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Place-Making through Media: How Media Environments Make a Difference for Long-Term Care Residents' Agency

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Abstract: This paper explores the unique relationships care home residents have with communication media. Drawing on findings from an ethnographic case study at a long-term care site in British Columbia, Canada, I describe how care home residents' everyday media practices are intertwined with their negotiations of longstanding attachments and new living spaces. The research draws connections between the spatiotemporal contexts of media use and residents' experiences of social agency. Long-term care residents in this research were challenged to engage with the wider community, maintain friendships, or stay current with events and politics because their preferred ways of using communication media were not possible in long-term care. The communication inequalities experienced by care home residents were not simply about their lack of access to media or content but about their inability to find continuity with their established media habits in terms of time and place. While most research about communication media in care homes has been intervention oriented, this research suggests that long-term care service and funding policies require greater attention to create flexible, diverse, and supportive media environments.

Keywords: older adults' media practices; older adults' media biographies; long-term care; social isolation in later life; social agency; person-centered care; information and communication technology (ICT); life course perspective; communicative ecology mapping; focused ethnography

1. Introduction

The recent events of the COVID-19 pandemic have put long-term care systems, and their many flaws, in the public eye [1–3]. In British Columbia, Canada, depression, low levels of social engagement, and the administration of psychotropics without a supporting diagnosis are ongoing issues [4]. Person-centered care approaches that consider lifelong habits have been connected to reductions in the inappropriate use of antipsychotics and restraints in long-term care [5,6]. The few studies there are on care home residents' everyday media practices [7–9] have drawn attention to the differential attachments and identities that shape later life media choices. Such studies suggest that more individualized approaches to communication media services in care homes may help residents feel more at home.

Research shows that care home residents' sense of home is enhanced when routines are flexible, and residents can exercise choice and control over their daily activities and immediate surroundings [10,11]. Place-making has been theorized as the processes by which individuals' interactions with their social and material surroundings influence their sense of belonging, identity, and personal independence [12–14]. In care homes, personal possessions have been long noted to support place-making as they provide comfort and lend continuity to everyday lives [10,15,16]. Moreover, the social practices surrounding material belongings in care homes, such as displaying and gifting, can facilitate meaningful relationships among residents and between residents and staff [17]. Regular social connections both inside and outside the care home can be important for residents' quality of life and sense of purpose [18,19]. Care home residents' levels of social engagement are often low [4,20], which can negatively impact their overall health and wellbeing [21,22].

The past two years have seen strict visitation restrictions at care homes around the world due to COVID-19 infection prevention measures and studies report increased levels of loneliness, stress, and depression among care home residents [23–27]. For months at a time in many locations, care home residents have not been able to meet with their spouses or their children, or meetings have been restricted to brief exchanges through a window or doorway. A growing number of studies account the impacts of remote communication, such as video-calling, on resident–family relationships and resident well-being during the pandemic, primarily from the perspectives of family caregivers or staff [25,28–30]. Even before the pandemic, loneliness was prevalent among care home residents and a widely recognized issue for long-term care systems [31–33]. Yet, the standpoints of care home residents about their everyday uses of communication media have been largely overlooked (counterexamples include [7–9]).

Paradigm shifts in social gerontology have incited interest in the cultural aspects of older adults 'doings' with communication media [34,35], with research areas spanning older adults' online communities [36,37], digital leisure practices [38,39], and uses of communication technologies for political activism [40–42]. Yet, when it comes to care homes, most studies about communication media have been intervention oriented. In intervention studies, researchers or practitioners implement a technology, service, or training programme that is new to the research context and evaluate its impacts on pre-defined aims. Media-related interventions in nursing homes include telepresence robots [43,44], video-calling services [45–48], hand-held radios [49], augmented newspapers [50], and touchscreen installations [51–53]. While outcomes vary, longitudinal studies suggest that the positive influences of interventions on residents' levels of social engagement are often not lasting [54,55].

