomas, 2006).

Interpreting the Findings. This stage involved thinking critically and creatively about the categories and themes that had been developed in terms of what lessons were learned (Creswell & Poth, 2018). In the context of a case study, this stage can be paralleled to the development of naturalistic generalizations, making the case understandable so that the reader may learn from the case and apply the findings to similar cases or situations (Creswell & Poth, 2018). Congruent with a QD approach (Kim et al. 2017; Sandelowksi, 2010), the level of interpretation fell at the lower end of the interpretive continuum and was oriented toward a comprehensive and straightforward description of the findings.

Representing the Findings. This stage involved consideration of the best way to represent the findings, which was decided in conjunction with my study advisor with input from the PR team. Consistent with a case study approach (Creswell & Poth, 2018; Stake, 1995), a description of case themes was provided (Creswell & Poth, 2018; Stake 1995), and, in line with a QD approach, I attended to representing findings in a straightforward and descriptive manner (Sandelowski, 2000). Following completion of this thesis project, I will provide a summary report of findings to the DST project team for use within their organization.

Methods to Enhance Trustworthiness and Rigour

Several strategies were used to uphold the trustworthiness and rigour of the proposed study, each of which is discussed according to the key components underpinning trustworthiness as outlined by Letts et al. (2008). These strategies served to address the credibility, transferability, dependability, and confirmability of the processes and findings of the study.

Credibility. Credibility addresses the degree to which the findings accurately represent a true picture of the phenomenon under study, and it may be enhanced through strategies such as triangulation, member checking (Letts et al., 2008), and researcher reflexivity (Creswell & Miller, 2000).

Triangulation. According to Letts et al. (2008), triangulation is defined as “a strategy used to enhance trustworthiness through the use of multiple sources and perspectives to reduce systematic bias” (p. 362). Research may be triangulated according to theory by virtue of having researchers from different backgrounds who offer varied perspectives. Triangulation may also be addressed in terms of researcher involvement, such as having multiple researchers as opposed to one. Research may also be triangulated according to data source and data-collection methods (Letts et al., 2008). Applied to this study, triangulation in terms of researcher involvement was supported by working with my study advisor to ensure that different perspectives were considered in the data analysis process. I independently coded transcripts and then came together with my study advisor in regular meetings throughout the analysis process to discuss emerging codes and categories. In addition, a tentative rendering of the findings was followed by a consultation meeting with two of the three other members of the PR team to discuss the direction that the data analysis was taking. The varied disciplinary background and roles of the PR group, encompassing the fields of social work, occupational therapy, academia, practising clinicians, and managers, offered unique perspectives spanning both research and practice. Data-source triangulation was enhanced by gathering multiple perspectives on the DST process, including those of the older adult client and the DST facilitator. Additionally, triangulation of data methods was strengthened by the variety of data-collection strategies used, including field notes, interviews, and a focus group.

Member Checking. Member checking is a process whereby the researcher seeks out study participants' feedback on the credibility of the findings (Creswell & Poth, 2018; Letts et al., 2008; Stake, 1995). According to Stake (1995), one way to carry out member checking is to provide participants with a rough draft of the study findings. In accordance with this, I shared a summary of key messages gleaned from the analysis with each participant (older adult, DST facilitator, and DST project team members) and asked them to provide feedback and to confirm or disconfirm that the summary accurately reflected their views. Communication about study findings and participant feedback took place using a participant's preferred method of communication. The older adult opted to have a telephone discussion during which I verbally provided a summary of the interview findings, which was followed by discussion of the older adult's feedback. I met with the DST facilitator and service provider participants over Microsoft Teams™ and presented the summary of findings via a short PowerPoint presentation, and discussion followed. All participants indicated that the findings accurately represented their views and discussion during their interview. A few changes were made to improve accurate depiction of their perspectives. The DST facilitator wanted to have one of their views more strongly emphasized and added a few additional points. The older adult elaborated on one of their comments to clarify a query from the researcher. The service providers wanted one of their perspectives to be more strongly emphasized and also provided clarification about one item.

Researcher Reflexivity / Position of the Researcher. Researcher reflexivity speaks to the process of “examining how the researcher and intersubjective elements impact on and transform research” (Finlay & Gough, 2003, p. 4). Reflexivity is regarded as a central feature of qualitative research, stemming, in part, from widespread appreciation of the subjectivity of the researcher and the co-construction of knowledge between researcher and participants. By engaging in a

reflexive process, the researcher can explore how their assumptions, experiences, and biases may influence data collection and interpretation (Creswell & Poth, 2018; Finlay & Gough, 2003). In order to enable critical reflection about my influence on the research process, I considered my positionality in terms of my background experiences and interests, my lived experience in terms of my many roles, both past and present, and my assumptions, beliefs, and values. I composed a statement on this topic concurrently with the submission of my research proposal in the spring of 2021 (Appendix J) and continually reflected on it.

As the study evolved throughout the data-collection and analysis phases, I continued to cogitate on how my experiences, roles, relationships, assumptions, beliefs, and values influenced the research process. For example, I was cognizant of how my pre-existing relationships with the DST project team might have shaped the focus-group discussion with respect to participants' level of comfort discussing both positive and negative experiences. In order to mitigate any discomfort, at the outset of the focus group, I explained that there were no right or wrong answers and that differing points of view were not only expected but genuinely appreciated. I also maintained an awareness of my occupational therapy lens and how this aligned or differed with the perspectives of other PR team members whose disciplinary upbringing and experiences were rooted in a social work background. As I explored participants' experiences with DST, I was conscious of remaining open to hearing views that somewhat challenged my core professional or personal values or beliefs.

Taking guidance from Thorne (2016), I maintained a reflective journal, which included analytic notes, thoughts, feelings, ideas, and questions that arose throughout the data-collection and -analysis phases. Furthermore, I drew on the expertise and guidance of my study advisor in making sense of my reflexive process, acknowledging my potential influence on the research in

interpreting what participants were saying, in order to minimize any influence that would jeopardize coming to truly understand participants' experiences.

Transferability. The concept of transferability addresses the degree to which the reader can take the study findings and apply some aspect to another situation (Letts et al., 2008). Transferability was strengthened by providing a thick description, supported with quotes from participants to illustrate themes, and a detailed description of the case that included study participants, setting, and case themes in order to support the reader in making decisions about how the findings may be applied to their practice context (Creswell & Miller, 2000). Within the domain of a single-case-study design, the potential for generalizing to other cases is limited (Stake, 1995); however, Stake contended that “people can learn much that is general from single cases” (p. 85) by integrating their learning with knowledge of previous cases. Stake (1995) highlighted the value of helping the reader develop naturalistic generalizations, defined as “conclusions arrived at through personal engagement in life’s affairs or by vicarious experience so well constructed that the person feels as if it happened to themselves” (p. 85). I endeavoured to provide this level of detail in my report of study findings while being cognizant of the limits to which findings from a single case study may be applied to other situations. The DST project team is planning a community sharing event to outline their learning which may assist with transferability for other service providers who are interested in DST. However, for this case, I acknowledge that transferability may be more helpful in informing future development of DST initiatives within the same organization, rather than externally.

Dependability. Dependability addresses the relationship between the data and the findings (Letts et al., 2008). One strategy used for upholding dependability was the maintenance of an audit trail detailing the data-gathering process, analytic strategies, and decisions made

(Morse & Field, 1995; Thorne, 2016), including the emergent analysis depicted in different dated versions. Dependability was also upheld by providing quotes and text examples that supported the development of each category. Consultations with my study advisor took place to debrief and facilitate critical scrutiny of the study findings, akin to what Creswell and Poth (2018) referred to as a peer-review process, thus adding a level of dependability.

Confirmability. The concept of confirmability relates to limiting biases in the data, as opposed to the researcher (Letts et al., 2008). In the context of this study, the process of engaging in peer review, as previously described, and maintaining a reflective journal served to minimize any biases related to the data by promoting an ongoing awareness of my assumptions, beliefs, and values. By virtue of our background as occupational therapists, my study advisor and I were cognizant of our pre-existing person-centred lens and how this could influence the way that we viewed the data. In light of this, we engaged in critical discussion to scrutinize our own viewpoints about person-centredness relative to the data and were explicitly attentive to the influence those viewpoints might have in our data analysis process.

Ethical Considerations

I obtained ethical approval for this study from the Health Research Ethics Board (HREB) at the University of Manitoba (Appendix K). The maintenance of high ethical standards for this study was informed by guidelines outlined by the HREB and by consideration of the three key principles of conducting ethically sound research: respect for persons, concern for welfare, and justice (Canadian Institutes of Health Research, 2018). The following discussion directly addresses potential ethical issues that were identified for this study in relation to respect for obtaining informed consent, respect for upholding confidentiality, and sensitivity to participant

well-being. Sensitivity to participant well-being also included considerations for bringing closure to the community partnership with the DST project team.

Respect for Informed Consent. In order to ensure that participants' consent is voluntary, it is incumbent on researchers to consider the mechanism by which participants are recruited and the potential for undue influence in situations where the researchers may be perceived to be in a position of power (Canadian Institutes of Health Research, 2018). For this study, special attention was paid to ensure that the *older adult participant* did not feel pressure to enrol in the study, in light of the fact that they were a client of the community organization and potentially a client of the DST facilitator. In order to diffuse any power imbalances that may have threatened voluntary consent, I provided oversight to the consent process, as someone who was external to the organization. Strategies were built into the recruitment process to ensure that the older adult was removed from having detailed discussions about participation in the study with the DST facilitator (see Methods under Participant Sampling and Recruitment). Further, it was made explicit on the consent form that there were no disadvantages to the older adult if they chose not to participate in the study: choosing not to participate in the study would not have had any impact on the nature of services that the older adult received from the organization. In addition, I was attuned to upholding ongoing and informed consent. Each time I met with this participant, I reviewed consent and provided an opportunity to ask questions or seek clarification about the study, such as when providing follow-up to complete member checking.

Furthermore, given that data collection with the potential *digital-story viewer* participant involved eliciting their experiences and perspectives about viewing the older adult participant's digital story, it was deemed important that this process be transparent and clear for both participants. Accordingly, the older adult was invited to nominate an individual of their

choosing, with whom they had already shared their digital story or planned to do so, to participate in the study (digital-story viewer) in order to explore their experiences and perspectives on the process of viewing the older adult's digital story. The older adult was assured that the decision to nominate a digital-story viewer was optional and that choosing to not nominate someone in no way affected their participation in the study. In this case, the older adult chose not to nominate a digital-story viewer; therefore, the study proceeded without such a participant.

Similarly, while data collection with the *DST facilitator* was mostly about the process of facilitating DST, it was informed by their interaction with the older adult. Therefore, I sought permission from the older adult to contact the DST facilitator to participate in the study, and a separate consent form authorizing release of the older adult's personal information was completed (Appendix L).

Respect for Confidentiality. Confidentiality of participant information was attended to throughout data collection, data storage, data processing and analysis, and dissemination of findings in a variety of ways, heeding guidance communicated from the HREB at the University of Manitoba with respect to electronic and virtual adaptations in light of COVID-19. In terms of data collection, the DST-facilitator interview and the focus-group interview were conducted using a University of Manitoba Microsoft TeamsTM account, and audio and video-recorded using the software available on that platform. The telephone interview with the older adult was recorded using an external audio recorder that did not have a connection to the Internet in order to mitigate any potential for the data accidentally being shared or transferred to the cloud. With respect to data storage, all data, when not being processed or analyzed, was stored on a secure hard drive on the University of Manitoba research server (University of Manitoba secure R:

drive). External audio recordings were uploaded to the University of Manitoba secure R: drive as soon as possible upon completion of each interview and focus group, and they were deleted upon confirmation that the data had been uploaded successfully. Audio recordings for the DST-facilitator and focus group interviews were transcribed verbatim using the software on Microsoft Teams™, de-identified, and saved as a Microsoft Word document. The student researcher reviewed and edited the document to ensure accuracy. The audio-recording for the older adult interview was transcribed verbatim by a professional transcriptionist and de-identified at the time of transcription. All transcription documents were stored on the University of Manitoba secure R: drive. Throughout the data-analysis phase, I downloaded required data files to my personal, password-protected computer and re-uploaded these files to the secure drive at the end of each data-analysis session. I applied the cut-and-paste feature when data was being transferred to ensure that data was removed from my personal computer daily.

Ongoing consideration was given to how specific contextual details and quotes might indirectly compromise participant confidentiality (Petrova et al., 2016). This was seen to be especially important given the small sample size, which might have made it easier for participants to be inadvertently identified (Petrova et al., 2016). Moreover, with each type of publication or knowledge translation activity stemming from the study, ongoing attention will be paid to confidentiality with respect to the DST team members' desire to be specifically named, as opposed to the use of more neutral language such as "community-based organization".

Sensitivity to Participant Well-Being. I endeavoured to uphold the highest standard of concern for the well-being of participants by considering potential benefits and risks to their involvement in the study, being transparent with participants about same, and making every effort to mitigate and alleviate any potential concerns. Although this study had minimal potential

for harm, potential risks were considered for the older adult participant, the DST facilitator, and the DST project team members, as follows:

Older Adult Participant. For the *older adult participant*, the possibility existed that they would find it uncomfortable talking about the aspects of their DST experience that they did not like, in relation to how this information might be perceived by the DST facilitator or the community organization. In order to minimize the risk of potential discomfort, the older adult participant was assured that both the DST facilitator and the DST project team were very much interested in hearing both positive and constructive feedback in order to continue to grow the DST project. In addition, the older adult participant was assured that their participation would in no way impact the services that they received from the organization. Importantly, I drew from my training and experience as an occupational therapist, in taking care to facilitate a safe and comfortable environment for the older adult to share their experiences and perspectives.

Moreover, I identified that potential that the older adult might become emotional when discussing their perspectives and experiences related to the creation and sharing of their digital story, particularly if the content involved sadness or loss. This, in turn, might create feelings of discomfort or cause the older adult to become upset. To help alleviate this potential concern, in advance of the interview, I advised the older adult that I would be available to provide support and that the interview might be stopped at any time if, for example, they became upset.

DST Project Team Members. The DST project team members were all co-workers and also had a connection with my study advisor and me as part of our involvement on the PR team. In light of these pre-existing relationships, it was considered that using a PR approach to talk about their experiences of working together to develop DST opportunities (both positive and constructive) might have been uncomfortable. While the potential for discomfort was deemed to

be highly unlikely, my study advisor and I talked openly about this possibility with the DST project team. In order to minimize the possibility of participants experiencing discomfort, we took care to create a safe environment for discussion, drawing on our knowledge, skills, and experience facilitating groups. Moreover, participants were reminded that both positive and constructive feedback was expected, that differing points of view were welcome, and that there were no right or wrong answers. Participants were also advised that, if they became upset or uncomfortable during the focus group, we would be available to provide support and to debrief any concerns. In addition, study approval was sought and received from the organization.

While my study advisor and I openly discussed the limits to our involvement with the DST project team imposed by the scope of my thesis project, we were mindful of the relationship that we had formed with them and the importance of facilitating a sense of closure in a manner that would be sensitive to everyone. For example, in keeping with “Phase 6: Reflection and Utilization” (pp. 434) of the PR framework offered by Taylor et al. (2017), we anticipated scheduling a follow-up debrief meeting with the team, once the project was over, to engage in a discussion about study findings and future directions. Taking into account key principles of PR such as empowerment (Cargo & Mercer, 2008; Taylor et al. 2017) and the collaborative nature of our relationship, we envisioned seeking the team’s input as to what they would find helpful to wrap up the project, share knowledge gained, and move forward with future endeavours. Finally, consistent with the mission and vision of the College of Rehabilitation Sciences with respect to their commitment to outreach, we anticipated that, although the DST project would eventually come to a close, it would be important to convey an openness to potential opportunities for ongoing communication and collaboration such as publication and/or presentations.

Chapter 5: Results

Five participants were recruited to this case study including (a) one DST facilitator participant who is referred to from this point on as “the facilitator,” (b) one older adult participant who is referred to from this point on as “the older adult,” and (c) three service provider participants (DST project team members) who are referred to from this point on collectively as “service provider(s)” and individually by their pseudonym (“E.C.,” “V.S.,” and “J.H.”). Table 2 describes relevant participant demographics.

Table 2

Participant Demographics

Older adult	78 years old, living independently in community
DST facilitator	Social worker employed with a community-based organization
Service providers/DST project team members	Social workers employed with a community-based organization covering various roles within adult and older adult services (manager, team lead, case manager)

Through data analysis I constructed three overarching themes: (a) Digital storytelling takes place in the context of a person-centred approach, (b) Understanding the multi-faceted benefits of participating in digital storytelling, and (c) Developing digital storytelling opportunities for older adults of a community-based organization using a participatory research approach: meso-level perspectives of service providers. The data was analyzed as a whole; however, as the categories and themes came together it became clear that they reflected specific participant views. Theme 1 reflected data obtained from the interviews with the older adult and DST facilitator, highlighting the individual interaction between the two participants and how they worked together to co-create the digital story for the older adult. Theme 2 is also reflective

of the experiences and perspectives of the older adult and DST facilitator, with a focus on outcomes and the value they placed on their DST experience. Theme 3 captured data from the focus group with the DST project team. Consistent with PR, it is an action-oriented theme and more broadly reflects meso-level perspectives and experiences of the DST project team with regard to the process of developing DST opportunities for their older adult community. Table 3 provides an overview of themes and related categories identified.

Table 3*Themes and Related Categories*

Theme	
DST takes place in the context of a person-centred approach	<ul style="list-style-type: none"> • Setting the stage for DST • Considering context: DST and COVID-19 • Using effective communication strategies • Building a relationship between the older adult and the DST facilitator • Tailoring the approach • Finding the right balance: Working together
Understanding the multi-faceted benefits of participating in DST	<ul style="list-style-type: none"> • Benefits of DST: Experiences of an older adult • Benefits of DST: Speculations for other older adults • Benefits of DST: Experiences of the DST facilitator
Developing DST opportunities for older adults of a community-based organization using a PR approach: Meso-level perspectives of service providers	<ul style="list-style-type: none"> • Getting started with DST • Moving from theory to practice: Putting DST into action • Looking back; moving forward

Note. DST = digital story telling; PR = participatory research.

