

## Research Article

# “You’ve Got to Connect with the People”: The Meaning of, Preferences for, and Involvement in Social Participation for Older People Living in Nursing Homes in Victoria, Australia

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Received 29 August 2023; Revised 20 February 2024; Accepted 21 March 2024; Published 4 April 2024

Academic Editor: Helen Skouteris

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This research sought to explore the meaning of, preferences for, and involvement in social participation for older people living in nursing homes in Victoria, Australia. A qualitative descriptive study using semistructured interviews with twenty older people living in four geographically and ethnically diverse nursing homes was conducted between 2020 and 2022. Interview transcripts were thematically analysed. All the older people had been very socially active before moving into aged care and had participated in leisure and volunteering activities. Five themes emerged from the data analysis related to the meaning of, preferences for, and involvement in activities for social participation. The meaning of social participation among these older people varied. Some participated in group activities to keep active and busy, while others were content with interests of their own. Social participation in group activities provided older people with a connection to others and assisted in maintaining existing, or developing new, relationships. However, the ability to participate in group activities that offered opportunities for social participation was limited by age-related decline for some older people. The COVID-19 pandemic restrictions constrained activities, which provided opportunities for social participation for some older people living in nursing homes, but not all. These perspectives highlight the need for individualised person-centred opportunities for social participation in nursing homes. Group activities should enable older people to remain active and facilitate social connections that provide meaning and purpose. Respect for individual choice is important, as older people are not a homogeneous group, and opportunities to pursue individual activities should be facilitated.

## 1. Introduction

Increasing longevity among older Australians [1], with associated frailty and multiple comorbidities [2], means some older people require 24-hour care and support in nursing homes. In Australia, the median age of older people living in a nursing home is 85 years, and two-thirds are women [3]. Older Australians living in nursing homes have complex healthcare needs (61.3%), and many are frail (46.3%) and have dementia (54%), with a high burden of chronic disease [4, 5] that causes age-related disability [2]. Despite their frailty and functional and cognitive disabilities, older people

living in nursing homes still have some capacity and a strong desire to engage in meaningful activities that provide opportunities for social participation and afford friendship, entertainment, enjoyment, and fulfillment [6]. Meaningful activities promote active participation, relate to older people’s interests, and provide them with a sense of autonomy, connection, identity, and belonging [7]. Social participation is the “conscious and active engagement in social activities leading to interacting with others” [8].

There is evidence to suggest that the provision of services to older people living in nursing homes often does not meet their psychosocial needs [9], including their need for

meaningful activities [6]. As such, many are lonely and socially isolated [10, 11]. Loneliness in nursing homes is particularly high—61% of older people are moderately lonely and 35% are severely lonely [11]. Loneliness is a personal feeling of being isolated, whereas social isolation, distinct from loneliness, is having few relationships or infrequent social contact with others [12]. Lonely and socially isolated older people are more likely to be physically frail [13], have dementia [14], have chronic pain [15], and have depression [16], all of which limit their ability to socially participate, further compounding their loneliness and social isolation. In nursing homes, loneliness and social isolation are associated with the inability to communicate due to illness or cognitive decline [17]; the inability to participate in group activities due to mobility problems [18]; limited or nonexistent relationships with family and friends [10]; and inadequate staffing [19]. These factors restrict opportunities for social participation, which are associated with enhanced well-being and improved quality of life [20].

Despite the high rates of loneliness and social isolation in nursing homes [11, 21], there is limited literature about the meaning and experiences of social participation for older people living in nursing homes [11, 21, 22]. Nursing homes commonly provide a social “activity” program, which consists of group activities developed by staff, centred around a single task. These programs have been referred to as “institutionalized recreation” [23]; because older people have little input into their development [24], they are rigidly scheduled [25] and are designed to entertain and distract, rather than foster meaningful connections or social engagement [26]. Older people living in nursing homes have reported that these group activities are “not personally meaningful, relevant or interesting” [19], and their families have been critical of the limited number and range of activities provided to stimulate and interest in older people [19]. Activity programs are often poorly resourced [19, 27], rarely evaluated for outcomes [27, 28], and there is little evidence of their effectiveness in reducing loneliness and social isolation [29].