Where much prior work has tried to find the right communication technology for care home contexts, this research draws attention to the diverse and unique relationships that care home residents have with communication media. The paper builds an understanding of how care home residents' everyday interactions with communication media influence their experiences of social agency. I present findings from an ethnographic case study conducted in a face-to-face format in late 2019 shortly before the COVID-19 pandemic brought about social distancing measures. Research was conducted with 12 individuals living at a long-term care site on Vancouver Island, British Columbia, Canada. I describe the intertwining of participants' everyday media practices with living spaces and emotional attachments and argue that a diverse array of media and media support systems would support residents to find continuity with their established media habits and to gain a stronger sense of social and communicative agency.

2. Materials and Methods

2.1. Design

The research approach was based on a form of critical, collaborative ethnography that explores lived experiences—or the ways individuals ascribe meaning to and gain knowledge from their experiences—to build understanding on systemic forms of marginalization [56,57]. Unlike conventional ethnography, a case study design was used, and the research procedures and timeframe were delimited at the outset. Research was conducted in an intensive format over a two-week period along the lines of what Knoblauch has called focused ethnography [58].

The study was designed in partnership with a privately owned, long-term care site in an urban location on Vancouver Island, British Columbia. The research aimed to understand the everyday communication and social practices of residents with no or mild cognitive impairments and to devise practical solutions to support their social agency. Methods combined participant observation (57 h) and a three-part interview procedure (12 interviews) designed to promote collaborative reflection and problem-solving with participants. Findings were initially summarized in a practical report prepared for the site. The report accounted participants' experiences using communication media at the site,

summarized their wants and needs for communicating and socializing, and relayed their specific requests for changes.

The research focused on the situation for residents with no or mild cognitive impairments who form a minority within the long-term care system in British Columbia [4] and whose social needs can be overlooked due to their low proportional representation [59]. In the context of this research, mild cognitive impairment refers to difficulties with memory, language, or thinking that do not severely impact an individual's daily activities or decision-making capacity [60,61]. In line with the Adult Guardianship Act in British Columbia, residents were presumed capable of making decisions unless the contrary had been demonstrated. In keeping with the research objectives, residents who had been designated a statutory guardian or who had been deemed incapable of managing themselves or their own affairs were not invited to participate in the study. No further exclusion criteria were used.

Fifteen eligible residents were invited to voluntarily partake in the study, which resulted in twelve participants:[1] ten women and two men, ranging from 57 years to 101 years of age with an average age of 84 years. Participant characteristics are summarized in Table 1. The study group involved 10 per cent of all residents at the site and 80 percent of residents who met the inclusion criteria. All participants were able to consent on their own behalf and provided their informed consent prior to their involvement in the research project.

Table 1. Characteristics of participants.

Participant [1]	Age	Living Situation	Personally Owned Technologies	Most Valued Medium
Barbara	73	Personal room	Radio	Phone [2] (in lounge)
Doris	91	Personal room	TV, phone	Newspaper (personal subscription)
George	73	Personal room	Cell phone, radio (doesn't work)	TV (in lounge) + cell phone
Helen	86	Personal room	CD player (unable to use)	Magazines (personal collection)
Irene	57	Personal room	TV, e-reader, cell phone	e-reader + cell phone
Lois	83	Personal room	Phone (needs help with outgoing calls)	Common spaces (talking to staff and residents in the hallways and lounge)
Mabel	94	Personal room	Phone (needs help with outgoing calls), Radio	Radio (in room)
Mary	96	Personal room	Phone (needs help with outgoing calls)	Books (personal collection)
Patricia	81	Shared room	Radio (unable to use)	Window
Ruth	90	Shared room	Phone, TV	Phone (in room)
Shirley	101	Personal room	Phone (needs help with outgoing calls), CD player	Phone (in room) + CD player
Thomas	82	Personal room	TV	TV (in room)

[1] Names have been changed to preserve confidentiality. [2] 'Phone' refers to landline telephone.