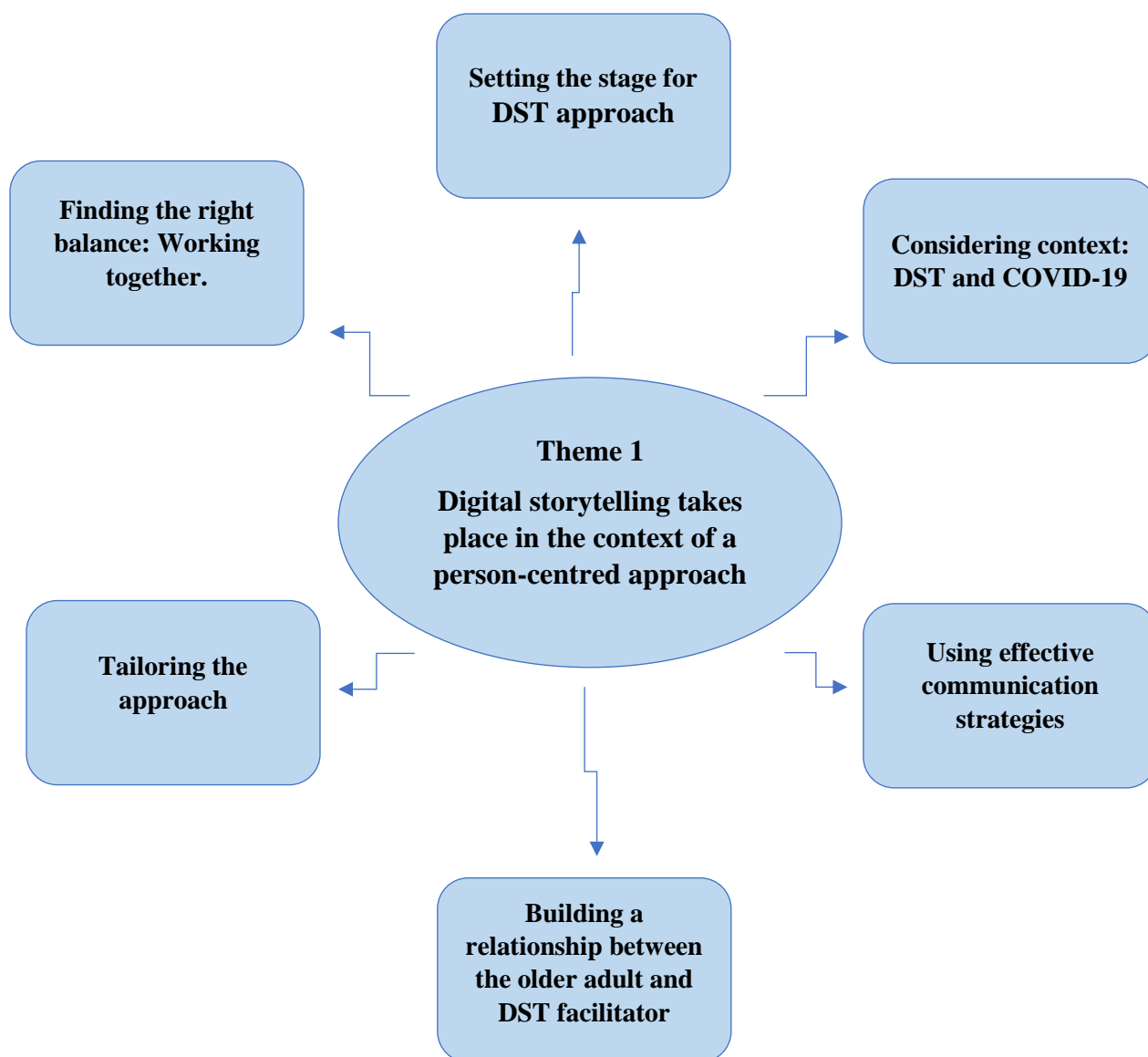
Theme 1: DST Takes Place in the Context of a Person-Centred Approach.

This theme spoke to the facilitator's and the older adult's experiences of and perspectives on the process of working together to create a digital story for the older adult. It was evident throughout their discussion that distinct and subtler links to being person-centred were

fundamental to the DST process. Six categories contributed to this theme that further illustrated key elements of the DST process from the perspectives of the facilitator and older adult, as depicted in Figure 1. These categories encompassed (a) setting the stage for DST; (b) considering context: DST and COVID-19; (c) using effective communication strategies; (d) building a relationship between the older adult and DST facilitator; (e) tailoring the approach; and (f) finding the right balance: working together.

Figure 1

Theme 1: Digital Storytelling Takes Place in the Context of a Person-Centred Approach



Setting the Stage for DST

This category captured the facilitator's and the older adult's experiences at the outset of the DST process in terms of introducing and learning about DST, clarifying roles, and clarifying expectations. The facilitator explained how clients, in general, have varying perceptions of DST. In light of these, the facilitator emphasized the importance of clarifying for clients what DST is

and what to expect. She also highlighted the importance of clarifying roles, with a focus on the older adult as being in charge of their story, “Yes, we’re facilitators and you know, yes, we want to work together. But at the end of the day, clarifying ... this is your story, right? This is what you want to share.”

As part of introducing DST, the facilitator shared examples of what a digital story could be about, such as a story about a place, or a moment in time, or an achievement in the older adult’s life that was important to them. She emphasized garnering the older adult’s personal perspective and creating a story that was personally meaningful for them:

I would also emphasize too that we’re looking for the, you know, your perspective. So it’s a story that either you have close to your heart that has some sort of meaning, or you had an insight. So we’re looking for that personal aspect to it.

From the perspective of the older adult, she reflected that she had a clear understanding of what DST was, as asserted, “I think I was very, very clear in understanding what digital storytelling was and what the purpose was.” In terms of clarifying expectations, it was critical for this older adult that the story they created was not about her; rather, it was important to her that the story be about her father. The older adult recounted how she explained this to the facilitator, emphasizing that, “This is about my father. This is, it isn’t to aggrandize me. It isn’t to say, ‘Oh look, aren’t I wonderful. Look, I’m going to be on a podcast.’” In turn, it was evident that the facilitator clearly honoured the older adult’s wishes in collaborating with her to create a digital story focused on her father. The older adult’s description of her digital story encapsulated four sub-stories that were largely about her father, embodying the ethics and values that he taught her and what it meant to be a good person. Each sub-story provided an example of how her father

lived out his values and the lessons that she learned from him that permeate how she lives her life today.

Considering Context: DST in the Context of COVID-19

This category represented the facilitator's and older adult's discussion related to taking part in DST in the context of the broader COVID-19 landscape. The facilitator discussed the importance of ensuring the older adult's comfort in light of the COVID-19 landscape: "I think just being open and making sure the client is comfortable. You want to make sure, that, even if the client is interested that they're comfortable." The facilitator discussed a variety of ways in which she strived to ensure the older adult's comfort, such as being attentive to COVID-19 protocols, including wearing masks, keeping her distance, and keeping her vaccinations up to date. The facilitator also said that she was attentive to potential fears about COVID-19 and the need to be flexible if clients were feeling unwell or needed to reschedule. She was also transparent about her own efforts to mitigate risks, such as letting the older adult know she was double-vaccinated.

Similarly, the older adult discussed how she found that the facilitator was attentive to COVID-19 protocols. The older adult suggested that COVID-19 may have hampered the process slightly: "If there was a glitch, I think COVID was maybe a glitch, you know, because we had to wear masks, that kind of stuff." However, overall, she described that she was very pleased with the process and felt very comfortable with the protocols in place. "I just didn't have a problem. I mean, I had been double-vaccinated.... So I wasn't worried at all."

It was noted that both the facilitator and the older adult participant contemplated the setting in which DST took place in light of COVID-19, but from somewhat differing perspectives. The facilitator explained how the initial visits took place in the older adult's home;

however, the recording took place at the facilitator's office, as this was seen to be most compatible with COVID-19 protocols at the time. In hindsight, the facilitator felt that completing the entire process in the older adult's home would have made it more meaningful: "She wanted to be on camera specifically, so it's unfortunate now in hindsight that, you know, the video of her is in this boardroom.... It would have been more meaningful if she was at home." In contrast, the older adult said that perhaps some older adults may be more comfortable completing everything at the agency's office.

Using Effective Communication Strategies

Using effective communication strategies captured the facilitator's and the older adult's descriptions of how they communicated with each other, comprised primarily of specific communication strategies that the DST facilitator found to be useful in eliciting and supporting the development of the older adult's story. It was evident that facilitator was skilled in employing a variety of communication strategies that were tailored to the older adult: (a) using open-ended questions; (b) using prompts; (c) being attuned to the expression and meaning of the older adult's story; (d) validating the older adult's stories as important to share; (e) active listening, reflecting, and asking questions; and (f) recording the older adult's story during the story creation phase.

Open-ended questions were identified by the facilitator as being especially useful in gleaning the older adult's personal perspective on their story, as shared in this example:

So sometimes there was a lot of a focus on the father and the details in the concrete. So having open-ended questions like "Well, what was it like growing up with him and living with him?"... So having those open-ended questions ... helped tease out that personal like her perspective on her father.

In addition to using open-ended questions, the facilitator identified the use of prompts as a helpful strategy in eliciting more details about the older adult's story: "Having a prompt, she was able to give, you know, really good details about, you know, the specific time, the place, what she was wearing, right? The scene, right? All of these really beautiful details to this story."

Further, the facilitator described how the process of narrowing in on the older adult's story and story meaning evolved naturally over time, through conversation and by being attuned to the older adult's expression and meaning of their story:

There were some stories that she said multiple times, so those were the ones we kind of came kept coming back to. So it was really through conversation and just feeling out the waters of how she was feeling about these stories. And eventually it came upon, you know, these, you know, final four stories.

Being supportive, in terms of validating the older adult's story as important to share was another approach to communication that the facilitator found to be helpful. She underscored how there is more to the DST process than the end product of creating a digital story, that it was important to create space for the older adult to share their stories and to be heard:

Because, I mean, part of the story too is yes, we wanted to have the video, right? So my job as a facilitator was to help get the video out. But ... this was something important in her life and just the process of talking about it and remembering is also an important part of the process too. So giving her room to just relive those memories and talk about someone and talk about the meaning, right, and just being supportive of—yeah, like "That's a great story."

The facilitator described additional communication strategies such as listening, reflecting, and asking questions to help with narrowing down the older adult's story:

And a lot of these stories, her father was a key figure in all of these stories.... He kept coming up in these stories that she would tell, and so I had asked.... "I keep hearing that your father, you know, comes up in these stories.... Was he an important person in your life?" And then that sort of launched into, you know, how she was feeling about her father. So then that naturally lead to talking about her father.

Finally, the facilitator explained how recording and transcribing the older adult's stories during the story-creation phase allowed the facilitator to focus on the conversation and being present in the moment without having to be concerned with writing things down.

Thus, from the perspective of the facilitator, these communication strategies were useful in supporting the older adult in creating her digital story. In turn, the older adult provided insight into her experience of communicating with the DST facilitator. Of note, the older adult also described herself as an experienced speaker, confident that she had valuable stories to share. She also pointed out that, by nature, she is typically comfortable sharing with others. She commented on how she spent time sharing stories with the facilitator, and she appreciated how the facilitator was so engaged with her stories. Further, she said that it was very easy to talk with the facilitator and that she had no problem sharing with her. The older adult described herself as being completely open and upfront in communicating with the facilitator. She appreciated how the facilitator took time to explain and answer all of her questions: "She [the facilitator] answered every question I had."

Building a Relationship between the Older Adult and the DST Facilitator

The older adult and the facilitator described important thoughts, feelings, and experiences about the relationship that they formed between each other and how this was foundational to the DST process. The facilitator highlighted, "At the core of this project ... building the relationship

with the client is so important and essential.” More specifically, she elaborated on relational strategies that were helpful in nurturing a rapport with the older adult, such as taking time to talk.

She also explained how it took time to nurture the relationship and build trust:

So just being aware that it’s really important to spend time, especially at the beginning.

Just you know, talking and getting to know each other, right, which is time-consuming....

And just establishing trust so it just takes—it, it’s time-consuming.

The facilitator also related the importance of respecting and connecting with the older adult as a person first, with a story to tell, and the value of active listening and being empathic, as part of rapport building:

She’s telling this story as a daughter, right, who loves her father. So those were really incredible stories, and it was important to be supportive of not only those stories in terms of whether they would be good for the story. But also, just listening to them as a human being. Like these are incredible stories, right? And, you know, you’re letting her know, you know, like “That sounds terrifying.” Or, you know “That must have been so hard,” or “I, you know, I’m sorry for your loss,” right? Whatever it is that the story was talking about, it was important to remember too that we were also people, right? And even though of course we’re there to, you know, figure out what stories we’re going to include in the story. But it was also just important in terms of building rapport and, you know, her getting to know me and me getting to know her.

In the context of the above example, the facilitator elaborated on the value of an empathic approach in getting to know the older adult and as a means of honouring and respecting her willingness to share her story: “You can just listen and it says a lot about her as a person.... And she’s willing to share those stories, so that was really important.”

It was evident that the relationship that developed between the facilitator and the older adult provided a basis upon which to further the creation of the older adult's story. More specifically, the facilitator described how the growing rapport between the older adult and facilitator, in turn, allowed for deeper conversations about story meaning and emotion to evolve and the development of a richer story:

It was through conversations and rapport and talking about, you know, her different stories that, you know, we started to get closer. We talked about her father and, you know, slowly got a little bit deeper.... It's just so important to have that rapport because the final product that we have now, which is so beautiful and encapsulates her father's life, right, it has those touching, you know, and intimate moments about, you know, her moments between her and her father, right. His, his, final words and how that made her feel.... So me asking the question of "What was it like hearing your father's final words to you?" ... That's a question I couldn't ask day one.... That was something that kind of had to come naturally, and you have to build up to that moment.

Correspondingly, from the perspective of the older adult, the relationship that she developed with the facilitator emerged as a key part of their DST experience. She frequently described her relationship with the facilitator very positively, which she attributed, in part, to a feeling of mutual trust and respect. It was evident that the older adult grew to hold the facilitator in high regard, referring to her as "absolutely wonderful" and "an absolute delight." Moreover, the older adult discussed how she appreciated how nice the facilitator was and her authentic and non-patronizing manner: "Well, I think the fact that she's very much real. There are no phony airs about her. There was no, no patronage. She was just real. And I appreciated that. I thought it was really nice." The older adult reflected on how she had connected with the facilitator in a

variety of ways. For example, she indicated that “it was easy to talk with her [the facilitator]”; she “had no problem sharing with her [the facilitator]”; and she appreciated how approachable the facilitator was. Overall, the older adult said how much she had enjoyed the facilitator’s company and their sessions together. Interestingly, the older adult also commented that the “sidewalk works both ways,” lending some insight into the reciprocal nature of their relationship.

Tailoring the Approach

This category primarily spoke to the facilitator’s experiences and perspectives related to tailoring the approach. Consistent with a person-centred approach, the facilitator’s description involved meeting the older adult where she was at and doing what felt comfortable for her. An example of this was using an interview approach as opposed to having the older adult read from a script to narrate her story:

I had typed up a script to kind of just give a basic idea of, you know, the story that we were going to include and the details. And she said, “You know what? I think I would feel better because I have all of my memories in here, and it’s natural for me once I get the prompt that I can, you know, just tell you about that story.” ... So we accommodated and said, “Okay, if you feel more comfortable, you know, using not a script but just having us like more of an interview style. We can do that.”

As alluded to in the above example, another element of tailoring the approach involved having a menu of options. The facilitator said that, for some older adults, the reassurance of having a script to record their story made sense and relieved any pressure about fumbling or missing a word. Whereas, for the older adult in this case, it was more comfortable for her to have the facilitator interview her in the moment to capture her story. In tandem with having a menu of options, it was evident that the facilitator was intentional about working with the older adult’s

strengths, as reflected in her comment that “she [the older adult] really wanted the interview style because she felt more comfortable, and it was free-flowing, and it came very naturally to her.

She’s a really wonderful speaker so it just made sense for her.”

The facilitator also recounted how a tailored approach involved having a rough guideline but being open and flexible: “We didn’t really—like, we had a rough idea of what we wanted to do and how to do it. But because we, this was our first time doing it, we were really open, um, to tailoring it.”

Further, as part of tailoring the approach, the facilitator emphasized how she valued the freedom and opportunity to get to know the older adult in order to understand her unique needs and preferences. This was critical to being able to offer a tailored approach:

I think having like a rough guideline was good ... for me as the facilitator. To kind of have an idea of the steps to follow. But it was really good having that wiggle room and that freedom, to tailor it to the client.... Meeting with the client and seeing how she was different and how some things weren’t going to work for her. Having that freedom, we were really able to tailor it to her.

By virtue of taking a tailored approach, the facilitator perceived a variety of benefits, which included increasing the older adult’s comfort and sense of involvement and creating a more natural environment:

So because we were able to accommodate that, I think that made it more comfortable for her and made it feel like she was more of an active participant and that she was more directing the process and not only the final product. And it just made for a more natural-like sort of interview and recording.

Tailoring the approach also meant making the completed digital story accessible in a variety of formats. The facilitator explained various options, such as copying the older adult's digital story onto memory sticks or CDs and providing multiple copies, highlighting how the tangible nature of these options was beneficial for story sharing.

Finally, appreciating how a person-centred approach aligns with the creativity and expression inherent in DST to emerge was viewed by the facilitator as essential to providing a tailored approach:

It's a program about creativity and expression and all of those things. So having that person-centred, I think, is so essential to it, right? You can't really have a standardized, you know, form to fill out, and "Here's your video." It's, it's, such a reflection of, you know, them as people and their memories and their feelings and perspectives.

Finding the Right Balance: Working Together

This category spoke to how the facilitator and older adult discussed how they worked together to co-create the older adult's digital story. The facilitator described the importance of trying to find the right balance of working together by providing assistance as needed, while at the same time working to empower the older adult to be involved in the process and uphold the vision that they had for their story:

Trying to find that balance too of, as facilitators we're trying to take away the burden of, like, we're doing the video editing, and we're doing the technical stuff. So letting them know that we're going to take off that, you know, burden, and we're happy to do it, no matter how long it takes. But at the same time too, I think it's really important for the clients to feel a part of that.

The facilitator's efforts to find the right balance of working together reflected a process of taking time to talk with the older adult and getting on the same page to help ensure that she had a clear understanding of what the older adult wanted. The facilitator described how working together involved recognizing and sharing areas of expertise: the facilitator shared her knowledge and skills with video editing, while recognizing the older adult's vision for her story and that the older adult was, in essence, the expert with regard to her story and the elements that she wanted to include: "Just letting them know that we're—this isn't our video that we're making. This is their video that we're just helping them make, right? So we're just the hands that are putting the video together, but it's their vision."

Further, the facilitator explained how she would intentionally check in with the older adult throughout the process to seek her input and feedback, thereby empowering her to share her perspectives and be involved in decision-making:

So once we have a rough draft, we're checking in, and we're asking them, you know, not trying to overwhelm them, but, you know, "What do you think about the video? Do you like the music? Do you like the way it ended?"

Importantly, the older adult's preferences were clearly heard and accommodated, as described:

So we would check in with [her], you know, and she would say, 'I really want this story to be a part of it. I want to add this part because I think this is really important and it makes me—,' right? So of course, we're accommodating, right?

The facilitator also pointed out how she found comfort in being sure of the older adult's vision, by checking in with her along the way.

Additionally, the facilitator described how working together with the older adult involved taking a collaborative approach and engaging in shared decision-making, as exemplified in the decision to use prompts to record the older adult's story and deciding the order of those prompts. A collaborative approach was also discussed as a helpful way to navigate any challenges that arose. For example, in one instance, the facilitator worked collaboratively by sharing her feedback as a story viewer to provide insight to the older adult into how her digital story was coming together from a technical perspective. She shared her concerns that the older adult's choice of music was drawing the viewer away from the video, which in this instance involved taking time to talk things through and find a common ground:

So we really had to negotiate and kind of talk about that delicately and say, "You know, we want to include this if this is something you are very adamant about." Then, you know, "We will go back, and we will make sure that it has opera music in. But in—this is where our concerns are." So we kind of tried to find our common ground, and we agreed having the original song that we had chosen, which was, um, a little bit more subtle, um, worked a little bit better with the story.

The facilitator also described a delicate balance of working together with regard to respectfully and sensitively reconciling the older adult's vision for her story with the technical aspects of creating a digital story, such as story flow, story length, and keeping the audience in mind:

As an audience member, you have to think, well too, it's sort of taking away from the story 'cause you're not quite understanding.... You want to make a good video that makes sense but, at the same time too, respects the client's stories that they want to include. And

gently and gently, broaching the topic about like, “Well, I don’t think that part of it, you know it may, may not fit.”

Ultimately, from the perspective of the facilitator, she strived as much as possible to work together with the older adult as equal partners:

I remember with [the older adult] she kept on saying, “Oh, you guys are the directors,” and I said, “I’m not the director; like you’re the director here. Or if you want to look at it that way, we’re both the directors, right? You know, we’re a team, right?” ... It’s really an equal relationship where we’re working together and we’re working collaboratively, which makes it fun.