2.2. Context

In British Columbia, long-term care sites are publicly subsidized nursing homes for individuals who cannot obtain the care they need at home or at another type of residential facility due to cognitive impairment, behavioral problems, physical dependency, and/or complex medical issues. Long-term care residents in British Columbia typically stay in a facility for two-and-a-half years [4] and contribute a rate of 80 per cent of their after-tax

income. Publicly subsidized services at long-term care sites include accommodation, meals, laundry service, recreational activities, hygiene and medical supplies (including basic wheelchairs), and clinical support services. What comes out-of-pocket for the resident is telephone connection, cable television, magazine and newspaper subscriptions, companion services, and equipment such as hearing aids and walkers [62].

At the long-term care site of this research most residents resided in private rooms spread across five floors. While in principle each floor housed residents with similar dependency levels, in practice this was challenged by the fact that bed availability at the time of admission determined floor placement. In effect, the three floors where the research was conducted housed residents with differing levels of cognitive impairments. Each floor had its own dining area, a small television lounge and a small, themed room, such as a fitness room or library, while the ground floor had a larger lounge, an events room, and a garden. Most residents were not able to leave the floor independently and for some, walking up and down the corridor was a typical past time and a way to get exercise or a different view out the window. None of the twelve research participants could leave the site independently as per the advice of care management. While most participants spent most of their time on their own floor, three participants could independently use the elevator and visit the garden and lounge on the ground floor.

2.3. Methods

The interviews were on average 50 min in length and combined narrative inquiry, mapping exercises and a guided tour. Participants were prompted to narrate their experiences of moving into the care home and the changes they had experienced to their usual communication modes throughout their lives. Using tactics for narrative interviewing described by Schütze [63], I avoided cross-examination and used non-verbal encouragement. While Schütze's ideal of self-sustained narration, where the interviewee tells a lengthy and complete story without further prompts, was most often not obtained, immanent questioning was used to create an open space for respondents to indicate what was most relevant for them.

The second phase of the interview involved two mapping procedures. First, respondents were asked to describe in detail the people, places, and activities of their daily lives which I mapped out on a large piece of paper. Second, drawing on the communicative ecology mapping used by Hearn et al. [64], I presented respondents with picture cards of 11 media that could support communication and/or information retrieval: television; radio; telephone (including cell phones and landline phones); computers and tablets; books; newspapers and magazines; mail; writing materials (e.g., diaries); informational materials (e.g., activity calendar); transport (e.g., bus tours, family members' cars); and the care home's common spaces. Respondents identified the media they valued most, and each medium was discussed in detail. I used the participants' own way of speaking to frame questions. Attention was given to the interrelations of media and reasons for non-use [65]. Assets, drawbacks, and current and former use patterns were recorded on a large sheet (Figure 1 below). Where possible, participants verified the information displayed on the mapping sheets.
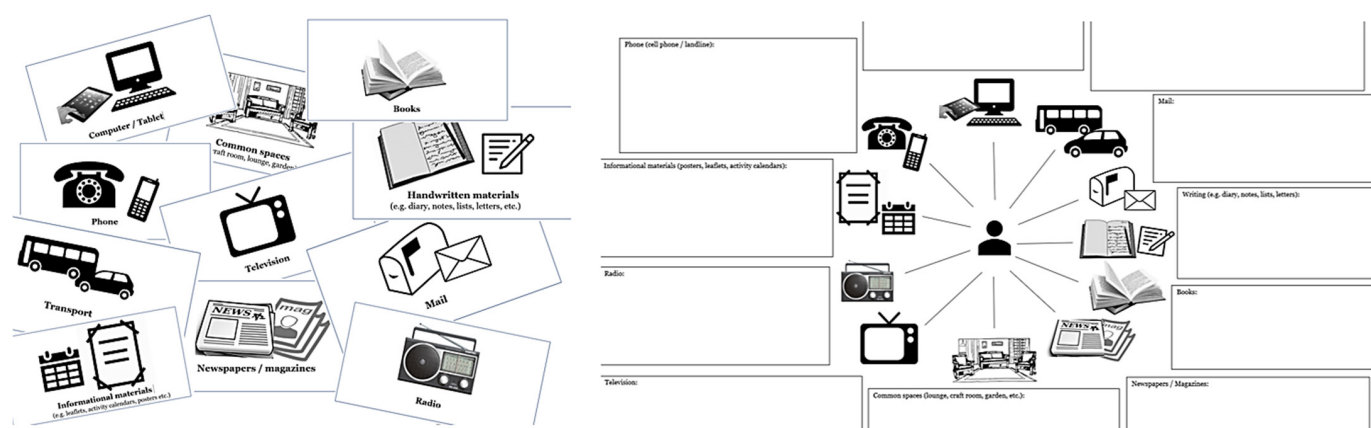
Figure 1. Picture cards and mapping sheet used for communicative ecology mapping.

For the final portion of the interview, most respondents[2] gave a guided tour of the places in the care home where they socialize and use communication media, along the lines of the indoor walking interviews described by Ratzenböck [66]. As Ratzenböck found in her interviews, the guided tours allowed respondents to revise, contradict, or emphasize the information they had given, which resulted in a more complex portrayal of their relationships with different media.

Participant observation was conducted for 57 h spanning different times of the day from 8 am to 8 pm. I spent time in the common spaces, partook in a wide range of activities and events, and engaged participants in casual discussions about their daily activities and about my analysis. In this way, the participant observation provided a space for collaborative reflection on the research findings ([67], pp. 173–178).

The research generated 235 pages of transcribed interviews, 15 pages of interview reflections, and 29 pages of participant observation notes. All data files were uploaded to Atlas.ti qualitative data analysis software for organizational purposes. The analysis was conducted in two phases. In the first phase, I inductively moved from codes using participants' own phrasing to thematic categories and concepts [68]. Following the initial emergence of a code hierarchy, I re-analyzed the dataset from each participant to find causal strands within individual participants' standpoints. This second phase of the analysis was used to draw connections between present day media practices and participants' lifelong habits.

3. Results

3.1. Negotiating New Social Spaces and Dependencies

Most participants found the social environment in the care home challenging. Friendships with other residents were not common among participants. George, a 73-year-old man who had been living in the care home for five months found it difficult to talk to most residents on his floor: "I'm so frustrated. I hate it here. The [staff] are nice, the majority of them are . . . I've been friendly with [two residents] but the other [residents], we don't associate." George found the care home "quiet" and explained most residents spent the day in their own rooms: "I sometimes wonder what they're doing, but I don't know." Similarly, 81-year-old Patricia explained, "There's things I sometimes think I want to talk about, but I don't know who to talk to, so I just keep it in my head."

Other participants, such as 90-year-old Ruth and 86-year-old Helen, felt the ambience of the care home was so institutional that it was difficult to socialize. Helen explained, "It's hard to meet people when you live in a place like this . . . it just seems like it's not as easy to get to talk to other people I guess." Ruth explained that mealtimes felt rushed and functional: "It is very quiet, nobody talks, except the staff."

Ruth previously lived in an assisted living facility, where "the ambience" and the way they were treated was much different. She explained, "I didn't decide to come here, and I

don't think my son knew what this was ... I didn't realize that this is the end of the line pretty much." Shirley, a 101-year-old woman who had also moved from an assisted living facility, found the adjustment difficult as there were few opportunities for socializing in the long-term care home.

> I was in other places [assisted living facilities], and this is oriented mostly towards people with dementia ... People just don't do it here [make friendships]. Before I broke my hip, I was getting around in my wheelchair by myself and, uh, by just peddling my feet, you know. I can say there's hardly anybody up and down the aisles that I know anything about except maybe some of the ones that we are seated with at the dining room ... but you don't [get to know them] either because your food comes, and you have to get on with it and get the meal over with because they need the room. . . . It's not very social ... It's not that I'm not that friendly. They all just go back to their rooms, and that's what it is.

While daily recreational programming was offered, such as singalongs and art classes, ten of the twelve participants explained they rarely or never attended in-house activities apart from the fitness class. Seven of these participants further explained they found it difficult to communicate with their peers. Eighty-two-year-old Thomas explained, "I more or less try to keep to myself anyway because I'm not in the same state as most of them in here." Thomas found the decision to move into long-term care a difficult one, one which required him to recognize his dependency:

> For two or three years I just declined it [moving into long-term care], I just stayed away from it. You don't want to give up your individuality and your independence. So finally I reached a point where I agreed with them that I couldn't handle things for myself anymore ... The more I get into this place, I find that I have a feeling for a certain comradery with staff because they seem to understand where I'm coming from ... You know, because it's quite a change, as I say, giving up your independence. I won't say losing it, but giving it up.