In like manner, the older adult shared valuable insights into her process of working together with the facilitator to create her digital story. Overall, the older adult viewed the facilitator as the director; she said that she was comfortable with this and that she had complete trust in the facilitator. At the same time, she described the process as a joint effort, one that the facilitator wanted her to be involved in: “But she did want me to have input. And I figured my input were the stories.”

The older adult elaborated on other ways that the facilitator sought her involvement. For example, she commented that the facilitator asked for her permission to talk at the outset and asked for her input throughout the process, such as whether she wanted to change anything or see more of herself in the video portion. She appreciated that the facilitator followed through and involved her in the process by showing her the work that had been completed right away. It was evident that the older adult was grateful for the genuine efforts of the facilitator in putting her digital story together: “And she did everything to make the video work really well.”

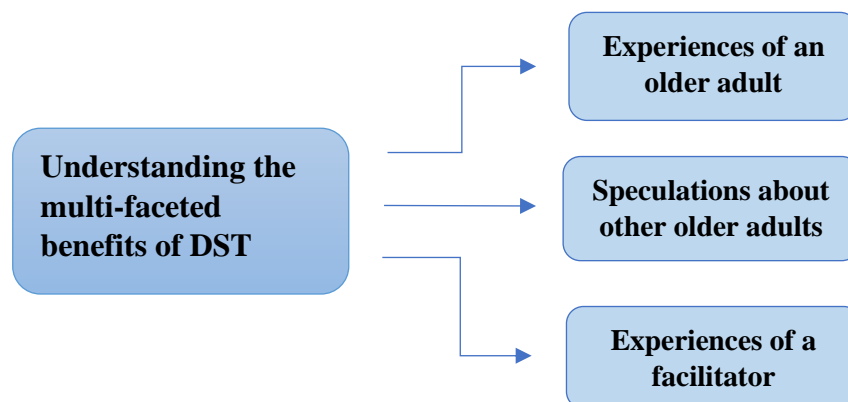
Thus, in summary, this theme has made evident the variety of ways that DST takes place in the context of a person-centred approach through (a) setting the stage for DST in terms of clarifying what DST is, roles, and expectations; (b) establishing effective communication strategies; (c) building a trusting and respectful relationship between the older adult and the DST facilitator; (d) tailoring the approach to meet the unique needs and comfort level of the older adult; and (e) striving to find the right balance of working together that is attuned to offering assistance as needed, while also empowering the older adult to be involved in the process and upholding the vision for her story.

Theme 2: Understanding the Multi-Faceted Benefits of DST

This theme spoke to the older adult's and facilitator's descriptions of the array of benefits that were linked to their DST experiences, organized into three categories, as outlined in Figure 2: (a) benefits of DST: experiences of an older adult, (b) benefits of DST: speculations about other older adults, and (c) benefits of DST: experiences of the DST facilitator. In contrast to Theme 1, which encapsulated the process of engaging in DST from the perspectives of the older adult and DST facilitator, this theme focused on outcomes.

Figure 2

Theme 2: Understanding the Multi-Faceted Benefits of DST.



Note. This figure illustrates the benefits of DST from different perspectives.

Benefits of DST: Experiences of an Older Adult

This category describes the benefits of DST, stemming from the older adult's experiences of participating in DST. The range of benefits described encompassed the value of DST as a means to honour a loved one, as a tool to pass down family history and ethics, and as a teaching moment and the reciprocal benefits of DST for both the storyteller and story viewer. The older adult also spoke to the opportunity for social connection inherent in DST and her sense of enjoyment throughout the process.

The older adult said that DST had provided a means to validate and honour her father. Above all, this was something that resonated as one of the primary benefits of her DST experience. It was critical to the older adult that her story was not about her; rather, it was a means to honour her father and validate what he had done in his life: "My father was never, ever recognized for that. And so when I had the chance to tell these stories, there was a chance for me to validate my father's ethics. That was very important to me."

Moreover, the older adult described DST as a useful tool for passing down her family history and ethics. She explained that she planned to share a copy of her digital story with each of her grandchildren, so that they have a sense of family history: "Yeah, that is important to me. I think my grandchildren and my nieces and their children should have a copy of this because that's about their great-grandfather and the family ethics." She pointed out how her digital story included photographs as well as a picture of her speaking. Interestingly she perceived the photographs as adding to the sense of family history, whereas she saw the recording of her voice as less significant because her family heard her speak often.

Further, the older adult valued DST as “a teachable moment.” Her perspectives on the benefits of DST in terms of teaching and helping others are illustrated in the following comments:

I think the benefit will be that if my stories resonate with anyone to the positive, if it can make someone understand that prejudice is not a nice thing, that ethics is a good thing, that being kind to people and standing up, even though it may cost you, then it’s worth it.

Additionally, she explained that she saw the opportunity to create her digital story as a “win-win,” something that not only she benefited from as a storyteller but that the story viewer benefited from as well: “And if it was going to turn into a teaching moment for someone, enlighten someone in a small way. It was a win-win for me.” It was evident that DST aligned with the older adult’s value of teaching and helping others: “And it was a way to help someone” and “And that’s what it’s all about, helping people.”

Further, when prompted to consider whether her experience of DST resonated as being a way to connect with other people, the older adult related that she had benefited from the opportunity to connect with the facilitator throughout the DST process.

Finally, throughout her discussion of her DST experience, it was evident that she had found DST to be an interesting and enjoyable experience: “I just found it very interesting” and “I can say I thoroughly enjoyed it.”

Benefits of DST: Speculations about Other Older Adults

Beyond sharing the perceived benefits of DST related to her personal experience, the older adult also speculated on the benefits that DST might hold for other older adults beyond herself. Overall, the older adult said that it would be beneficial for other older adults to participate in DST, for both the storyteller as well as the story viewer: “I think it would be very

beneficial for the person as well as for the people listening.” She saw value in other older adults participating in DST in terms of offering a teaching moment for others: “One of the benefits would be the benefit of the story being told to people that they could learn something from it, you know, garner something from it.”

The older adult speculated on the potential for DST to give a voice to other older adults, thereby validating and honouring their wisdom, which may often be dismissed: “It would give them an outlet for themselves to speak. I think sometimes elderly people are being dismissed.... And I think that is wrong.”

Importantly, the older adult clarified that DST would not be suitable for everyone. Consideration of an older adult’s comfort with sharing their story and the timing of when the story is told were identified as important factors:

I don’t think it [DST] would be for everybody. No, you know, it’s not a one size fits all. But I think there are plenty of people, especially people who have had experiences with the war or the Holocaust. If they’re comfortable talking, I think it would probably be very, very helpful for them to get their story out. But it’s getting late to deal with those people. Most of them are older than I am. And I don’t know whether they’re in a position to be able to tell a story. But it would have been very, very valuable 20, 30 years ago. If you could get them to talk.

Benefits of DST: Experiences of the DST Facilitator

This category describes the benefits of engaging in DST from the perspective of the DST facilitator. Overall, the facilitator found that older adult clients looked forward to and enjoyed the DST sessions:

You know their² faces light up.... And they're verbally telling us, you know, that they're looking forward to seeing us, so you can see that, at the beginning, maybe they're apprehensive of what to talk about, but by the middle or the end of it, you know they're just excited to be doing something like this because it's fun.

Moreover, the facilitator observed that the older adult viewed her digital story as a gift, something tangible that she could share with her family. Beyond the tangible benefit of having a digital story to share with others, the facilitator highlighted key benefits for older adults that were inherent in the process of creating a digital story, such as the opportunity to reminisce, to share stories, and to see one's story in a new light:

But what I've noticed, that with the ones that I've done so far, even just the process of reminiscing and looking at a portion of themselves, or a story about themselves, or a family member that they're looking in a new light. Or maybe they're talking about it in a way that they haven't talked about it before, and it's making them think about "Oh, this reminds me of this time when they're pulling out photo albums," right, and reminiscing, and this is leading into other side stories. Just the process of remembering and sharing their story with someone else.

In the context of the above discussion, the facilitator elaborated on the potential therapeutic benefit of reminiscing during the DST process: "Just the process of remembering and going back and having someone ask questions about a memory or a childhood experience, or, you know, adult experience. It's almost therapeutic in a way for some clients."

² When reflecting on her experiences, the facilitator at times spoke in the plural to also include her experiences with older adults other than with the one in this case study; therefore, this distinction is noted throughout.

The facilitator also commented on the opportunity for socialization through DST: “You’re talking about feelings, and you’re talking with another person. You know, we’re laughing.... We’re having emotional moments together, so you’re just connecting with another human being.”

In addition to the benefits for the older adult, the facilitator shed light on ways in which she found her experience as a facilitator to be personally rewarding. First, it was evident that she appreciated the opportunity to connect with the older adult and found her role as a facilitator to be a fun and enjoyable experience: “As a facilitator you’re connecting with someone on a personal level. But as a facilitator you’re just having fun, you know, doing the video and making something together. You’re making a story together, right, and that’s been fun.” Moreover, the facilitator said that it was rewarding to see the sense of accomplishment and joy that DST brought to the older adult:

So even that sort of meaning that was there at the beginning, it kind of evolved a little bit and it deepened throughout the process. So it’s just been really, yeah, it’s been fun to see as a facilitator, and just helping that, and seeing those smiles and that brightness that comes out in those meetings.

The facilitator expressed her appreciation for the opportunity to validate and encourage other older adults’ stories as worthwhile, thereby showing respect for their inherent dignity as a person.

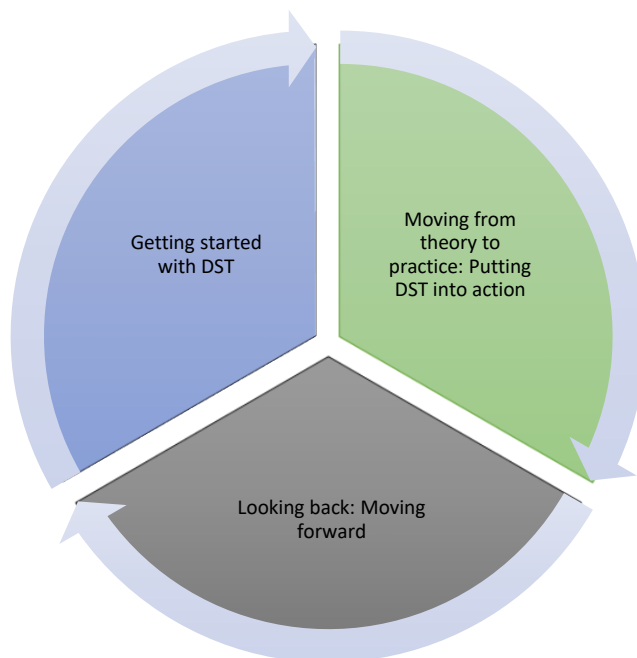
Theme 3: Developing DST Opportunities for Older Adults of a Community-Based Organization Using a PR Approach: Meso-Level Perspectives of Service Providers

This theme spoke to service providers’ description of their perspectives on and experiences of the process of developing DST opportunities for older adults using a PR

approach, illustrated in three categories: (a) getting started with DST; (b) moving from theory to practice: putting DST into action; and (c) looking back, moving forward, as depicted in Figure 2. It was evident that the partnership between my study advisor and me and the DST project team was a critical element that was intertwined with the development of DST opportunities, and so, elements of this partnership are reflected within each category. Of note, this theme primarily represented meso-level perspectives, at the level of the practice setting, as opposed to micro-level perspectives of engaging older adults in DST on an individual basis. *Meso-level perspectives* can be conceptualized along a continuum from micro to meso to macro. Micro-level perspectives speak to the individual interaction between a client and therapist, meso-level perspectives reflect the level of the practice setting, and macro-level perspectives extend more broadly to address the influence of the socio-political systems and structures at play (Restall & Ripat, 2008).

Figure 3

Theme 3: Developing Digital Storytelling Opportunities for Older Adults of a Community-Based Organization Using a Participatory-Research Approach: Meso-Level Perspectives of Service Providers



Getting Started with DST

This category presents service providers' description of the beginning stages of their process of developing strategies for introducing DST to their older-adult community, with a specific focus on learning about DST and DST planning.

Learning About DST. Overall, one of the main challenges identified by service providers was that DST was more complex than they had originally anticipated. For example, E.C. commented, "In speaking with you, I was like 'Well wow, this is a lot more complicated, a lot more involved than I initially thought.'" Therefore, service providers had to dedicate a

significant amount of time at the outset to learning about DST, which was integral to moving forward.

Service providers discussed a variety of activities that they had engaged in that deepened their learning about DST, including taking time to meet as a team and find common ground, and drawing on information from online and written resources. V.S. also reflected on the value of having team members with some experience in DST in order to help envision what it looked like:

It was helpful that you [student researcher] had had some training and experience in it, and when you shared that with us in the beginning, it was helpful for us to kind of wrap our heads around what the digital storytelling would look like.

For example, V.S. explained that the experience of creating her own story and listening to other people's stories, made the process seem more realistic and doable and less intimidating. E.C. reflected on how creating her own story was pivotal in understanding more about the DST process: "And what stood out for me was actually doing the story for myself. That really made me realize how it would feel to do a story and, and a little bit more about what would be involved." E.C. also commented on how her experience of creating her own story helped her appreciate how meaningful DST could potentially be for her clients: "It gave me a good feeling ... to be able to put into words, like some of my thoughts into words, so I could see how that would benefit other people."

Service providers' experiences of creating their own story were also helpful to their beginning to anticipate what the DST process would feel like for their clients, such as how clients might react and the emotions involved, as described by V.S.: "When we made our own stories, it was a much more like [an] emotionally kind of tugging process as opposed to just like, coming up with a story." V.S. also highlighted the sense of vulnerability experienced in creating

her own story and sharing it with others: “It’s hard to know if your story is good enough ... like being vulnerable and sharing all that information with somebody is.... It’s putting yourself out there in a way that people don’t necessarily always see you.”

In addition to the value that they placed on creating their own digital story, service providers also stated that the opportunity to watch other people’s digital stories was instrumental in shaping their understanding of DST in a variety of ways. As exemplified by J.H., the experience of watching other people’s digital stories was pivotal in coming to appreciate how meaningful and doable DST was:

There [were] two specific videos that I remember about a dancer, and then about a tree in somebody’s cottage. And once I saw those, I thought, “This is actually a lot more meaningful and doable than I realized just by hearing it.” When I saw it, it changed my whole perspective on digital storytelling and sort of the broader use that we could use it for with regards to our clients, or even for ourselves.

Moreover, watching sample stories also served to alter service providers’ perspectives on the potential for digital stories to be a positive experience for clients, as explained by E.C.: “I think there was a turn around at that point that we could see it as something uplifting.” J.H. described how the experience of watching a sample digital story instilled an appreciation for how a digital story could be created from a small singular image: “And that story, that, on that tree, that cottage it was so powerful. And it was just one single image I remember. And I thought, ‘Wow, that’s amazing.’” J.H. also highlighted how the opportunity to watch a sample story helped her realize that creating a digital story is about finding unique meaning for yourself as a person first:

That's when I realized that the only meaning for the story is what it meant to me, not what it meant to anyone else, because before I was trying to figure out how what's it going to mean to everyone [else], but that was not the point of the digital story.

Further, as service providers discussed their experiences of creating their own digital story and watching other sample stories, they indicated how these experiences heightened their understanding of the nuances of the DST-facilitator role. For example, there was a realization of the emotions involved in facilitating and listening to the client's story, as E.C. described:

I don't think I realized that the facilitator gets as emotionally involved as the client because you're listening to the story at the same time that the client is telling you the story.... So there's a certain amount of responsibility the facilitator carries that we didn't think about initially.

Planning for DST. In tandem with learning about DST, service providers elaborated on their process of planning for DST, which was seen to be overwhelming at first, as exemplified by J. H.: "It was a bit overwhelming that first meeting.... I think the first few we were all just kind of, like, we just couldn't see the big picture, you know?" More specifically, there was also some apprehension around the use of technology and being unfamiliar with the software. The team perceived that the technical aspects of video editing were more challenging than helping clients to create the narrative. Given that all service providers had a social work background, talking with clients about their story felt more comfortable and natural in comparison to managing the technological-aspects of video editing. Despite these challenges, service providers described a variety of activities and strategies that were helpful in planning for DST.

Overall, service providers explained how the benefits derived from viewing sample digital stories and creating their own story, as part of learning about DST, extended into the

planning stage. Further, they emphasized the importance of not rushing, slowing down, and taking the necessary time to plan. For example, initially, there was a sense of time pressure to stay within the one-year time frame of the grant; however, the natural delays imposed by COVID-19 allowed more time to plan, as E.C. explained: “But, in a way, then having, having had COVID kind of put a stop to that.” Service providers suggested that having more time to plan resulted in a better outcome, as exemplified by J.:

I think in the end it benefited the client the most because we were more prepared in how to do the digital storytelling with the client, which then benefited them because they could get a better sort of outcome because we knew what to do.

As E.C. explained, it was also helpful for planning to divide the DST process into two parts, the first part focused on gathering the client’s narrative and the second part focused on the technical aspects of video editing. Moreover, while it was helpful to have a general plan for DST to have a solid basis to start from, there was the need to be flexible. E.C. spoke to this in the context of grant writing and developing the initial proposal:

What I realized with grant writing is that you have an idea in your head.... But then when you actually get involved ... things have to change.... Like first, you know we were looking at seniors with memory loss, and then we thought, “Well, maybe that’s maybe not so practical. Maybe we need to shift that a little bit.”

Regarding some of the apprehension around technology, E.C. reflected on the merit of having a facilitator who was comfortable with and able to embrace technology. As well, service providers service providers regarded university students as an asset to the planning process. Engaging university students to assist with the development of the *DST User Manual*, specifically related

to video editing, was found to be especially helpful. The team appreciated the students' conscientious approach and their fresh perspectives.

Finally, service providers discussed the value of their partnership with the university (my study advisor and me) in relation to learning about DST and planning together. As E.C. pointed out, the partnership that evolved was seen to be a valuable opportunity: "So for us it was a great learning opportunity to be able to work together in this way and go through and, and sort of learn the process before, before going into having it with clients." V.S.'s comments spoke to the opportunity for mutual interprofessional learning: "I don't know, I think my, my excitement was working with other like professionals and learning kind of as a team." V.S. said that they appreciated the reciprocal discussions that grew into a more in-depth understanding of the DST process:

I like that back-and-forth dialogue.... We all came in with this, like, really basic idea of that this [DST] was, and it kind of exploded into all of the benefits of it, and you know, and all of the process that it's going to take to actually roll it out.

The dynamics of the partnership were also viewed by service providers as having a positive impact on the initial phases of getting started with DST, as exemplified by J.H.: "We just sat down at the table and ideas flowed, and information went back and forth very easy. So I thought we were a really good, cohesive group right from the beginning." Moreover, J.H. explained that regular meetings and email check-ins, as well as opportunities to ask questions and seek support, were helpful with planning. V.S. expressed appreciation for the open, accepting, and supportive nature of the team:

It seems like we're accepting. Like there's never been a point in our three years that I've felt like somebody's back was up or that somebody was upset or not sharing how they

were feeling.... We've all just been like really honest.... We've all been, you know, like holding each other up really well.... I like the way we work together.