Similarly, 94-year-old Mabel explained, "Very hard, I found it very difficult [moving into the care home]. I don't know why. I guess when you get up in years you've been gradually doing it, and having your say, and doing pretty well what you want, it becomes a little hard when you get a little older."

That most participants felt the care home lacked a favorable social environment made the adjustment more challenging. However, two participants, 73-year-old Barbara and 83-year-old Lois, found meaning in their relationships with their peers and regularly partook in the classes and events. Both had been caretakers in their working life, including the caretaking of older adults and individuals with intellectual disabilities. Barbara explained, "A lot of [the residents] can't talk ... so that they make sense ... But I pay attention and I listen ... I'm helping a lot of people ... I just talk to them as easy as I can, and calmly. And I get them to understand." Similarly, Lois explained,

> It took me a little while to get used to the people here. . . . and [then] I thought, you know, I am helping someone ... it gives me something to do besides sitting in the [room] ... guess I'm more or less here to help people and this is what I want.

3.2. Media Habits and Attachments

Most participants had developed strong attachments to a communication medium, whether television, newspapers, magazines, or the view from a window, which played a central role in their daily lives. Respondents made explicit connections between their preferred media and their former habits and values or an important event in their lives. Thomas, for example, who spent most days in his room watching his television explained, "My TV's there, it's my best friend ... I would just prefer to just be here with my best friend." He recalled the excitement when television first came into his life:

> We used to read the comic books about TV. In the comic books, people had TV! "Well, there it is there, they've got it!" It was so far advanced and everything, but nobody ever had one. And then all of a sudden it came out.

Mary, a 96-year-old woman, considered herself "not a TV watcher." She explained that along with her husband she had been an "outdoors person". While she would like to "explore the neighborhood," she also enjoyed the quietude of her own room for reading—"I read an awful lot, oh yes"—and rarely went in the TV lounge. Patricia also rarely went in the TV lounge but in her case, it was because she saw it as a male space: "All the men go in there. It's for the men. . . . Sometimes I hear about something I might want to watch, and I don't have a TV, but it doesn't bother me that much."

Respondents described the importance of watching or reading in an environment that fit with their usual habits. George, for example, was an avid television watcher but did not want his own TV as he was not accustomed to spending time alone: "My son was going to bring in a TV in here for me, but I don't want it . . . I'd rather be in there [the TV lounge], than just in here [his room]." George considered himself a social person, and preferred to watch television in a social setting even though this was often disruptive: "[Another resident] will roll up and you're sitting there [in the TV lounge], and he'll roll up and turn it off, and then take off, and all that . . . And he makes so much noise."

Helen had also been socially active throughout her life with large friendship networks. As George, she did not want to be on her own. She spent most days reading in the dining room. Lately she had been trying to read a novel, but this was becoming difficult, and she was increasingly turning to more pictorial magazines. She explained,

> I've been reading it [a novel] forever it seems like . . . and I keep going back and going over it again. I'm not trying to do that, but it's what happens. I always have to go back and see how did that come about.

She carried around a pile of "Hello" magazines in her walker, a magazine series she had a longstanding affinity for: "You know, my mother always made sure that I was on this [the Hello magazine subscription] list".

Similarly, 91-year-old Doris spent her mornings looking through sections of the newspaper that aligned with old habits: "I'm particularly looking at Thrifty Foods [grocery store flyer], I used to order from them when I lived in my apartment." Doris didn't consider herself a social person and was content spending most of her time in her room next to a table full of books, magazines, and the daily newspaper to which she subscribed. Doris was well-adjusted to living in the care home. Surrounded by familiar furniture and reading the same newspaper as she had at home, Doris experienced a sense of continuity of place.