Overall, when getting started, service providers felt that DST was more complex than anticipated, which in turn meant that they devoted a lot of time to learning about it. Strategies that supported their learning included regular team meetings, team members with some DST experience, access to online and paper resources, and opportunities to watch sample digital stories, create their own digital story, and practise as a team. In addition to learning about DST, service providers engaged in an extensive planning process, which had initially felt overwhelming in terms of being able to envision the big picture and acclimating to new technology. Key facilitators to DST planning included slowing down and taking the necessary time to plan, dividing the process into two distinct stages of creating a narrative and video editing, adopting a flexible approach, engaging a facilitator who was comfortable embracing technology, and engaging university students with program development. Notably, opportunities for service providers to watch sample digital stories, create their own digital story, and practise as a team were regarded as key facilitators throughout the process of learning about and planning for DST. Moreover, there was a strong appreciation for the PR process in terms of the positive nature of the evolving relationship between my study advisor and me and the DST project team, and the opportunity this afforded to learn about and work through the DST process together.

Moving From Theory to Practice: Putting DST into Action

This category speaks to how service providers viewed DST implementation with their older-adult community. One of the primary challenges expressed by service providers was a sense of apprehension about moving from theory to practice, but overall, they were pleased with how the process unfolded, as E.C. explained:

I was actually relieved how it how it sort of fell into place because I was having a hard time picturing how we would move from the, the theory, like the actual talking about it to the actual practice, and I had some, um, you know, a little bit of nervousness about that.

Service providers discussed what they found to be helpful in easing the transition of putting DST into action. From a resource perspective, the time invested early on with respect to learning about and planning for DST was seen to be a key factor that made implementation easier, as was having funding in place for good-quality equipment, including a WeVideo licence. Specific attributes of the facilitator were also identified as being particularly helpful; namely, someone familiar with the organization and its client population, eager to learn, capable of embracing technology, and able to manage both the narrative and video editing. Moreover, having a second person to help facilitate was regarded as beneficial in terms of sharing of the workload and having someone to bounce ideas off. Other activities that contributed to a smooth transition included having a designated team leader to provide support along the way, as well as regular team meetings to talk things through.

Finally, service providers expressed a strong appreciation for the partnership that evolved with my study advisor and me throughout the process.

Looking Back, Moving Forward

This category encapsulates service providers' reflections on the process of implementing DST, with a specific focus on contemplating key decisions regarding strategies implemented, outcomes achieved, and sustainability and other future considerations.

One of the key decision points discussed centred on consideration of the qualifications of the DST facilitator. Service providers explained that they had originally planned to engage volunteers as facilitators, but ultimately the role of the DST facilitator was assumed by a social

worker. They reflected on how the skills of a social worker aligned well with the facilitator role as E.C. said:

I think that's where the social work skill piece comes in, as opposed to the volunteer piece. Because I think perhaps with a volunteer, we may have gotten more of that kind of control versus guide.... We [social workers] sort of know it's not our job to control the narrative. It's our job to guide it in the way the client wants it. So I think that was beneficial as well.

Moreover, service providers contemplated how engaging volunteers as facilitators, as opposed to social workers, would have been a much larger time commitment, as explained by J.H.: "It would have consumed all of your time.... If you had to train like five or six or ten volunteers.... You would have no time to do anything else."

In addition to considering the qualities of the DST facilitator, service providers also looked back on their decisions to see the DST process through with one client first and to recruit a client who did not have any obvious signs of cognitive impairment. Discussion reflected that this had been a valuable decision as it allowed for a smoother implementation, more time to become familiar with the DST process and technology, and an opportunity to problem-solve any challenges that arose, as E.C. explained:

I think it made it a lot easier for us to navigate. Because we didn't have to deal with some of the memory issues and maybe repeating ourselves, or clients not being able to follow through with things. So I think it was a good choice ... also a good choice in terms of being able to work through it and work out any of the kinks that came along the way.

Another key decision that service providers contemplated was the decision to proceed with an in-person versus a virtual format. V.S said, "I think it would have made it significantly

more challenging having to go in with a device because half of them don't have devices.... You can't have that in-depth personal conversation." While a virtual format was seen to be more challenging, J.H. said that she thought it still would have been doable:

I think knowing now what I know about myself and what I've learned these past two years [since the beginning of the pandemic and about the use of virtual technology]. I mean, I think we could have if we had to, but it would have been a much different experience.

For clients with moderate to advanced dementia, shifting back and forth between in-person and virtual might have created confusion. Service providers agreed that, while it would have been doable virtually, it would have impacted the client base that they worked with, as not all had the ability to connect virtually.

In addition to reflecting on key decisions made, service providers reflected on what they perceived to be significant outcomes achieved. The development of a new program, being able to offer another way of working with their clients through DST, was seen as a positive outcome. E.C. said, "It gives us another ... something else in our toolbox that we could use." As DST is a relatively new approach, she felt they have something that they can bring to the community that has not been widely used before.

Service providers speculated on potential benefits of DST for their other clients. For example, they considered the potential for DST to be used as a tool to document a client's unique characteristics (e.g., needs, desires, choices), which could later be shared with other providers in a time of transition, such as when a client moved to a nursing home or if their health declined. At its core, a client's digital story was seen to be a way of illuminating who the person is, as E.C. said: "Just having that story makes the person seem more real."

Another significant outcome discussed among service providers was the growth that they had experienced as a team in relation to adapting to changes in the project necessitated by the pandemic, as J.H. described: “We learned how to pivot.... We started off with one idea in one environment, and it turned into something else, which actually turned out to be better, but it showed us that we can change.” Professional growth in terms of expanding service providers’ ways of thinking and doing was also seen to be a key outcome. It was evident that there was a sense of empowerment that emerged from engaging in a PR process, as recalled by V.S.:

I remember feeling, like, we were all feeling pretty anxious about, like, what it was gonna look like and how, how ... we’re gonna roll this out with all the volunteers and stuff. And it just feels so much more like, we’ve got it now, you know, so it would be easy to do it on our own.

Service providers appreciated how the project created a partnership between themselves and the university. The knowledge that such a partnership was possible was new to them, and they foresaw how this provided opportunity to collaborate on potential ideas and put their ideas into action, both in the moment, as well as looking ahead to the future as new ideas arose:

Well, even that’s it’s a possibility.... I never would have thought of it. You know ’cause there’s some things that cross your mind and ... you know, I don’t have the ability to do that. But it’s nice that we can join up with somebody who, you know, helps make it easier, teaches us. (V.S.)

Service providers’ reflections on key decisions made and outcomes achieved were balanced with a discussion about future considerations, with a view toward sustainability of DST within their organization. A number of challenges and facilitators to sustainability were revealed within this discussion.

Service providers identified that recruitment of older adult clients was an issue, as explaining DST to staff within the organization and to clients was not easy. Human resources were a potential barrier related to allocating staff for DST and continuing to carve out time to devote to DST. Similar to staffing issues, the potential for turnover of staff who are familiar with DST was identified as a concern in terms of having to train someone new and potentially having to “start over.” There was also a sense that it might be difficult to keep up momentum with DST once the project was complete, and the community-sharing event and my thesis was done.

Juxtaposed with the aforementioned challenges to sustainability, service providers also shared potential facilitators to promoting sustainability of DST within their organization. Scheduling information sessions for staff, potentially over a lunch hour, was one suggestion to promote education for staff at large and ultimately recruitment of clients. Of note, the inclusion of sample videos for other staff to view during these sessions was identified as a key component. For clients, it was suggested that creating opportunities for in-person information-sharing sessions would be beneficial for recruitment, as opposed to explaining DST over the phone. Moreover, creating a brochure for clients and staff to explain DST was thought to be a useful resource for promoting and explaining DST.

To address issues related to human resources for implementing DST, a variety of strategies were identified. These included training other staff in DST facilitation, training and mentorship for volunteers, and engaging students on a regular basis to provide assistance, particularly with the technology components. Having a consistent staff member designated as a DST resource person, as well as to potentially take on referrals for clients interested in DST was also suggested. Moreover, the development of a DST user manual, which was underway, was envisioned to be a helpful resource for staff new to DST. Finally, there was an interest among

service providers in exploring the option of a group format for DST, as opposed to one-on-one, to alleviate the demand on staffing, while also tapping into other benefits related to the collaborative group work.

In summary, Theme 3 illuminated service providers' experiences and perspectives on the process of developing DST opportunities for older adults of a community-based organization using a PR approach. Consistent with a PR approach, this theme was process-oriented, representing service providers' experiences of getting started with DST (learning about and planning for DST), moving from theory to practice (putting DST into action), and ultimately reflecting back on their experiences with respect to key decisions made, outcomes achieved, and sustainability, in order to continue to move forward with future planning.

Chapter 6: Discussion

The PR collaboration that led to this study evolved through a mutual interest in DST for older adults with a local community-based organization in the context of their DST project. The purpose of this study was to explore the development, implementation, and value of DST for older adult clients of a community-based organization. While emerging evidence on DST with older adults has been linked to positive findings, opportunities to support their participation in DST are limited. A more contextualized and nuanced understanding of how the engagement of older adults in DST could be supported, while continuing to explore its inherent value, was needed. Using a single-instrumental case study design and QD, three themes were identified, each of which are discussed in relation to key elements of the research purpose, the research objectives, current research, and implications for practice pertinent to the DST project team and the profession of occupational therapy. Finally, a discussion of limitations, directions for future research, and conclusions are provided.

Through individual semi-structured interviews with the older adult client and the DST facilitator, we were able to elucidate key elements of DST implementation that were subsumed within an overarching person-centred approach. Consistent with some of the core tenets of person-centred practice (Morgan & Yoder, 2011), the facilitator described a variety of facilitation strategies that aligned with being person-centred, such as (a) taking time to develop a trusting and respectful relationship, (b) being intentional about tailoring her approach to the unique needs and preferences of the older adult, (c) upholding and respecting the older adult's vision for her story, and (d) finding the right balance of working together that provided the older adult with assistance where needed, while empowering her to be involved in the process as much as possible through taking a collaborative approach and engaging in shared decision-making.

Person-centred practice has been identified as a gold standard in working with older adults (Nolan, 2001; Talerico et al., 2003; Wilberforce et al., 2016); however, there is minimal research to date that addresses its application specifically for engaging older adults in DST. Moreover, the nuances of the facilitator role in engaging older adults in DST have not been fully explicated in the literature. Stenhouse et al. (2013) explained how person-centred facilitation was essential to supporting older adults with dementia in overcoming communication challenges and developing their story. The findings of our study supplement the current literature by providing additional insight into what person-centred practice looks like when facilitating an older adult's participation in DST and strategies for the facilitator when working with an older adult to create their digital story. For the DST project team, and for other service providers who are new to DST, the adoption of a person-centred approach and examples of such strategies may serve as an additional resource to guide ongoing implementation of DST and training for new facilitators. Further, these findings highlight that, in the context of a person-centred approach, while a rough guideline of the DST process may be helpful, service providers need to be nimble in adapting their DST facilitation strategies to meet the unique needs of each client.

The array of strategies employed by the facilitator in this case study speaks to the skills required of the facilitator, which seemed to naturally align with her background as a social worker. It follows that, for service providers who are interested in integrating DST into their program, the inherent skills required of the facilitator in carrying out various strategies needs to be considered. In the context of occupational therapy practice, the alignment of DST with person-centred care is in keeping with the profession's commitment to providing client-centred practice, (Ripat, 2017) which may resonate with occupational therapists who are considering integrating a DST approach with their clients. The strategies involved in a person-centred

approach to DST facilitation intersect with the core knowledge and skills of occupational therapists, thereby positioning them well to adopt a facilitator role.

Notably, the relationship that developed between the facilitator and the older adult was identified as a core element of the DST process. The older adult and the facilitator described a mutual appreciation of the trusting and respectful relationship that developed between them: it was clear that they grew to appreciate and hold each other in high regard. In addition to identifying specific relational strategies, the facilitator described how this had taken time and stated that her growing relationship with the older adult had allowed for more in-depth conversation and ultimately the development of a richer story. This finding is supported by other research that has addressed the importance of the relationship between facilitator and older adult. From the perspective of the facilitator, Stenhouse et al. (2013) described how the relationship with an older adult with early-stage dementia was key to creating a safe space to adapt to communication challenges and support the development of the older adult's story and self-expression. Park et al. (2017) reported an increased sense of trust and comfort that developed between the older adult and the facilitator as their relationship improved over time. Hewson et al. (2015), in their study of an intergenerational storytelling course, concluded that, although participants' experiences were positive, the process could have been improved by building in more time for the students and older adults to get to know each other, drawing attention to the importance of taking the necessary time for relationship building over pragmatic requirements. These findings reinforce and supplement a salient element of DST facilitation that has been discussed in the literature: taking time to nurture a relationship between older adult and facilitator, and the importance of service providers accounting for this at the planning stages of DST. For the DST project team and service providers new to offering a DST approach, the skills

of the facilitator in being able to nurture such a relationship are an important consideration. Moreover, these findings add to research that speaks to the potential for DST to enhance relationships between the older adult and the facilitator (Abrahão et al., 2018), between the older adult with dementia and others who view their story (Capstick et al., 2016), and across generations (Hausknecht et al., 2021; Loe, 2013; Sehwat et al., 2017).

In exploring the value of DST for older adults, multiple potential benefits were illuminated from the perspective of the DST facilitator and the older adult. Consistent with the literature that has called attention to the value of DST for older adults in preserving stories and traditions (Hausknecht et al., 2019, 2021), the older adult in this case study valued her story as a tool to pass down her family history and ethics. In addition, she emphasized that one of the primary benefits of creating her digital story was the opportunity to validate and honour her father. This notion of honouring a loved one does not seem to be explicitly discussed in the DST literature on older adults; however, it lends an additional perspective to the value of DST in the realm of preserving traditions and stories.

Digital stories have been highlighted in the literature as a powerful way to share knowledge (Lal et al. 2015), as exemplified by Elders' sharing of local Indigenous Knowledge that took place in an intergenerational story telling workshop (Hausknecht et al. 2021). Similarly, the older adult in this case study viewed her digital story as a "teachable moment". She perceived the potential for her digital story to resonate with others and turn into a teaching moment as one of the primary benefits of creating her story. Moreover, in speculating on the benefits of DST for other older adults, she spoke to the potential for DST to give a voice for other older adults and to honour their wisdom, pointing out how they are often wrongfully dismissed. Interestingly, the facilitator also commented on how she had appreciated the opportunity to validate and support

the older adult's story as being worthwhile to share. These findings are especially relevant in light of the prevailing ageist attitudes and stereotypes that exist for older adults (Ohs & Yamasaki, 2017; Ouchida & Lachs, 2015; WHO, 2015). The value of DST in counteracting ageist views has been suggested by researchers studying the intergenerational application of DST (Loe, 2013; Sehrawat et al., 2017). Sehrawat et al (2017), in their report on an intergenerational DST project, described the impact on college students of working with older adults who were active and involved in their community: this experience challenged their negative stereotypes. Similarly, Loe (2013) reported that the relationships that developed between students and older adults throughout the DST process served to challenge ageism. For the DST project team, the potential for DST to give a voice to their older-adult community and to teach others, perhaps around important local knowledge of that community, may provide a focus for future exploration. Using an occupational therapy lens, the profession's commitment to address issues of occupational justice (Trentham et al., 2022) aligns well with the potential application of DST in providing a voice for older adults and counteracting the negative forces of ageism.

With regard to the development of DST, and similar to previous studies that have alluded to the benefit of having facilitators create their own digital story beforehand (Hausknecht et al., 2021; Stenhouse et al. 2013), the DST project team underscored the value they placed on creating their own digital story and on practising as a team, and how these actions enhanced their knowledge of DST and what the process might be like for their clients. A unique finding of this study was the value that the team placed on not just making their own digital stories but also on the benefit of watching sample stories in coming to appreciate how meaningful yet simple DST could be and in affirming it as doable. Previous studies of DST with older adults have provided some information pertaining to the development of DST workshop design and suggested

improvements. For example, Hausknecht et al. (2019) discussed the development of their workshop design with respect to the two distinct phases of story creation and digital production. Findings from this study add to the literature in a unique way by outlining an evolution of activities that the DST project team engaged in with respect to getting started with DST, putting DST into action, and an iterative process of reflecting back on significant decisions and outcomes achieved as they contemplated the future of the project. Their key reflections on outcomes achieved and decisions made may be particularly useful in informing continued development of DST within their organization. For example, the team reflected positively on their decision to engage one of their social workers in the role of facilitator, as opposed to a volunteer, because the skills of a social worker aligned well with guiding the client's story; if they were to integrate volunteers as facilitators, more training would be required. For service providers and community organizations new to DST, there may be certain aspects of the process undertaken by the DST project team that resonate as applicable to their practice setting.

The adoption of a collaborative PR approach with the university (my study advisor and me) was novel for me as well as the DST project team. An integral aspect of PR, which involves establishing a trusting relationship with stakeholders and empowering shared learning (Taylor et al. 2017), is supported by findings in this study. The DST project team spoke extensively about their appreciation of the relationship with my study advisor and me and the opportunity to learn and work through the DST process together, including the realization that a partnership with the university was even possible. There was a sense that, as our relationship with the DST project team evolved, they felt increasingly empowered to accomplish their goals. For the occupational therapy profession, these findings call attention to the importance of occupational therapists engaging with community partners (Lauckner et al., 2019). In the context of my

previous and current roles as fieldwork outreach developer and acting academic fieldwork coordinator respectively, these findings underscore the value of the relationships that I have established with the community. More broadly, these findings support the College of Rehabilitation Sciences' commitment to outreach, by realizing and strengthening existing community partnerships and engagement, and to advancing knowledge, in this case with respect to engaging older adults in a new and creative way through DST.

While the core values and principles of occupational therapy align with PR (Cockburn & Trentham, 2002; Letts, 2003), there are relatively few examples in the literature of PR in occupational therapy. One of the potential explanations for this is the uncertain nature of PR, as Cockburn and Trentham (2002) explained: "In striving for a more client-centred and participatory approach to research, one prepares for a relatively unpredictable, unclear, and messy path" (p. 26). The time-consuming nature of PR has been cited as an additional challenge to enacting this approach in occupational therapy (Letts, 2003). As a novice student researcher, the unpredictable and time-consuming nature of PR resonated with me as a distinct challenge of this approach; however, I believe that the mutual learning and fruitful partnership that evolved by virtue of the PR approach far outweighed these challenges. This study adds to the current body of PR in occupational therapy by highlighting the first-hand perspectives of community partners on the value they placed on the relationship that evolved with occupational therapy researchers (my study advisor and me) throughout the PR process. Moreover, consistent with how some occupational therapy researchers have outlined aspects of their PR process (Cockburn & Trentham, 2002; Ripat et al., 2010), this study provided additional insight into how PR can be enacted in occupational therapy.

The findings of this study are limited, and these limitations need to be considered when interpreting and potentially applying these findings. First, I acknowledge the limits to which the findings of a single case study can be applied to other situations. Given the contextual nature of the case, and the small sample size comprised of one older adult, one DST facilitator, and three service providers, the findings are most transferable within the community-based organization in which this study took place. While the reader may find that some aspects of the case may be applicable to their practice context, applicability of these findings is limited and needs to be considered with caution. Importantly, the older adult in this case was deemed to not have any obvious cognitive impairment. The DST project team reflected positively on their decision to trial the process with an older adult who did not have any obvious signs of cognitive impairment as this allowed them to become familiar and comfortable with the overall process before contemplating the needs of other populations. The significance of the findings for individuals with cognitive impairments, such as dementia, is uncertain and outside the scope of this study. For the DST project team and for other service providers interested in applying DST with older adults with cognitive impairment, emerging research on DST for older adults with dementia may offer some helpful guidance (Capstick et al., 2016). Park et al. 2017; Stenhouse et al. 2013). The low level of evidence for using DST therapeutically with older adults with mild cognitive impairment or dementia is an important consideration (Rios Rincon et al. 2021).