Participants also developed new habits to adapt to the changing circumstances of living in long-term care or their changing abilities. Irene, a 57-year-old woman who was experiencing progressive degeneration of manual dexterity found it difficult to hold and turn the pages of books. She had been an avid reader throughout her life and had developed a strong attachment to her e-reader, which she stored under her pillow.

For two respondents who did not watch television, the window had become an important communication medium that provided access to the outside world. Both respondents had formed a bond with a particular viewpoint. Helen preferred her bedroom window where she watched the float planes land. On the guided tour, Patricia led me into a small library across from her room. She hadn't looked at the books or sat on the couch in this room, but she went in a couple times a day to look out the window where she could see children playing.

3.3. Making Outside Connections

Whereas Patricia and Helen found comfort in seeing daily city life out the window, the window aroused anger and frustration for George. Looking out his bedroom window, George explained,

> Something's gotta give for me. You know I look at that building over there, and I got a friend, a few years ago . . . and he stayed there and we went for a breakfast there every morning, the one on the left . . . and it was pretty good. And so, it was a lot of fun, but, I'm stuck here.

George used to enjoy walking around the neighborhood. He would go on long walks with his dog. This freedom to walk the streets was one of the things he missed most since moving into the care home. He explained, "I'm hoping to get out of here soon." Similarly, Thomas explained he enjoyed getting out of the care home to see the changes in the city.

> I've lived in the city all my life . . . . Every part of the town has changed to some degree. Every part. It's a lot of years you know. The thing I do, I like to get a bus trip . . . go around and look at the changes.

The care home arranged weekly scenic bus trips which came at a cost of 25 dollars to residents and were typically offered to the residents of each floor once a month. While some residents appreciated this opportunity, such as Doris—"I go on every one [bus trip] I can"—many residents couldn't afford them and some found it frustrating that they couldn't get off the bus. George explained, "I won't go on them again . . . they sit on the bus all the time. I wanted to get out of the bus, and I wanted to walk around." Ruth was also more interested in walking the streets than sitting on a bus. She explained, "The fact that I have to have somebody take me [if she wants to leave the care facility], it's very restrictive. Because I know I could walk over to the Safeway [grocery store] and it would be nice."

Ruth paid for costly companion services when she had appointments, but otherwise she rarely had the opportunity to leave the care home. While she was from Ontario originally, she had a good network of friends in Victoria, but lately she rarely saw them. She felt this was because there were no appropriate places to host visitors—"There's no place really to sit!" She explained further about the regularity of visitors she received:

> Since I've been in here, it's [the number of visitors she receives] not as much as in the [assisted living facility]. Because when I was in the [assisted living facility] I could invite them for lunch, afternoon tea. It was a more normal life for me, whatever normal is.

Since moving into the care home, phone calls had become the most important communication mode for Ruth, as she rarely spoke to staff or other residents, or received visitors. Most days, the only conversation she had was by phone with her sister in Ontario. However, Ruth lamented that there was no privacy for her calls as she lived in a shared room.

Barbara also expressed concern about the lack of quietude and privacy for phone calls. While she didn't have a phone in her room, nightly calls from the phone in the downstairs lounge allowed her to have a shared routine with her husband: "At six-o'clock [her husband] knows the call is coming. He's got his chair. He's got his pot of coffee made." Similar to Barbara, Lois regularly chatted with her peers in the care home; she also valued her phone to keep in touch with those outside the care home: "I still converse with my girlfriends, they always phone me and tell me what's going on. So, it's fine." She explained further, "I like the phone because I can hear their voice . . . I like to hear the voice and how they are." Thomas who didn't like the phone found it useful while living in the care home, "I could do without [the phone] if I had to . . . I don't like phones, I never have. But I got to get in touch with my daughter, so I have it."

Wi-Fi was available in all rooms in the care home but was not used by participants. Six participants had formerly used a computer, four of whom described using the Internet for emails or information searching. Yet, as there was no computer room in the care home, these participants did not have a familiar way to access the Internet. George, the only participant with an Internet enabled device, a smartphone, used his phone for photo taking and voice calls only. He explained,

> Oh, I don't know [if he can access the Internet on his phone]. I don't like texting. I phone. My eyes aren't the greatest. I can't see the small print and I can't make my finger go like this. You know, I don't bother.