Second, the findings of all participants were largely positive and do not represent potential participants who may have had negative experiences. Engaging a larger participant sample might have been helpful in garnering differing experiences in order to provide a more balanced perspective. Further, despite my efforts to encourage both positive and constructive feedback, it is possible that the existing relationship that my study advisor and I had with the

DST project team, as well as with the DST facilitator, may have positively biased the focus-group and interview discussion.

Third, the passage of time in recalling memories may have impacted data collection. For example, exploration of the experiences of the DST project team dated back to spring 2019. While I can surmise that provision of a focus-group preparation guide with a timeline highlighting key activities that took place may have facilitated participants' reflections, there may have been some distortions given the length of time that had elapsed. Similarly, for the older adult participant, the time that had elapsed between completion of their digital story and their interview with me may have skewed their perceptions of what took place.

Another limitation of this study was that some aspects of the PR approach were not fully actualized, in part due to the scope of the thesis and the amount of time allocated, as well as delays imposed by the landscape of COVID-19. The degree of stakeholder involvement can be conceptualized along a continuum from "shallow" to "deep" (Cornwall & Jewkes, 1995, p. 1669), or from "nonparticipatory" to "very high" (Taylor et al., 2017, p. 430). Using Taylor et al.'s (2017) guideline, I suggest that the degree of stakeholder involvement was medium. The DST project team was actively involved in discussions and key decisions about the research proposal and the research design. With respect to data analysis, they were consulted about the tentative findings to discuss the direction that the data analysis was taking and how the findings would best be represented. However, due to time constraints, they were not involved in the initial coding of raw data. Further, taking guidance from Taylor et al. (2017), the inclusion of an older adult client on the PR team would have provided a valuable perspective from the point of view of the end-user.

Further, our ability to address Research Objectives 2 and 3 were limited. When we designed the study, Objective 2 was deemed to be important to explore given the underlying COVID-19 pandemic at the time. While I explored this objective in the interview with the older adult, it was clear that the underlying pandemic was not a factor in her DST experience. It is possible that an expanded participant sample would have allowed us to gather and hear different experiences. However, in the context of our single participant sample we were unable to fully explore this objective. Similarly, it was not possible for us to explore Objective 3, which aimed to explore the experiences of the digital-story viewer, as the older adult in this case study opted to not nominate a person for that role. Despite these limitations, this study provides valuable insight into the development, implementation, and value of DST for older adult clients of a community-based organization.

In keeping with a PR approach, directions for future research would be determined in collaboration with the PR team. For example, the DST project team speculated about the potential benefit of DST for their clients as a tool to document their unique characteristics and preferences that could later be shared with other health-care providers in a time of transition. This may be an area of interest to guide future research initiatives. Moreover, the application of DST specifically for older adults with dementia is an area of interest for the team that may warrant further investigation.

For future study, a larger participant sample would be useful in gleaning more diverse perspectives to further inform ongoing development of DST within the organization. Further, while the older adult in this case study opted not to nominate a digital story viewer, there would be continued value in exploring the perspective of the digital story viewer as well as the interplay of the older adult's experience of sharing their digital story with them. Recruitment of an older

adult to sit on the PR research team should be considered to enhance the voice of older adults in the research process.

Another important element to consider for future research would be the use of an implementation framework, such as the framework Promoting Action on Research Implementation in Health Services (Kitson et al., 2008). Given the exploratory/emergent nature of the DST project design, the uncertain nature of the COVID-19 landscape, and in keeping with a PR approach and our desire to be sensitive to the needs and experiences of the community organization and team members, we were not ready to adopt a more formal implementation framework for this study, and use of an implementation framework was beyond the scope of this thesis. However, importantly, for future application of DST, there would be value in overlaying an implementation framework to help guide the process and to frame analysis.

Using an occupational therapy lens, Lal et al. (2015) advocated for a variety of ways that DST could be applied in occupational therapy practice. More specifically, Rios Rincon et al. (2021), in their systematic literature review of DST with older adults, highlighted the opportunity for therapeutic relationship building between clients and service providers through the process of co-creating digital stories. Further research exploring the therapeutic application of DST with older adults in an occupational therapy context would be beneficial.

Conclusion

In sum, this study advanced understanding of the development, implementation, and value of DST for older adult clients of a community-based organization using a PR approach. An in-depth description is provided of how a community-based organization new to DST approached developing DST opportunities for their older adult community. An account is presented of the team's experiences of getting started with DST and putting it into action and

their process of reflection in order to move forward with future DST endeavours. Explication of how this process evolved supplements the current body of literature on PR in occupational therapy that addresses how the PR process is undertaken. For the DST project team and the community-based organization in which this study took place, findings gleaned from this study may help to guide future development of DST within their programs. For other service providers and community groups who are new to DST, these findings may be used to inform their learning and navigating how DST could be applied in their practice context. Moreover, the insights of the DST project team into the value of a PR collaboration with a university substantiates the importance of the relationship between researchers and community partners throughout the PR process and provides unique insight from the viewpoint of service providers.

The older adult and facilitator worked together to co-create a digital story that captured the essence of what was personally meaningful for the older adult, illuminating the value of DST as a means for the older adult to honour her loved one, to pass down family history and ethics, and to teach others, which draws attention to the benefits for the storyteller as well as for the story viewer. Beyond benefits for herself, she speculated on potential benefits for other older adults with respect to providing an opportunity for sharing their wisdom and knowledge and providing a much-needed voice. In tandem, the DST facilitator found her experience to be personally rewarding by virtue of witnessing the sense of accomplishment and joy that creating a digital story invoked for clients. She also appreciated the opportunity to validate older adults' stories as important and valuable to share. The value of engaging in DST for older adults from the perspective of an older adult and a DST facilitator adds to current literature supporting the benefits of DST for older adults while also drawing attention to the potential for DST to provide older adults with a much-needed voice and to uphold their stories as worthwhile.

Further, while previous researchers have outlined their DST workshop design, few have focused on the nuances of the DST process from the perspectives of the older adult and the facilitator. Our study findings highlight how DST takes place in the context of a person-centred approach in which the development of a trusting and respectful relationship between the older adult and the facilitator is foundational to the process. Moreover, study findings underscore the importance of tailoring the approach to DST in order to meet older adults where they are at, and the delicate balance of providing assistance as needed while empowering older adults to be involved in the process and upholding the vision that they have for their digital story. Specific DST facilitation strategies are outlined within a person-centred approach, which contributes to an enhanced understanding of the DST facilitator role. In terms of occupational therapy practice, explication of how DST takes place in the context of a person-centred approach contributes to a greater understanding of how the DST facilitator role parallels the knowledge and skills of occupational therapists, and may assist them in contemplating use of DST in their practice. The person-centred approach to DST illuminated in this study and the opportunity that DST affords for relationship building, communication, capturing, and honouring older adults' stories aligns well with the profession's commitment to client-centred practice. Thus, the application of DST for older adults in occupational therapy is worthy of further exploration.

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Appendices

Appendix A: Draft Overview of Anticipated Digital Storytelling Workshop Outline

Following is a draft overview of the anticipated DST workshop design in regards to timeframe, format, structure/content, with consideration that the ongoing approach was intended to be iterative in nature.

Design element	Considerations
Time frame	<ul style="list-style-type: none"> • 6–10 weeks • Flexible depending on client’s needs/circumstances
Format	<ul style="list-style-type: none"> • Individual sessions with client and DST facilitator • Significant others will be included as per older adult’s preferences • Ideally sessions will take place in-person in client’s home. However, due to in-person restrictions associated with COVID-19, open to virtual options
Structure/Content	<p>Two integrated phases: story creation (narrative) and digital production (video editing) covering:</p> <ul style="list-style-type: none"> • Overview of DST process • Sharing stories, finding/choosing a story, exploring meaning of story, script writing, storyboarding, recording voice-over, integrating media (music, text, images) and video editing • Opportunity for sharing of digital story
Scope	<ul style="list-style-type: none"> • Creation of a personal digital story- client’s choice based on what is personally meaningful • Story Length approx. 2-3 minutes, 250-300 words, 20 images or less

Reflection on action	<ul style="list-style-type: none"> • Ongoing approach will be iterative in nature • Regular DST project team meetings to check in and problem-solve any issues that arise
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- **Timeframe.** In terms of time frame, the DST project team allocated 6–10 weeks for the DST process to take place, with a minimum of one session per week. With the exception of DST workshops conducted by Stenhouse et al. (2013) that occurred over a 4-day period, this time frame was consistent with previous workshops facilitated for older adults to create a single digital story (Hausknecht et al, 2018; Park et al., 2017); the shorter time frame of 6 weeks was geared specifically for individuals with dementia to help mitigate any concerns related to dementia progression. As suggested by Kaufman et al. (2018), in order to facilitate a positive experience and promote a successful outcome, the timeline was intended to be flexible. This flexibility in tailoring the timeline to meet the needs and preferences of the older adult client was also viewed by the DST project team as an important design element that aligned with the guiding framework of a person-centred approach.
- **DST format:** It was anticipated that DST sessions would take place on an individual basis with the older adult client and the DST facilitator. The DST project team decided that individual sessions based out of the older adult client’s home, as opposed to group based workshops, would best suit the mobility needs and social preferences of their client population. The DST project team also considered inviting the older adult client to include family members or significant others to be involved in the DST process at their discretion. This step aligned with the literature highlighting the social and collaborative nature of DST (Abrahão et al., 2018; Lambert, 2010), the added facilitative role that family members can

play (Abrahão et al., 2018; Park et al., 2017), and the potential advantage of community building, social connection, and knowledge creation that may be realized through the integration of collaborative opportunities in the DST process (Hausknecht et al., 2019).

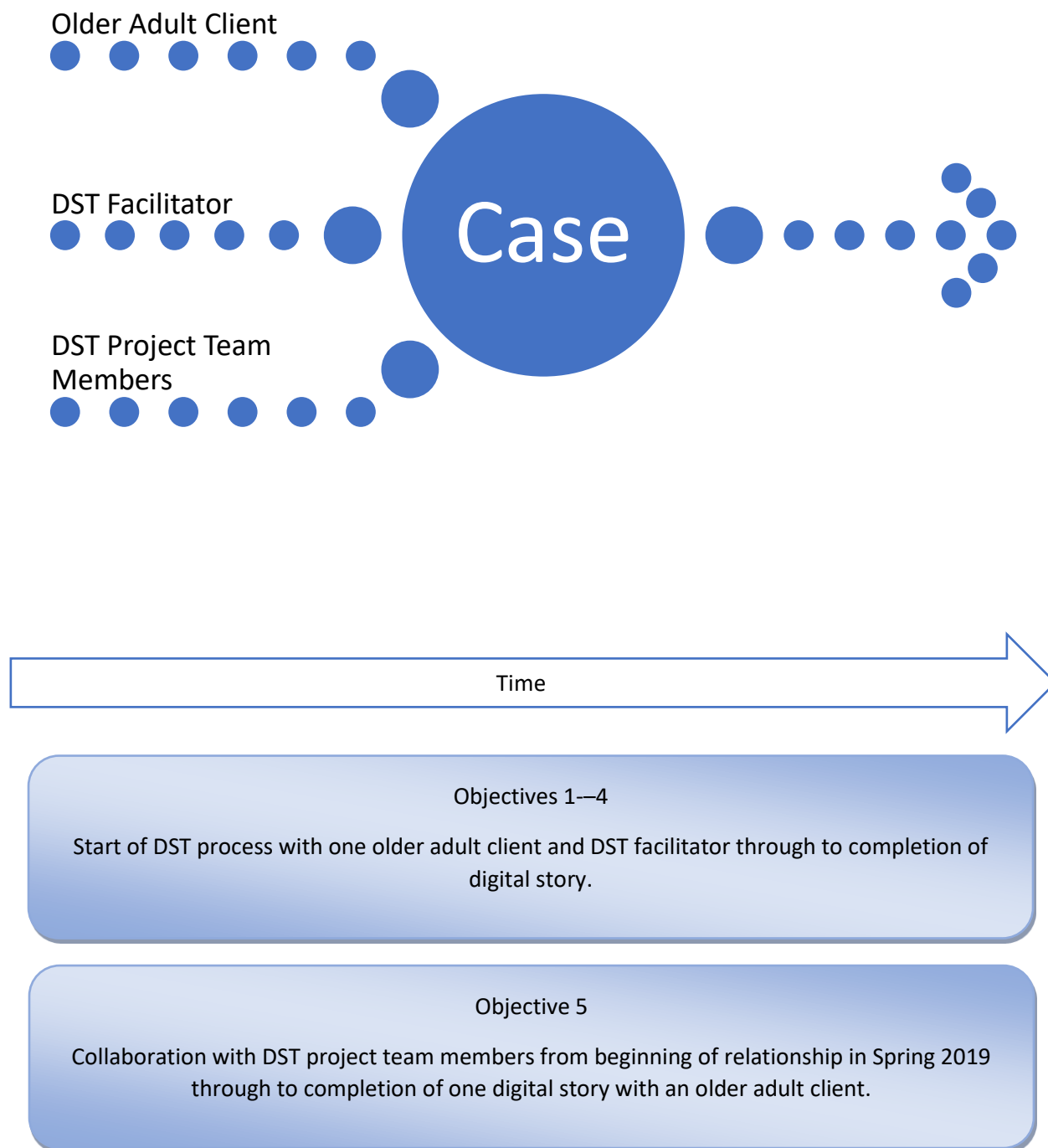
Ideally, the DST project team hoped to facilitate the DST sessions in person, but in light of COVID-19 restrictions limiting in-person contact they were prepared to consider virtual sessions.

- **DST structure/content:** Informed by the DST workshops developed by Hausknecht et al. (2019), the DST structure was broadly conceptualized in terms of two intertwined phases of story creation and digital production, thus allowing time for substantial story development before introducing computer technology to integrate multimedia (Hausknecht et al., 2019). An overview of DST was to be followed by facilitation of key activities related to sharing stories, finding/choosing a story, exploring emotions and meaning of story, scriptwriting, storyboarding, recording voice-over, integrating media (music, text, and images) and video editing in the creation of a personal digital story (Lambert, 2010). Similar to the scaffolding process described by Hausknecht et al. (2016), each activity was to be graded according to the older adult client's needs and skill level. In light of the person-centred nature of DST (Stenhouse et al., 2013), and the person-centred care framework guiding this research study, the older adult client was to be guided to find and create a story that was personally meaningful for them.
- **Scope:** Consistent with the traditional scope of digital stories being short, and heeding the recommendations of Lambert (2010), the older adult client was to be guided to create a digital story that was smaller scale, spanning approximately 2-3 minutes, in order to keep the activity manageable. The intended scope of the stories was to be approximately 250-300

words and integrate approximately 20 images or less. Once the digital story was created, it was anticipated that the DST facilitator and the older adult client would arrange a time to view their completed digital story together. The older adult client would also be encouraged to share their story with a significant other, such as a friend, family member, caregiver, or health care provider. Importantly, the opportunity to share digital stories has been regarded as a positive aspect of the DST process in terms of facilitating connection with others (Hausknecht, et al., 2018; Sehwat et al. (2017).

In terms of ongoing planning, Taylor et al. (2017) underscored the importance of reflection throughout the phase of *implementing action*, in order to understand what is working well and what challenges are being encountered, such that this action phase overlaps with the phase of *reflection and utilization*. This can be likened to the “action-reflection process to develop knowledge” (p. 78), described by Letts (2003) as being a key component of participatory research. Therefore, as the DST process with older adult clients unfolded, the DST project team planned to hold regular meetings as a way of checking in to reflect and problem-solve any issues that may arise. Of note, this type of reflective process is consistent with the work of Stenhouse et al. (2013), in which the researchers who did not have any DST facilitation experience specific to individuals with dementia, took part in daily reflective meetings to assist with an iterative planning process. Furthermore, the DST process undertaken was to be documented to inform ongoing DST project development and the eventual creation of a DST user manual.

Appendix B: Case Boundaries



Appendix C: Study Advertisement Poster

Invitation to Participate in a Research Study
**DIGITAL STORYTELLING FOR
OLDER ADULTS**

Have you had an opportunity to take part in the Digital Storytelling Project at [REDACTED]

Would you like to contribute to a research study aimed at exploring the *development, implementation, and value* of digital storytelling (DST) for older adults of a community-based organization?

A research team from the College of Rehabilitation Sciences, University of Manitoba, in partnership with Jewish Child and Family Service, is conducting a study to advance an understanding of the *development, implementation, and value* of DST for older adults of a community-based organization.

We want to hear from an older adult who has participated in the Digital Storytelling Project about their perspectives and experiences on the process of creating their digital story, and how DST may have influenced their ability to cope during the COVID-19 pandemic.

Participation in this study will involve taking part in a 60-minute virtual interview. As part of the interview, you will be asked about: your experiences of creating a digital story and sharing it with another individual, benefits and challenges; what your digital story means for you; as well as suggestions to improve the DST process.

If you are interested in learning more about this opportunity, and/or would like to participate in this study, *PLEASE CONTACT:* [REDACTED] [REDACTED] (Research Team Member) by phone at [REDACTED] or email at ...

Appendix D: Consent Form – Older Adult

Exploration of the Development, Implementation, and Value of Digital Storytelling for Older Adult Clients of a Community-Based Organization: A Case Study



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RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM Older Adult Participant Individual Interview

Title of Study: “Exploration of the Development, Implementation, and Value of Digital Storytelling for Older Adult Clients of a Community-Based Organization: A Case Study.”

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- Dr. Mandy Archibald, Assistant Professor, College of Nursing, University of Manitoba.

Participatory Research Team Members:

- Cheryl Hirsh Katz, Social Worker and Manager, Adult Services,
- Sonja Iserloh, Social Worker, Support Services to Holocaust Survivors, Older Adult Services, & Technology Support for Seniors,
- Heather Mandell Kraut, Team Lead, Older Adult Services & Social Worker Mental Health Services,

This research study is a collaborative effort between the principal investigator, co-investigators, and participatory research team members of . This research study is being conducted in partial fulfilment of the degree requirements for the Principal Investigator's (Teresa Allison's) Master of Science (Rehabilitation Sciences) degree. Individuals listed as co-investigators are the student's study supervisor (Dr. Jacquie Ripat), internal thesis committee member (Dr. Verena Menec) and external thesis committee member (Dr. Mandy

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Version Date September 9, 2021

Participant Initials _____

Archibald). Individuals listed as participatory research (PR) team members are members of the Digital Storytelling Project team of [REDACTED] with whom the principal and co-investigators are collaborating with on this study. The results of this study will be published in a thesis, which is a public document.

You are being asked to participate in a research study involving an individual interview. Please take your time to review this consent form and discuss any questions you may have with the principal investigator, Teresa Allison, your friends or family, before you make your decision. This consent form may contain words that you do not understand. Please ask the principal investigator to explain any words or information that you do not clearly understand.

Purpose of this Study

This research study is being conducted to gain an understanding of the development, implementation, and value of digital storytelling (DST) for older adults of a community-based organization. More specifically, the research objectives are:

1. To explore and describe the experiences and perspectives of *an older adult* client on the process of creating their digital story and sharing it with another individual.
2. To develop an understanding of the experiences and perspectives of *an older adult* about ways in which creating and sharing their digital story shaped their experience in the context of coping during the COVID-19 pandemic.
3. To explore and describe the experiences and perspectives of an individual with whom the older adult shared his/her personal digital story (*digital story viewer*).
4. To explore and describe the experiences and perspectives of the *DST facilitator* on the process of working with an older adult client to create their digital story.
5. To explore and describe the experiences and perspectives of *service providers (DST project team)* on the process of developing digital storytelling opportunities for older adult clients of their organization, using a participatory research (PR) approach

Participant Selection

- You are being asked to participate in this study because you are *an older adult* who has been involved in the DST project at [REDACTED] to create a digital story with the help of a *DST facilitator*.
- The researchers are interested in understanding your perspectives and experiences on the process of creating and sharing your digital story. We are also interested in learning about how your experience influenced your ability to cope during the COVID-19 pandemic.
- As part of the study, we are also seeking to understand the perspectives and experiences of the individual who was primarily responsible for helping you to create your digital story (*your DST facilitator*), as well as an individual with whom you have shared, or plan to share, your digital story with (*a digital story viewer*).
- A total of 6 participants will be asked to participate in this study, each representing a different perspective on DST. This includes one *older adult*, one digital story viewer, one *DST facilitator*, and three *service providers*.

Study procedures

If you take part in this study, you will participate in the following procedures:

- You will be invited to nominate a *digital story viewer* to participate in this study. The *digital story viewer* is an individual with whom you have shared, or plan to share, your digital story with. Their participation in the study will involve an interview with the principal investigator, Teresa Allison, about their experiences and perspectives on viewing your digital story. We hope that this information will help us to learn about the value of DST for older adults from the perspective of the “story viewer.” The decision to nominate a digital story viewer is optional. Choosing **not** to nominate someone will not affect your participation in the study. For the purpose of this study, the individual that you nominate should be an individual who does not have any obvious signs of cognitive impairment, and is able to speak and understand English fluently.
- If you choose to nominate a digital story viewer, you will be asked to complete a separate form authorizing the principal investigator, Teresa Allison, to discuss your personal information with the digital story viewer nominated by you related to their experiences and perspectives of viewing your digital story.
- You will be asked for permission to contact the *DST facilitator* (the individual who worked with you to create your digital story) to request their participation in the study.
- You will be asked to complete a separate form authorizing the principal investigator, Teresa Allison, to discuss your personal information with your DST facilitator about their experiences and perspectives on the process of working with you to create your digital story. The interview will be focused on the process that the DST facilitator used to help you create your digital story. We hope that this information will help us to better understand the DST facilitator’s process in terms of helpful strategies, challenges, perceived benefits, and suggestions for improvement.
- Once you have finished creating your digital story, you will be asked to participate in an interview conducted by the principal investigator, Teresa Allison, at a time that is convenient for you. The interview will last up to 60 minutes. The interview may take place virtually using a video-conferencing platform called Microsoft Teams™ or over the telephone.
- If the interview takes place virtually, the principal investigator will contact you in advance of the interview to ensure that you are able to connect to Microsoft Teams™ for the interview and troubleshoot any difficulties.
- As part of your interview, you will be asked about your experiences and perspectives related to the process of creating and, if applicable, sharing your digital story with others. You will also be asked about whether your experience of creating a digital story was helpful during the COVID-19 pandemic. These questions will help us to better understand the potential value, benefits, and challenges of DST from the perspective of an older adult, and suggestions for improving the DST process.
- Once data from the interview has been analyzed, a summary of the major findings from the interview will be shared with you to obtain your feedback. You will be asked to review the summary of findings and provide feedback as to whether you feel the summary represents an accurate picture of your views and the interview discussion. The process

of providing feedback may take place according to your preferred method of communication (email, surface mail, telephone, or video-conference). It is anticipated that this request for feedback will take place within three months following completion of the interview and will take 30 -60 minutes of your time.

- Participation in the study will be until the interview is completed, the findings are analyzed, and you have had a chance to provide comments on the summary of findings to the principal investigator.

Risks and Discomforts

There are very few risks. However, it is possible that talking about your experiences with digital storytelling might be emotional for you. You do not have to answer any question that makes you feel uncomfortable or that you find too upsetting. The principal investigator, Teresa Allison, will be available to provide support if there is anything that comes up during the interview that is upsetting. Should you need any additional help or support the principal investigator will assist you with finding counselling services.

In addition, given the small number of people participating in this study, it may be difficult to maintain privacy of information that you have shared. Specifically, the *DST facilitator* participant may also be a member of the research team, so they would be aware of information collected in your interview as part of the data analysis process. If this is the case, the principal investigator, Teresa Allison, will let you know.

You may also find that talking about aspects of your digital storytelling experience that were challenging, or that you did not like, may cause you to feel uncomfortable, in terms of how this might be viewed by the DST project team of [REDACTED], including the DST facilitator who worked with you to create your digital story. We would like to assure you that Jewish Child and Family service, the DST project team, and the research staff are very interested in hearing both positive and constructive feedback in order to continue to improve the DST project. You do not have to answer any questions that make you feel uncomfortable. The principal investigator, Teresa Allison, will be available if you feel like there is anything that has come up during the interview that is upsetting. Should you need any additional help or support the principal investigator (Teresa Allison) will help you to find counselling services.

Benefits

Being a participant in this study may not benefit you directly, but we hope that information gained will help us to better understand the value of DST for older adults. We also hope that information gained may help to guide future development of the DST project at JCFS and older adults' experiences of engaging in DST. This information may also benefit other service providers and organizations interested in introducing Digital Storytelling to their older adult community.

Costs

There is no cost to you to attend the individual interview.

Payment for participation

You will receive no payment or reimbursement for any expenses related to taking part in this

study.

Confidentiality

We will do everything possible to keep your personal information confidential. Your name will not be used at all in the study records. A list of names and contact information of participants will be kept in a secure file so we can send you a summary of the major findings of the interview to obtain your feedback. If the results of this study are presented in a meeting, or published, nobody will be able to tell that you were in the study. Please note that although you will not be identified as the speaker, your words may be used to highlight a specific point. The collection and access to personal information will be in compliance with provincial and federal privacy legislations.

If the interview takes place virtually, the interview session will be audio- and video recorded and typed electronically using Microsoft Teams™ software to ensure accurate reporting of the information that you provide. The audio-and video recordings and typed notes will be automatically downloaded to OneDrive (a central location where data will be stored offsite in the Microsoft Canadian Data Centre and accessible through specific requests for up to 13 months). All audio and video recordings and typed notes will be uploaded to a University of Manitoba secure, password protected research server. Audio and video recordings stored on the University of Manitoba secure research server will be deleted upon completion of data analysis, which is anticipated to be within 3-6 months after data collection is completed for the study. The typed notes will be maintained for three years after completion of the study and then will be permanently deleted.

If the interview takes place over the phone, the interview session will be audio-recorded and typed electronically by a professional transcriptionist to ensure accurate reporting of the information that you provide. Transcribers will sign a form stating that they will not discuss any item on the recording with anyone other than the researchers. All audio recordings and typed notes will be uploaded to a University of Manitoba secure, password protected research server. Audio recordings stored on the University of Manitoba secure research server will be deleted upon completion of data analysis, which is anticipated to be within 3-6 months after data collection is completed for the study. The typed notes will be maintained for three years after completion of the study and then will be permanently deleted.

The principal investigator (Teresa Allison) and her study supervisor/co-investigator (Dr. Jacquie Ripat) will know your name and contact information. As you are working with the *DST facilitator* in this study, they will be aware that you have decided to participate in this study. As you nominated the *Digital Story Viewer participant*, they will also be aware that you have decided to participate in the study.

Co-investigators (Dr. Verena Menec and Dr. Mandy Archibald) and participatory research team members (Cheryl Hirsh Katz, Sonja Iserloh, and Heather Kraut) will only have access to de-identified data collected in this study. Only the research staff (Teresa Allison, Dr. Jacquie Ripat, Dr. Verena Menec, Dr Mandy Archibald, Cheryl Hirsh Katz, Heather Mandell Kraut, and Sonja Iserloh) will have access to data collected in this study.

The *DST facilitator* participant may also be a member of the research team, so they will be aware of information collected in your interview as part of the data analysis process. If this is the case, the principal investigator, Teresa Allison, will let you know.

Some people or groups may need to check the study records to make sure all the information is correct. All of these people have a professional responsibility to protect your privacy. These people are

- The Health Research Ethics Board of the University of Manitoba which is responsible for the protection of people in research and has reviewed this study for ethical acceptability
- Quality assurance staff of the University of Manitoba who ensure the study is being conducted properly

All records will be kept on a University of Manitoba secure, password protected research server. If any of your research records need to be copied to any of the above, your name and all identifying information will be removed. No information revealing any personal information such as your name, address or telephone number will leave the University of Manitoba.

We may wish to quote your words directly in reports and publications resulting from this. With regards to being quoted, please check yes or no for each of the following statements:

Researchers may publish documents that contain quotations by me under the following conditions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to be quoted directly (my name is used).
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to be quoted directly if my name is not published (I remain anonymous).
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to be quoted directly if a made-up name (pseudonym) is used.

Voluntary Participation/Withdrawal from the Study

Your decision to take part in this study is voluntary. You may refuse to participate or you may withdraw from the study at any time. Your decision not to participate or to withdraw from the study will not affect your care or services received at [REDACTED].

Questions

If any questions come up during or after the study contact the principal investigator, Teresa Allison at: [REDACTED] or her co-investigator/study supervisor at [REDACTED].

For questions about your rights as a research participant, you may contact The University of Manitoba, Bannatyne Campus Research Ethics Board Office at [REDACTED].

Consent Signatures:

1. I have read all seven pages of the consent form.
2. I have had a chance to ask questions and have received satisfactory answers to all of my questions.
3. I understand that by signing this consent form I have not waived any of my legal rights as a participant in this study.
4. I understand that my records, which may include identifying information, may be reviewed by the research staff working with the Principal Investigator and the agencies and organizations listed in the Confidentiality section of this document.
5. I understand that I may withdraw from the study at any time and my data may be withdrawn prior to publication.

6. I understand I will be provided with a copy of the consent form for my records.
7. I agree to participate in the study.

Participant signature _____ Date _____
(day/month/year)

Participant printed name: _____

Relationship (if any) to study team members: _____

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has knowingly given their consent

Printed Name: _____ Date _____
(day/month/year)

Signature: _____

Role in the study: _____

Appendix E: Consent Form – DST Facilitator

Exploration of the Development, Implementation, and Value of Digital Storytelling for Older Adult Clients of a Community-Based Organization: A Case Study



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RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM Digital Storytelling (DST) Facilitator Participant Interview

Title of Study: “Exploration of the Development, Implementation, and Value of Digital Storytelling for Older Adult Clients of a Community-Based Organization: A Case Study.”

Principal Investigator:

- Teresa Allison
Graduate Student: Master of Science (Rehabilitation Science)
Rady Faculty of Health Sciences
University of Manitoba
R138-771 McDermot Avenue
Winnipeg, Manitoba

[REDACTED]

Co-Investigators:

- Dr. Jacquie Ripat
Associate Professor, Associate Dean Research, and Study Supervisor
College of Rehabilitation Sciences
Rady Faculty of Health Sciences
University of Manitoba
R215-771 McDermot Avenue
- Dr. Verena Menec, Professor, Department of Community Health Sciences, University of Manitoba
- Dr. Mandy Archibald, Assistant Professor, College of Nursing, University of Manitoba.

[REDACTED]

Participatory Research Team Members:

- Cheryl Hirsh Katz, Social Worker and Manager, Adult Services, [REDACTED]
- Sonja Iserloh, Social Worker, Support Services to Holocaust Survivors, Older Adult Services, & Technology Support for Seniors [REDACTED]
- Heather Mandell Kraut, Team Lead, Older Adult Services & Social Worker Mental Health Services [REDACTED]

This research study is a collaborative effort between the principal investigator, co-investigators, and additional study team members of [REDACTED]. This research study is being conducted in partial fulfilment of the degree requirements for the Principal Investigator's (Teresa Allison's) Master of Science (Rehabilitation Sciences) degree. Individuals listed as co-investigators are the student's study supervisor (Dr. Jacquie Ripat), internal thesis committee member (Dr. Verena Menec) and external thesis committee member (Dr. Mandy Archibald). Individuals listed as participatory research team members are members of the Digital

Storytelling Project team of [REDACTED] with whom the principal and co-investigators are collaborating with on this study. The results of this study will be published in a thesis, which is a public document.

You are being asked to participate in a research study involving an individual interview. Please take your time to review this consent form and discuss any questions you may have with the principal investigator, Teresa Allison, your friends or family, before you make your decision. This consent form may contain words that you do not understand. Please ask the principal investigator to explain any words or information that you do not clearly understand.

Purpose of this Study

This research study is being conducted to gain an understanding of the development, implementation, and value of digital storytelling (DST) for older adults of a community-based organization. More specifically, the research objectives are:

1. To explore and describe the experiences and perspectives of *an older adult* on the process of creating their digital story and sharing it with another individual.
2. To develop an understanding of the experiences and perspectives of *an older adult* about ways in which creating and sharing their digital story shaped their experience in the context of coping during the COVID-19 pandemic.
3. To explore and describe the experiences and perspectives of an individual with whom the older adult shared his/her personal digital story (*digital story viewer*).
4. To explore and describe the experiences and perspectives of the ***DST facilitator*** on the process of working with an older adult client to create their digital story.
5. To explore and describe the experiences and perspectives of service providers (*DST project team*) on the process of developing digital storytelling opportunities for older adult clients of their organization, using a participatory research approach

Participant Selection

- A total of 6 participants will be asked to participate in this study, each representing a different perspective on DST. This includes one *older adult*, one *digital story viewer*, one *DST facilitator*, and three *service providers*.
- You are being asked to participate in this study as you have experience as the ***DST facilitator*** who worked to create a digital story with the older adult participant of this study.
- Your participation in this study relates to **Research Objective #4**, which aims to understand the experiences and perspectives of the *DST facilitator* on the process of working with an older adult participant of this study to create their digital story.

Study procedures

If you take part in this study, you will participate in the following procedures:

- The method of data collection will be an individual interview
- You will be asked to participate in an interview conducted by the principal investigator at a time that is convenient for you. The interview will last approximately 60 minutes. The interview will take place virtually using a video-conferencing platform called Microsoft

Teams™

- The principal investigator will contact you in advance of the interview to ensure that you are able to connect to Microsoft Teams™ for the interview and troubleshoot any difficulties.
- As part of your interview, you will be asked questions about your experiences and perspectives related to your process of working with the older adult participant of this study to create their digital story. These questions will help us to better understand the DST facilitator's process in terms of helpful strategies, challenges, and suggestions for improvement.
- Once data from the interview has been analyzed, a summary of the major findings from the interview will be shared with you to obtain your feedback. You will be asked to review the summary of findings and provide feedback as to whether you feel the summary represents an accurate picture of your views and the interview discussion. The process of providing feedback may take place according to your preferred method of communication (email, surface mail, telephone, or video-conference). It is anticipated that the request for feedback will take place within three months following completion of the interview.
- Participation in the study will be until the interview is completed, the findings are summarized, and you have had a chance to provide comments on the synthesized results to the principal investigator.

Risks and Discomforts

There are very few risks you. If you are a member of the participatory research team, one consideration is that you are involved in two research roles (DST facilitator participant and participatory research team member), therefore you will be part of data analysis discussions that will include information collected from the older adult participant. Therefore, it is possible that you may be somewhat offended by what the older adult has reported about their DST experiences, particularly with regard to negative or constructive feedback, which may in turn feel uncomfortable, stressful, or embarrassing. We anticipate that the chances of this occurring are unlikely given the supportive context of the participatory research team and the genuine desire of the team to glean both positive and constructive feedback to inform ongoing implementation of the DST project. The principal investigator, Teresa Allison, will be available if you feel like there is anything that has come up during the process that is upsetting.

Benefits

Being a participant in this study may not benefit you directly, but information gained may help to guide future development of the DST project at JCFS and contribute to the development of a "user manual" to guide the DST facilitation process. We anticipate that your participation in the interview may contribute to your understanding of the DST process. Information gained from this study may also benefit other service providers and organizations interested in introducing Digital Storytelling to their older adult community.

Costs

There is no cost to you to attend the individual interview.

Payment for participation

You will receive no payment or reimbursement for any expenses related to taking part in this study.

Confidentiality

We will do everything possible to keep your personal information confidential. Your name will not be used at all in the study records. A list of names and contact information of participants will be kept in a secure file so we can send you a summary of the results of the study. If the results of this study are presented in a meeting, nobody will be able to tell that you were in the study. Please note that although you will not be identified as the speaker, your words may be used to highlight a specific point. The collection and access to personal information will be in compliance with provincial and federal privacy legislations.

The interview session will be audio-and video recorded and typed electronically using Microsoft Teams™ software to ensure accurate reporting of the information that you provide. The audio and video-recordings and typed notes will be automatically downloaded to OneDrive (a central location where data will be stored offsite in the Microsoft Canadian Data Centre and accessible through specific requests for up to 13 months). All audio and video recordings and typed notes will be uploaded to a University of Manitoba secure, password protected research server. Audio and video recordings stored on the University of Manitoba secure research server will be deleted upon completion of data analysis, which is anticipated to be within 3-6 months after data collection is completed for the study. The typed notes will be maintained for three years after completion of the study and then will be permanently deleted.

The principal investigator (Teresa Allison) and her study supervisor/co-investigator (Dr. Jacquie Ripat) will know your name and contact information.

Co-investigators (Dr. Verena Menec and Dr. Mandy Archibald) and participatory research team members (Cheryl Hirsh Katz, Sonja Iserloh, and Heather Kraut) will only have access to de-identified data collected in this study. Only the research staff (Teresa Allison, Dr. Jacquie Ripat, Dr. Verena Menec, Dr Mandy Archibald, Cheryl Hirsh Katz, Heather Mandell Kraut, and Sonja Iserloh) will have access to data collected in this study.

Some people or groups may need to check the study records to make sure all the information is correct. All of these people have a professional responsibility to protect your privacy. These people are

- The Health Research Ethics Board of the University of Manitoba which is responsible for the protection of people in research and has reviewed this study for ethical acceptability
- Quality assurance staff of the University of Manitoba who ensure the study is being conducted properly

All records will be kept on a University of Manitoba secure, password protected research server. If any of your research records need to be copied to any of the above, your name and all identifying information will be removed. No information revealing any personal information such

as your name, address or telephone number will leave the University of Manitoba.

We may wish to quote your words directly in reports and publications resulting from this. With regards to being quoted, please check yes or no for each of the following statements:

Researchers may publish documents that contain quotations by me under the following conditions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to be quoted directly (my name is used).
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to be quoted directly if my name is not published (I remain anonymous).
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to be quoted directly if a made-up name (pseudonym) is used.

Voluntary Participation/Withdrawal from the Study

Your decision to take part in this study is voluntary. You may refuse to participate or you may withdraw from the study at any time. Your decision not to participate or to withdraw from the study will not affect your care or services received at [REDACTED].

Questions

If any questions come up during or after the study contact the principal investigator, Teresa Allison at: [REDACTED] or her co-investigator/study supervisor at [REDACTED].

For questions about your rights as a research participant, you may contact The University of Manitoba, Bannatyne Campus Research Ethics Board Office at [REDACTED].

Consent Signatures:

1. I have read all six pages of the consent form.
2. I have had a chance to ask questions and have received satisfactory answers to all of my questions.
3. I understand that by signing this consent form I have not waived any of my legal rights as a participant in this study.
4. I understand that my records, which may include identifying information, may be reviewed by the research staff working with the Principal Investigator and the agencies and organizations listed in the Confidentiality section of this document.
5. I understand that I may withdraw from the study at any time and my data may be withdrawn prior to publication.
6. I understand I will be provided with a copy of the consent form for my records.
7. I agree to participate in the study.