Other participants described difficulties using landline phones. Shirley explained, "I usually try to get somebody to help me because I can't see the . . . numbers. And sometimes I try to do it myself and then they say, 'Hang up and try again,' type of thing." Mary explained, "She's [her daughter] moved, so she has a different phone number. And for the life of me I can't remember it, and I wrote it down somewhere and I can't find it."

Patricia also didn't know how to contact her family members. She didn't have a phone in her room and wasn't sure how to use the public phone or what numbers to call. While she felt isolated—"Nobody hardly knows I'm here!"—this did not cause her much concern, as she habitually spent a lot of time alone: "I kind of stick to myself. But I've always been like that . . . and I got my coloring." Without a television or newspaper subscription, Patricia relied on mindfulness coloring books that her son had brought in. While she enjoyed coloring, she also liked reading the news: "I used to [read the newspaper], but I don't get one. Sometimes I like to, if I see one lying around, I pick it up to see what's going on . . . I like to have something to read sometimes."

Lois and Barbara also found it challenging to access news media since moving into the care home. Lois explained, "I like watching it, I like to keep up with the news, and stuff, but here it's hard." Lois didn't have her own TV and as half of the participants in this study she did not know how to use the TV in the lounge. While the TV was on in the lounges throughout the day showing a variety of reality shows, comedies, dramas, and films, residents usually spent the evenings in their own rooms or at an organized event, such as a movie night. The only respondents who watched news programs did so in the evenings using their personal televisions.

While Barbara knew how to use the TV in the lounge, she felt excluded from news programs as she couldn't watch them in the comfort of her own room in the evenings. She expressed concern about her dwindling levels of civic engagement over the four years that she'd been living in the care home. Barbara couldn't afford any of the 'extra' services. While she accepted regular interruptions to her evening calls with her husband on the public phone as part of group living, she particularly missed not being able to keep up on news. She explained,

> I don't have a TV in my room, I don't get the newspaper cause it costs money, and I don't have any, so I don't know what's going on in the world. I mean I read the newspaper when I find one laying around . . . I mean I don't know really what's going on, and who's the best person [to vote for], I mean I've got no way of knowing. I mean if I watched the news on a regular basis, yeah, I would figure it out, but I don't have a TV.

4. Discussion

Communication media not only were tools to facilitate communication or retreive information, but also provided a form of friendship or a source of comfort. The relationships individuals develop with personal media devices such as mobile phones have been found to involve a range of emotional responses [69]. Among older adults, research has shown that emotional attachments towards digital technologies typically arise from frequent use, feelings of dependency on the device, and a high-level of social interactivity facilitated by the device [70]. In the long-term care context of this research where emotional bonds with traditional media were commonplace, these bonds often did not relate to the medium's level of social interactivity or to its perceived necessity. Rather, I suggest, the attachments I saw, which were recreated through frequent use, arose in connection to lifelong habits and experiences.

The spatiotemporal structuring of media use was an important facet of residents' efforts to rebuild continuity [71] with former social practices. This related both to social surroundings and to daily routines. George, for example, prioritized the habit of watching

television in the social space of a lounge over having undisrupted and personal access to TV programming in his room. While Mary and Doris enjoyed reading quietly in their rooms, Helen who identified as a social person liked to sit in the most socially active place—the dining room—while reading. Access to a diverse array of media supported residents to adapt to their changing abilities in ways that were meaningful, such as Irene who replaced paper books with an e-reader, and Helen who increasingly turned to her favorite magazine as novels became difficult to understand.

While other studies suggest that television is overused by care home residents [52], most participants in this research did not watch TV during the day. Other than Thomas who considered his TV a friend, participants with personal televisions watched evening programs, particularly the news, as they had done before moving into long-term care. As found by Östlund [8], television use reflected previous habits and provided comfort by giving structure to the day. Having a personal television was important in this sense as it provided access to evening programing in a private, comfortable space.