Participant signature _____

Date _____
(day/month/year)

Participant printed name: _____

Relationship (if any) to study team members: _____

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has knowingly given their consent

Printed Name: _____ Date _____
(day/month/year)

Signature: _____

Role in the study: _____

Appendix F: Consent Form – Service Providers

Exploration of the Development, Implementation, and Value of Digital Storytelling for Older Adult Clients of a Community-Based Organization: A Case Study



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RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM Service Providers (DST Project Team Members) Focus Group

Title of Study: "Exploration of the Development, Implementation, and Value of Digital Storytelling for Older Adult Clients of a Community-Based Organization: A Case Study."

Principal Investigator:

- Teresa Allison
Graduate Student: Master of Science (Rehabilitation Sciences)
Rady Faculty of Health Sciences
University of Manitoba
R138-771 McDermot Avenue
Winnipeg, Manitoba

Co-Investigators:

- Dr. Jacquie Ripat
Associate Professor, Associate Dean Research, and Study Supervisor
College of Rehabilitation Sciences
Rady Faculty of Health Sciences
University of Manitoba
R215-771 McDermot Avenue
- Dr. Verena Menec, Professor, Department of Community Health Sciences, University of Manitoba
- Dr. Mandy Archibald, Assistant Professor, College of Nursing, University of Manitoba.

Participatory Research Team Members:

- Cheryl Hirsh Katz, Social Worker and Manager, Adult Services,
- Sonja Iserloh, Social Worker, Support Services to Holocaust Survivors, Older Adult Services, & Technology Support for Seniors,
- Heather Mandell Kraut, Team Lead, Older Adult Services & Social Worker Mental Health Services,

You are being asked to participate in a research study involving a focus group. Please take your time to review this consent form and discuss any questions you may have with the study staff, your friends, or family before you make your decision. This consent form may contain words that you do not understand. Please ask the study staff to explain any words or information that you do not clearly understand.

Purpose of this Study

This research study is being conducted to study This research study is being conducted to gain an understanding of the development, implementation, and value of digital storytelling (DST) for older adults of a community-based organization. More specifically, the research objectives are:

1. To explore and describe the experiences and perspectives of *an older adult* on the process of creating their digital story and sharing it with another individual.
2. To develop an understanding of the experiences and perspectives of *an older adult* about ways in which creating and sharing their digital story shaped their experience in the context of coping during the COVID-19 pandemic.
3. To explore and describe the experiences and perspectives of an individual with whom the older adult shared his/her personal digital story (*digital story viewer*).
4. To explore and describe the experiences and perspectives of the *DST facilitator* on the process of working with an older adult client to create their digital story.
5. **To explore and describe the experiences and perspectives of service providers (*DST project team*) on the process of developing digital storytelling opportunities for older adult clients of their organization, using a participatory research (PR) approach**

Participants Selection

- A total of 6 participants will be asked to participate in this study, each representing a different perspective on DST with older adults. This includes one *older adult*, one digital story viewer, one *DST facilitator*, and three *service providers*.
- You are being asked to participate in this study because you are a service provider who has been involved in developing digital storytelling opportunities for older adult clients of an organization using a participatory research approach.
- Your participation in this study relates to **Research Objective #5**, to help develop an understanding of service providers' experiences and perspectives on the process of developing digital storytelling opportunities for older adults of a community-based organization using a PR approach.

Study procedures

If you take part in this study, you will participate in the following procedures:

- The method of data collection will be a focus group. Focus groups are group discussions with people who know something about the topic of interest. Focus groups are ways of finding out people's thoughts and ideas about a specific topic.
- You will be in a focus group of at maximum 3 participants.
- The focus group will last approximately 120 minutes in duration. The focus group will take place virtually using a video-conferencing platform called Microsoft Teams™.
- There will be two co-facilitators who will ask questions and facilitate the discussion. The co-facilitators will be the principal investigator (Teresa Allison) and her study supervisor/co-investigator (Dr. Jacquie Ripat).
- The group will be asked some questions relating your experiences and perspectives on the process of developing digital storytelling opportunities for older adult clients of an organization using a participatory research approach. These questions will help us to better understand the process in terms of what was helpful, what was challenging, what outcomes were achieved, and future recommendations.

- At the start of the session everyone will be asked to respect the privacy of the other group members. All participants will be asked not to disclose anything said within the context of the discussion, but it is important to understand that other people in the group with you may not keep all information private and confidential.
- Your name will be used throughout the focus group discussion.
- Once data from the interview has been analyzed, a summary of the major findings from the interview will be shared with you to obtain your feedback. You will be asked to review the summary of findings and provide feedback as to whether you feel the summary represents an accurate picture of your views and the interview discussion. The process of providing feedback may take place according to your preferred method of communication (email, surface mail, telephone, or video-conference). It is anticipated that the request for feedback will take place within three months following completion of the interview.
- Participation in the study will be until the focus group is completed, the information is synthesized, and you have had a chance to provide comments on the synthesized results to the principal investigator.

Risks and Discomforts

There are no anticipated physical risks to participants. Focus group members will be asked to keep the information provided in the groups confidential; however, a potential risk that might exist for some would be that information about you might be discussed outside the group by other participants and be traced back to you.

There are very few risks to you. However, it is possible that talking about your experiences of working together to develop digital storytelling opportunities (both positive and constructive) might be uncomfortable, in light of the pre-existing working relationships with your colleagues who may be involved in the focus group, as well as the principal investigator (Teresa Allison) and co-investigator/study supervisor (Dr. Jacquie Ripat) who will be facilitating the focus group. Staff (the principal investigator, Teresa Allison and co-investigator/study supervisor, Dr. Jacquie Ripat) will be available if you feel like there is anything that has come up for you during the focus group that is upsetting.

Benefits

Being a focus group member may not help you directly, but we hope that information gained may help guide future development of the DST project. Information gained may also benefit other service providers who are interested in developing digital storytelling opportunities for their older adult clients in the future.

Costs

There is no cost to you to attend the Focus group discussion.

Payment for participation

You will receive no payment or reimbursement for any expenses related to taking part in this study.

Confidentiality

We will do everything possible to keep your personal information confidential. Your name will not be used at all in the study records. A list of names and addresses of participants will be kept in a secure file so we can send you a summary of the results of the study. If the results of this study are presented in a meeting, or published, nobody will be able to tell that you were in the study. Please note that although you will not be identified as the speaker, your words may be used to highlight a specific point. The collection and access to personal information will be in compliance with provincial and federal privacy legislations.

During the focus groups we ask that all participants respect and maintain the confidentiality of the discussion; however, it is not possible for the researchers to guarantee that everyone will do so.

The focus group session will be audio and video -recorded and typed electronically using Microsoft Teams™ software to ensure accurate reporting of the information that you provide. The audio and video -recordings and typed notes will be automatically downloaded to OneDrive (a central location where data will be stored offsite in the Microsoft Canadian Data Centre and accessible through specific requests for up to 13 months). All audio and video recordings and typed notes will be uploaded to a University of Manitoba secure, password protected research server. Audio and video recordings stored on the University of Manitoba secure research server will be deleted upon completion of data analysis, which is anticipated to be within 3-6 months after data collection is completed for the study. The typed notes will be maintained for three years after completion of the study and then will be permanently deleted.

The principal investigator (Teresa Allison) and her co-investigator/study supervisor (Dr. Jacquie Ripat) will know your name and contact information. Co-investigators (Dr. Verena Menec and Dr. Mandy Archibald) and participatory research team members (Cheryl Hirsh Katz, Sonja Iserloh, and Heather Kraut) will only have access to de-identified data collected in this study. Only the research staff (Teresa Allison, Dr. Jacquie Ripat, Dr. Verena Menec, Dr Mandy Archibald, Cheryl Hirsh Katz, Heather Mandell Kraut, and Sonja Iserloh) will have access to data collected in this study.

Some people or groups may need to check the study records to make sure all the information is correct. All of these people have a professional responsibility to protect your privacy. These people or groups are:

- The Health Research Ethics Board of the University of Manitoba which is responsible for the protection of people in research and has reviewed this study for ethical acceptability
- Quality assurance staff of the University of Manitoba

All records will be kept on a secure University of Manitoba research server, and only those persons identified will have access to these records. If any of your research records need to be copied to any of the above, your name and all identifying information will be removed. No information revealing any personal information such as your name, address or telephone number will leave the University of Manitoba.

Permission to Quote:

We may wish to quote your words directly in reports and publications resulting from this. With regards to being quoted, please check yes or no for each of the following statements:

Researchers may publish documents that contain quotations by me under the following conditions:

<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to be quoted directly (my name is used).
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to be quoted directly if my name is not published (I remain anonymous).
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to be quoted directly if a made-up name (pseudonym) is used.

Voluntary Participation/Withdrawal from the Study

Your decision to take part in this study is voluntary. You may refuse to participate or you may withdraw from the study at any time.

Questions

If any questions come up during or after the study contact the principal investigator, Teresa Allison at [REDACTED] or co-investigator Dr. Jacquie Ripat at: [REDACTED]
For questions about your rights as a research participant, you may contact The University of Manitoba, Bannatyne Campus Research Ethics Board Office at [REDACTED]

Consent Signatures:

1. I have read all 6 pages of the consent form.
2. I have had a chance to ask questions and have received satisfactory answers to all of my questions.
3. I understand that by signing this consent form I have not waived any of my legal rights as a participant in this study.
4. I understand that my records, which may include identifying information, may be reviewed by the research staff working with the Principal Investigator and the agencies and organizations listed in the Confidentiality section of this document.
5. I understand that I may withdraw from the study at any time and my data may be withdrawn prior to publication.
6. I understand I will be provided with a copy of the consent form for my records.
7. I agree to participate in the study.

Participant signature _____

Date _____
(day/month/year)

Participant printed name: _____

Relationship (if any) to study team members:

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has knowingly given their consent

Printed Name: _____ Date _____
(day/month/year)

Signature: _____

Role in the study: _____

Appendix G: Semi-Structured Interview Guide – Older Adult

1. Can you please tell me a bit about yourself?
 - (Age, living situation, experience with technology)
2. How did you learn about digital stories?
 - What helped you to understand what a digital story is?
3. Can you tell me about your experience creating a digital story?
 - What activities stand out for you?
 - Besides your facilitator, who else was involved in helping you to create your digital story?
 - How did each person help you?
 - What was it like discussing your story with your facilitator?
4. Can you tell me a bit about your digital story?
 - What is your digital story about?
 - How did you choose/decide on your story?
 - Can you share what your story means to you?
5. Can you tell me about what it was like to share your digital story with other people in your life?
 - How did you feel when you were sharing your digital story?
 - How did the person watching your story react?
 - Would you like to share your story with other people in the future?
6. What do you think have been the main benefits for you in creating your digital story?
 - What are some positive aspects of your digital storytelling experience that stand out for you?
 - How has the opportunity to create a digital story been helpful for you?
 - In what ways (if any) has digital storytelling helped you to connect with other people in your life?

- How did it feel to be recalling a particular moment in time or to go through pictures?
What impact did these activities have on your memory?
7. What aspects of your digital story telling experience did you find to be challenging?
- What stands out as something that was difficult to do?
 - Can you tell me about some aspects of your experience that you did not like as much?
8. Currently, we are experiencing a worldwide COVID-19 pandemic. Has the process of creating a digital story influenced your ability to cope during the pandemic? If so, in what ways?
- Was there anything unique or important for you about creating a digital story during a pandemic. If so, what?
 - Do you think that your involvement in digital storytelling during the pandemic was helpful? If so, in what way? What stands out as being most helpful?
9. The next few questions are aimed at your perspective about how the digital storytelling program is carried out. Thinking back on the process, can you tell me about some of the things that you found helpful in creating your digital story?
- What are some things that made the process of creating your story easier?
10. How do you feel that the digital storytelling program could be improved?
- What kinds of things do you think could be changed or added to make the process easier?
11. Would you recommend that other older adults participate in digital storytelling?
- Can you share with me why (or why not)?
12. Is there anything else about your digital storytelling experience that we have not talked about that you would like to share with me?

Appendix H: Semi-Structured Interview Guide – Digital Storytelling (DST) Facilitator

1. Thinking back on the process of working with an older adult to create their digital story, can you talk about what worked well from your perspective?
 - What activities stand out to you as being helpful? (i.e., going through photos, sharing stories)
 - What resources did you find helpful?
 - What kinds of strategies did you rely on to help the client create their story?
 - For example, were there specific ways of communicating that you found helpful?
 - As a team, we talked a lot about the importance of building a rapport and a relationship with the older adult client as part of the digital storytelling process. Looking back on your experience, what are your thoughts on this? What was helpful?
2. As a team, we talked about how the process of sharing stories may bring up different emotions for an older adult. Did this occur? If so, can you describe what this was like?
3. Can you talk about what aspects of the DST process you found to be challenging?
 - What didn't work as well?
 - What are some examples of things that were more difficult?
4. As a team, we talked a lot about the current COVID-19 pandemic in relation to the DST process. Looking back on your experience, can you talk about how the COVID-19 pandemic influenced your process of working with an older adult to create their digital story?
5. Looking ahead to the future, what would be helpful in making the digital storytelling process easier next time?
 - Additional supports?
 - Resources?
 - Time?
 - Change in sequencing of activities?
 - Change in format?
6. What are your thoughts about ways that digital storytelling might be useful in your practice?
7. Is there anything else about your experience that we have not talked about that you would like to add?

Appendix I: Focus-Group Interview Guide – Service Providers

Hello and welcome to our session. The purpose of today’s focus group is to help us answer **Research Objective #5: To explore and describe the experiences and perspectives of service providers on the process of developing digital storytelling opportunities for older adults using a participatory-research (PR) approach.**

Jacquie and I will be co-facilitating the discussion. We will be audio-recording the session and each of us will be taking some notes. As a PR team, we have collaborated together for a while now, dating back to June 2019, on the Digital Storytelling (DST) project. Jacquie and I are really looking forward to hearing about everyone’s experiences and perspective on the process. Throughout our discussion, we ask that you please keep in mind that there are no right or wrong answers. We expect differing points of view based on everyone’s unique backgrounds and experiences. In advance of today’s session, we provided each of you with a “DST project timeline”, highlighting different stages of our work together, to assist you in reflecting on and preparing for today’s discussion (show PowerPoint slide of time line). Please let us know if it would be helpful to refer to this timeline again at any point in our discussion

1. Let’s start by thinking back to the beginning when we first met.
 - What were your initial impressions about how we could work together using a participatory-research approach?
 - What was the process like for you at the beginning?

2. Thinking back on our participatory-research partnership, and our process of collaborating together to develop DST opportunities for your older adult community, what have you found to be helpful?
 - What are some things that have made the process easier?
 - What stands out as being a highlight of our work together that was particularly helpful?

3. Thinking back on our participatory-research partnership, and our process of collaborating together to develop DST opportunities for your older adult community, what have you found to be challenging?
 - What stands out as something that was difficult to do?

4. Thinking back on our work together, what are the main outcomes that we have achieved in relation to the DST project? Think about outcomes related to yourself as an individual, as an organization, for your older adult clients, and for the broader community.
 - What are some highlights in terms of accomplishments for yourself, both personally and professionally?

- What knowledge and skills have you gained?
 - In what ways have the services for your older adult clients been impacted?
 - What issues or problems have been addressed?
 - What issues or problems are still unresolved and need more work?
5. Looking ahead, what would be helpful in making our process easier?
- What could be changed or added to improve our work together?
 - Additional supports?
 - Resources?
 - Time?
6. Is there anything else about our experience of working together that we have not covered that you would like to add?

Appendix J: Focus Group Preparation Guide With Activity Timeline

Focus Group Preparation Guide with Activity Timeline

The purpose of the upcoming focus group will be to help us answer **Research Objective # 5: To explore and describe the experiences and perspectives of *service providers* on the process of developing digital storytelling opportunities (DST) for older adults using a participatory research (PR) approach.**

In preparation for the focus group discussion, we ask that you spend some time thinking back on our process of collaborating together on the DST project and reflect on the following questions. These questions will form the basis of our focus group discussion, so please feel free to take notes or record your answers and bring them to the focus group. In order to help facilitate your reflection, at the end of the questions, we have provided a *DST Project Activity Timeline* highlighting different periods of our work together.

1. Let's start by thinking back to the beginning when we first met.
 - What were your initial impressions about how we could work together using a participatory research approach?
 - What was the process like for you at the beginning?

2. Thinking back on our participatory research partnership, and our process of collaborating together to develop DST opportunities for your older adult community, what have you found to be helpful?
 - What are some things that have made the process easier?
 - What stands out as being a highlight of our work together that was particularly helpful?

3. Thinking back on our participatory research partnership, and our process of collaborating together to develop DST opportunities for your older adult community, what have you found to be challenging?
 - What stands out as something that was difficult to do?

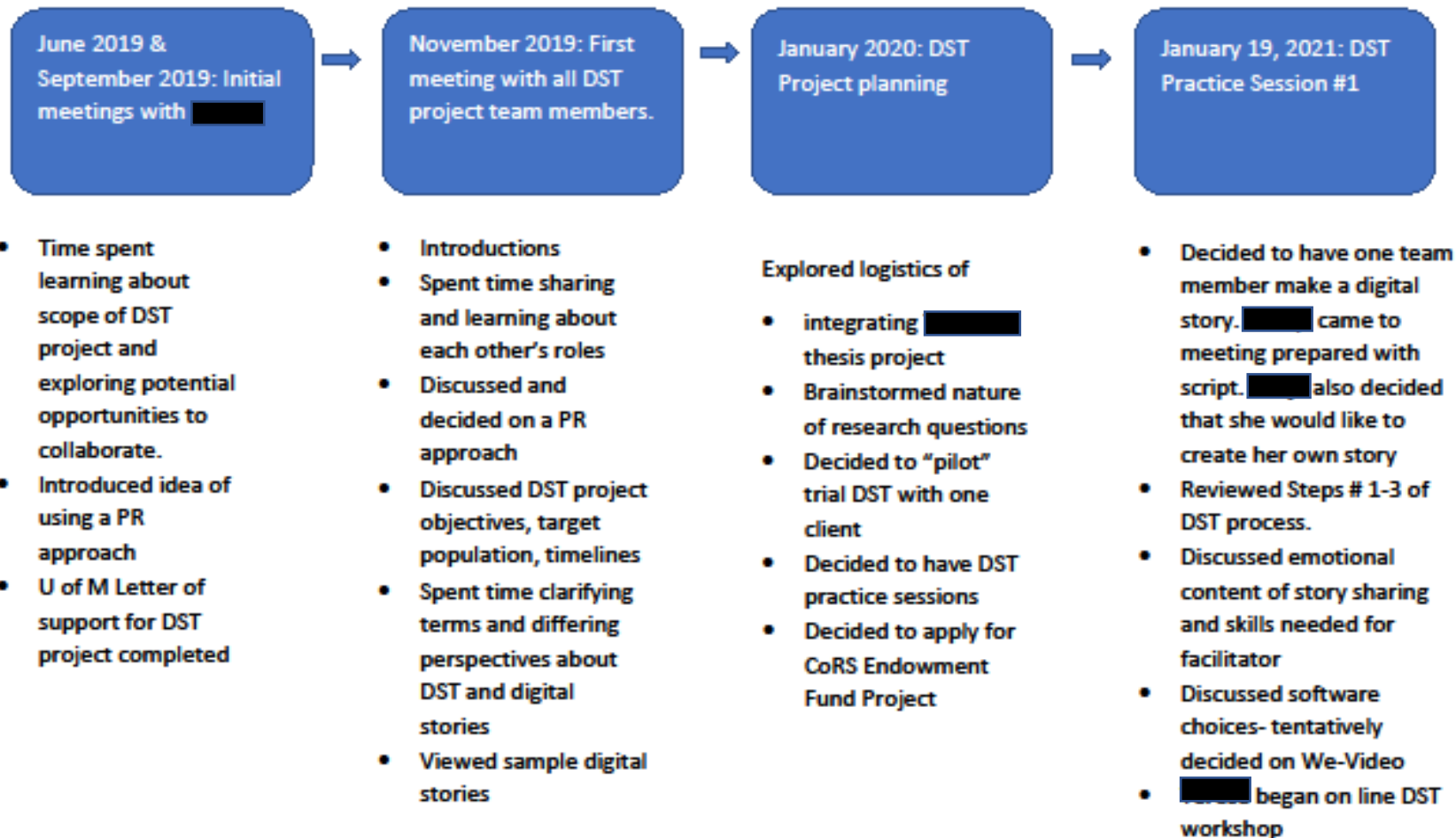
4. Thinking back on our work together, what are the main outcomes that we have achieved in relation to the DST project? Think about outcomes related to yourself as an individual, as an organization, for your older adult clients, and for the broader community.
 - What are some highlights in terms of accomplishments for yourself, both personally and professionally?
 - What knowledge and skills have you gained?
 - In what ways have the services for your older adult clients been impacted?
 - What issues or problems have been addressed?
 - What issues or problems are still unresolved and need more work?