Some respondents were challenged to find continuity with lifelong media habits due to the lack of individualized support with communication media and the costliness of in-room cable television, private phone connections, newspaper subscriptions, bus trips, and companion services. While Ruth and Barbara did not have a private space for phone calls, Patricia and Helen were not able to use the phone at all. Moreover, participants without their own TVs or newspaper subscriptions felt cut off from world events. Personal ownership of media provided the flexibility needed for some respondents to recreate old habits and this supported them to make connections outside the care home.

Outside connections were important not only for friendship and recreation but also as an avenue to express an *extra*-care home identity. Participants such as Thomas, Ruth, and Shirley found the move challenging because they felt 'different' than the typical care home resident. Routinized, daily phone calls with family members helped reduce feelings of separation from external social worlds. Most participants did not feel socially engaged within the care home because making friends was difficult. Yet, there can be much diversity in the significance this has in residents' daily lives [72]. Participants in this research had varying expectations and desires for friendships which related to their life course experiences and daily habits. While Barbara and Lois reconnected with former work roles and found meaning in helping their peers, Doris and Mary did not feel the need to socialize with their peers as they enjoyed the familiarity of solitary reading. Other participants, such as Ruth, George, and Helen, who sought out companionship, were frustrated with the institutional and unsociable ambiance of the care home.

Research has shown that flexible routines that give residents control over the timing and place of their daily activities can make long-term care feel more home-like [10,11]. This paper draws attention to the importance of enhancing flexibility in the routines surrounding communication media use in long-term care. As found by Swane at a Danish nursing home [7], when residents could reintegrate their familiar habits of reading and watching into their daily routines this supported them to recreate a sense of place and belonging in the care home. What this research further shows is that the spatiotemporal practices surrounding media use in long-term care are intimately connected with residents' levels of social and civic engagement.

The communication inequalities participants experienced were thus not simply about a lack of access to media or content but about the spatiotemporal contexts surrounding media use. When participants could not find familiar and comfortable ways of using media, this became a use barrier. Barbara and Patricia, for example, felt cut off from world events not because news programs weren't available, but because they could not watch the evening news in the comfort of their own rooms. Reading the newspaper over breakfast or phoning a friend for a private chat were familiar ways of feeling engaged that were no longer possible for some participants. Findings suggest that the personal ownership of information and communication devices can help give residents the flexibility they need to meaningfully engage in social life.

In line with funding policies in British Columbia, the care home offered a range of in-house recreation activities free of charge, from crafts classes to singalongs and bell ringing. While these activities were attended by many residents, most research participants felt the activities were not relevant to their preferred modes of social engagement. What participants lacked, and what was not funded, were personal televisions and phones, newspaper subscriptions, companion services for neighborhood walks, and designated staff hours for support with media devices. This had implications not only for residents' wellbeing but also for their levels of social and civic engagement.

5. Conclusions

This paper explored everyday experiences of communicating and socializing among 12 residents with no or mild cognitive impairments at a long-term care site in British Columbia, Canada. Findings showed that long-term care residents can be challenged to engage with the wider community, maintain friendships, or stay current with events and politics because their preferred ways of using communication media are not possible in residential care. Participants of this research would have benefited from more control over when, where, and how they use communication media, and thus from funding for the personal ownership of media technologies and from funding for regular one-on-one support with communication devices. While most research about communication media in care homes has been intervention oriented [43–53], this paper suggests that long-term care service and funding policies will require greater attention to create flexible, diverse, and supportive media environments. The findings presented in this paper reflect the experiences of 12 residents at one site and, while not generalizable, they show that the spatiotemporal contexts surrounding media use can be an important factor for care home residents' social and civic agency.

Institutional Review Board Statement: The study was approved by the Ethics Committee of the Universitat Oberta de Catalunya (23 July 2019).

Informed Consent Statement: Informed consent was obtained from all research participants.

Data Availability Statement: Not Applicable.

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Notes

1. Two residents declined and one was in hospital at the planned interview time.
2. Two interview participants did not give a guided tour: one was bedridden at the time of research and the other did not usually move around the care home and preferred to stay in the room.

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