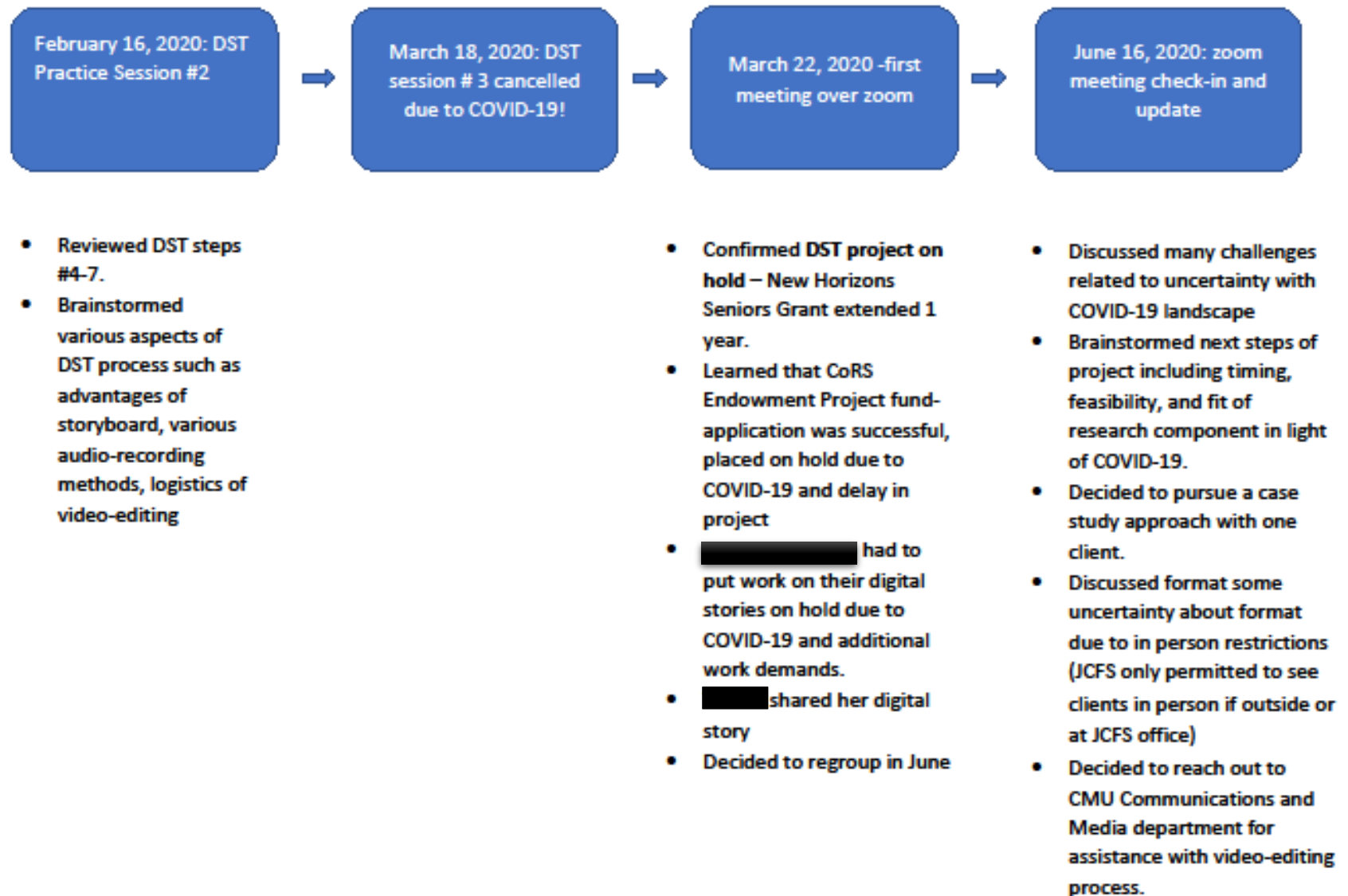
5. Looking ahead, what would be helpful in making the process easier?
 - What could be changed or added to improve our work together?
 - Additional supports?
 - Resources?
 - Time?

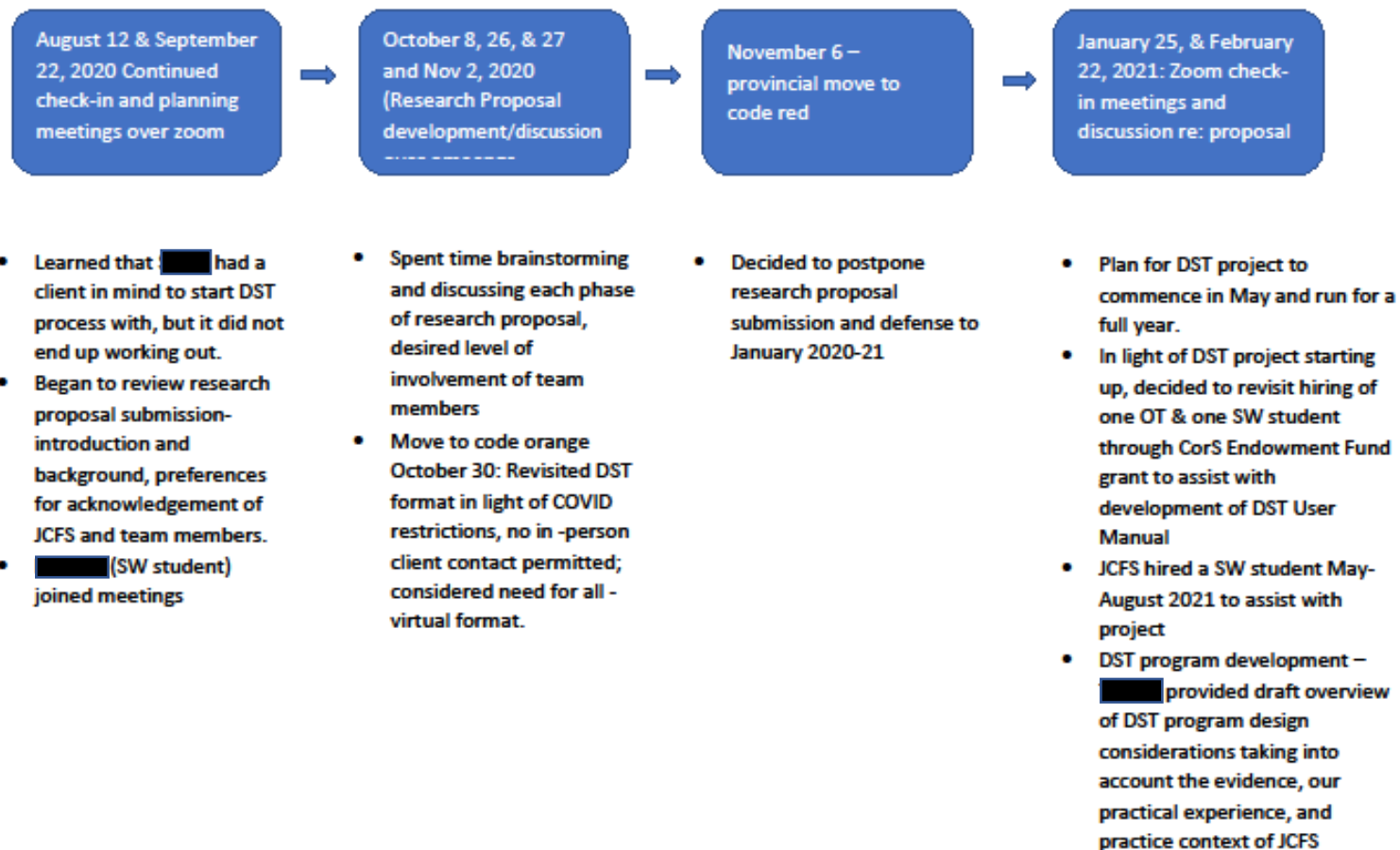
6. Is there anything else about our experience of working together that we have not covered that you would like to add?

DST Project Activity Timeline

This timeline is intended to help facilitate your reflection and thinking back on the above questions.









Appendix K: Positionality of Student Researcher

This memo was written at the time of my study proposal in the Spring 2019

I am an occupational therapist with over 25 years of clinical experience (1989-2017) working across the continuum of care including emergency/acute medicine/surgery, cardiology, inpatient geriatric and stroke rehabilitation, community practice (geriatric day hospital/primary care), and long-term care. Since the outset of my clinical practice, I have had a keen passion and interest in working with older adults, aged 55+, who have made up a significant portion of my clinical caseload over time. In addition to my clinical practice, in 2010 I began working in the Occupational Therapy Department at the University of Manitoba; my current roles include part time instructor, course coordinator, and fieldwork outreach developer. In 2018, I enrolled in the MSc Rehabilitation Sciences program. Since June, 2019, in conjunction with my study advisor, I have had an ongoing relationship with the DST project team in serving as a resource about DST and facilitating the current PR thesis project. In addition to my previous clinical roles, and my current roles as an MSc student and OT instructor, I am also a wife and mother of three children, and a daughter/primary caregiver for my older adult parents.

Stemming from my background and variety of experiences and roles, I have come to hold certain assumptions, beliefs, and values. I come from a disciplined way of thinking about the importance of occupation on an individual's health and well-being. I hold the belief that DST may be a positive occupation for older adults to engage in. This belief is not only shaped by the literature, but by my own personal experience of engaging in DST, and the potential I see for DST for other older adults in my life. At the same time, I am operating under the assumption that

there are multiple ways that DST may be experienced, and that there will not be one objective truth; rather, multiple meanings will be illuminated. Furthermore, a deeply engrained professional value that I hold is person-centredness, which underpins the theoretical framework for this study. This deeply engrained value guides many interactions in my professional and personal life, through which I have experienced many frustrations, joys, and challenges.

As the study evolves throughout the data collection and analysis phases, I will plan to cogitate on how my experiences, roles, relationships, assumptions, beliefs, and values may influence the research process. For example, I will need to be cognizant of how my pre-existing relationships with the DST project team may shape the focus group discussion with respect to their level of comfort discussing both positive and negative experiences. I will also need to be aware of my OT lens and how this aligns or differs with the perspectives of other PR team members whose background and experiences are rooted in another discipline. As I explore participants' experiences with DST, it will be especially important that I remain attuned and open to hearing views that may possibly contradict or challenge my core professional/personal values or beliefs.

Appendix L: Health Research Ethics Board Certificate of Approval



University
of Manitoba

Research Ethics and Compliance

Research Ethics Barnatyne
P125-770 Barnatyne Avenue
Winnipeg, MB R3E 0W3
T: 204 789 3256
F: 204 789 3414
bannrebe@umanitoba.ca

HEALTH RESEARCH ETHICS BOARD (HREB)
CERTIFICATE OF FINAL APPROVAL FOR NEW STUDIES
Delegated Review

PRINCIPAL INVESTIGATOR: Tereese Allison	INSTITUTION/DEPARTMENT: University of Manitoba and College of Rehabilitation Sciences	ETHICS #: HS24911 (H2021:189)
APPROVAL DATE: July 20, 2021	EXPIRY DATE: July 20, 2022	
STUDENT PRINCIPAL INVESTIGATOR SUPERVISOR (if applicable): Dr. Jacquie Ripat		
PROTOCOL NUMBER: NA	PROJECT OR PROTOCOL TITLE: Exploration of the Development, Implementation, and Value of Digital Storytelling for Older Adult Clients of a Community-Based Organization: A Case Study	
SPONSORING AGENCIES AND/OR COORDINATING GROUPS: N/A		
Submission Date of Investigator Documents: May 3 and June 17, 2021		HREB Receipt Date of Documents: May 3 and June 17, 2021

THE FOLLOWING ARE APPROVED FOR USE:

Document Name	Version (if applicable)	Date
Protocol: Revised Protocol along with clarifications provided in Letter of Response and revised submission form dated June 17, 2021		June 14, 2021
Consent and Assent Form(s): RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM Older Adult Participant Individual Interview		June 14, 2021
RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM Digital Story Viewer Participant Interview		April 30, 2021
RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM Service Providers (DST Project Team Members) Focus Group		April 30, 2021
RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM Digital Storytelling (DST) Facilitator Participant Interview		April 30, 2021
CONSENT TO RELEASE OF OLDER ADULT PARTICIPANT'S PERSONAL INFORMATION - DS Viewer		June 14, 2021
CONSENT TO RELEASE OF OLDER ADULT PARTICIPANT'S PERSONAL INFORMATION - DST Facilitator		June 14, 2021
Other: Email Invitation Digital Story Viewer Participant		April 30, 2021
Email Invitation to Participate in Research Study Digital Storytelling (DST) Facilitator		April 30, 2021
Email Invitation to Participate in Research Study Service Providers		April 30, 2021
Questionnaires/Scales/Instruments Appendix		April 30, 2021
Invitation to Participate in a Research Study		
Participant Contact Information Form		

CERTIFICATION

The above-named research study/project has been reviewed in a **delegated manner** by the University of Manitoba (UM) Health Research Board (HREB) and was found to be acceptable on ethical grounds for research involving human participants. The study/project and documents listed above was granted final approval by the Chair or Acting Chair, UM HREB.



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F: 204 789 3114
research@umanitoba.ca

HEALTH RESEARCH ETHICS BOARD (HREB) CERTIFICATE OF ANNUAL APPROVAL

PRINCIPAL INVESTIGATOR: Teresa Allison	INSTITUTION/DEPARTMENT: University of Manitoba and College of Rehabilitation Sciences	ETHICS #: HS24911 (H2021:189)
HREB MEETING DATE (If applicable): NA	APPROVAL DATE: July 4, 2022	EXPIRY DATE: July 20, 2023
STUDENT PRINCIPAL INVESTIGATOR SUPERVISOR (If applicable): Dr. Jacqueline Ripat		
PROTOCOL NUMBER: NA	PROJECT OR PROTOCOL TITLE: Exploration of the Development, Implementation, and Value of Digital Storytelling for Older Adult Clients of a Community-Based Organization: A Case Study	
SPONSORING AGENCIES AND/OR COORDINATING GROUPS: NA		
Submission Date of Investigator Documents: June 6, 2022		HREB Receipt Date of Documents: June 8, 2022

REVIEW CATEGORY OF ANNUAL REVIEW: Full Board Review Delegated Review

THE FOLLOWING AMENDMENT(S) and DOCUMENTS ARE APPROVED FOR USE:

Document Name (If applicable)	Version (If applicable)	Date
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Annual approval

*Annual approval implies that the most recent **HREB approved** versions of the protocol, Investigator Brochures, advertisements, letters of initial contact or questionnaires, and recruitment methods, etc. are approved.*

Consent and Assent Form(s):

CERTIFICATION

The University of Manitoba (UM) Health Research Board (HREB) has reviewed the annual study status report for the research study/project named on this **Certificate of Annual Approval** as per the category of review listed above and was found to be acceptable on ethical grounds for research involving human participants. Annual approval was granted by the Chair or Acting Chair, UM HREB, per the response to the conditions of approval outlined during the initial review (full board or delegated) of the annual study status report.

HREB ATTESTATION

The University of Manitoba (UM) Health Research Board (HREB) is organized and operates according to Health Canada/ICH Good Clinical Practices, Tri-Council Policy Statement 2, and the applicable laws and regulations of Manitoba. In respect to clinical trials, the HREB complies with the membership requirements for Research Ethics Boards defined in Division 5 of the Food and Drug Regulations of Canada and carries out its functions in a manner consistent with Good Clinical Practices.



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research@umanitoba.ca

HEALTH RESEARCH ETHICS BOARD (HREB) CERTIFICATE OF ANNUAL APPROVAL

PRINCIPAL INVESTIGATOR: Teresa Allison	INSTITUTION/DEPARTMENT: University of Manitoba and College of Rehabilitation Sciences	ETHICS #: HS24911 (H2021:189)
HREB MEETING DATE (If applicable): NA	APPROVAL DATE: July 4, 2022	EXPIRY DATE: July 20, 2023
STUDENT PRINCIPAL INVESTIGATOR SUPERVISOR (If applicable): Dr. Jacqueline Ripat		
PROTOCOL NUMBER: NA	PROJECT OR PROTOCOL TITLE: Exploration of the Development, Implementation, and Value of Digital Storytelling for Older Adult Clients of a Community-Based Organization: A Case Study	
SPONSORING AGENCIES AND/OR COORDINATING GROUPS: NA		
Submission Date of Investigator Documents: June 8, 2022		HREB Receipt Date of Documents: June 8, 2022

REVIEW CATEGORY OF ANNUAL REVIEW: Full Board Review Delegated Review

THE FOLLOWING AMENDMENT(S) and DOCUMENTS ARE APPROVED FOR USE:

Document Name (If applicable)	Version (If applicable)	Date

Annual approval

*Annual approval implies that the most recent **HREB approved** versions of the protocol, Investigator Brochures, advertisements, letters of initial contact or questionnaires, and recruitment methods, etc. are approved.*

Consent and Assent Form(s):

CERTIFICATION

The University of Manitoba (UM) Health Research Board (HREB) has reviewed the annual study status report for the research study/project named on this **Certificate of Annual Approval** as per the category of review listed above and was found to be acceptable on ethical grounds for research involving human participants. Annual approval was granted by the Chair or Acting Chair, UM HREB, per the response to the conditions of approval outlined during the initial review (full board or delegated) of the annual study status report.

HREB ATTESTATION

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Appendix M: Consent to Release of Older Adult Participant's Personal Information

I, _____
(please print)

Hereby authorize and consent to the release of my personal information for the purpose of participating in the research study entitled "Exploration of the Development, Implementation, and Value of Digital Storytelling for Older Adult Clients of a Community-Based Organization: A Case Study." I authorize research staff, namely, Teresa Allison (Principal Investigator) to discuss my personal information from the following individual related to their perspectives and experiences of viewing my personal digital story:

Name: _____

Relationships to participant: _____

With the following exception(s):

Signature: _____ Date: _____

This consent will remain in effect for 12 months from the above date. Consent can be withdrawn at any time prior to publication or presentation of the findings.

Notice Regarding Collection, Use, and Disclosure of Personal Information and Personal Health Information by the University

Your personal information and personal health information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purpose of obtaining your consent for the exchange of your personal information and/or personal health information between the specified individuals. Your personal information and personal health information will not be used or disclosed for other purposes, unless permitted by The Personal Health Information Act (PHIA) or The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information or personal health information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N1