This manuscript reports findings from interviews with older people living in nursing homes, which explored their views on the meaning of, preferences for, and involvement in social participation activities. These interviews were part of a larger study that also explored the provision of activity programs in nursing homes [27] and the views of older people living in the community and nursing home staff, to provide insight into how to better support opportunities for social participation in nursing homes. Results from the nursing home survey indicated that the limited resources (funding and staff allocations) constrained opportunities for social participation [27]. In addition, as Victoria experienced the greatest COVID-19 burden of disease in Australia, including six lockdowns necessitating state-wide public health control measures [30], we were interested in exploring the impact of these measures on social participation opportunities in nursing homes.

## 2. Methods

**2.1. Study Design.** The larger project used a mixed-methods design. A survey about activity programs in Victorian nursing homes was conducted in 2020 [27], and qualitative exploratory interviews were conducted with older people and activity program staff in nursing homes and older people in the community [31]. This design provided both “factual responses to questions” [32] and produced deeper understandings by engaging participants in conversations where they could emphasise the meanings they attach to their experiences and the rationale behind their views [33].

**2.2. Sampling, Study Setting, and Recruitment.** Purposive sampling [34] was used to select older people living in four nursing homes—three geographically diverse (metropolitan, regional, and rural) and one ethnic-specific. The geographically diverse nursing homes were selected using the Modified Monash Model (MMM) categories 1 (metropolitan) to 6 (very remote) [35]. Ethnic-specific nursing homes cater to a specific racial, cultural, or language group. Older people were eligible to participate if they were  $\geq 65$  years of age and could read and speak English. There were no exclusion criteria. After advertising the study in flyers distributed in the nursing homes, potential participants able to provide consent were identified by staff and asked whether they would be willing to talk to the research team. With their permission, the research team approached these older people to explain the study, establish their willingness to participate, and obtain written informed consent.

**2.3. Data Collection.** A semistructured interview guide was developed by the research team, which focused on the meaning of, preferences for, and participation in social activities inside and outside the nursing home (Appendix A). Key demographic data were collected to provide context to the findings. The interviews, conducted by the research team, were carried out over two years (2020–2022) due to the COVID-19 pandemic restrictions. All interviews were conducted face-to-face, individually ( $n = 10$ ), or in small groups (one group of six and two groups of two) and took an average of 20 minutes (range: 10–36 minutes) to complete. The research team, all women, consisted of four registered nurses and a psychologist, all highly experienced qualitative researchers with extensive experience in interviewing vulnerable people including older people living in nursing homes. All interviews were audio-recorded with participants’ permission, except for the group interview conducted with older people in the ethno-specific nursing home, which was conducted with the assistance of a translator and with notes taken of the older people’s responses. The audio-recorded interviews were transcribed verbatim by an independent transcription service, and all identifying information was deleted from the transcripts, with participants given a pseudonym to maintain anonymity.

**2.4. Data Analysis.** The interviews and interview notes were analysed using reflexive inductive thematic analysis [36]. This involves an “inductive analytical process grounded” in the data, informed by theoretical assumptions, and emphasises the importance of the researcher’s subjectivity and engagement with and interpretation of the data [36]. The process involved all authors independently applying a coding framework to the data to identify and develop themes, before coming together for consensus on final themes. The themes were then interrogated for “socially embedded patterns of meaning” [36] and interpreted in line with the research questions. This process is known to ensure the trustworthiness of findings [37]. Quotes, the most representative of the themes, were used to illustrate the findings.

**2.5. Rigour.** Methodological rigour was maintained by using the Consolidated Criteria for Reporting Qualitative Research (Appendix B) [38]; the study aims and design, sampling, and recruitment of participants, and data collection and analysis; independent analysis before consensus on coding [39]; and discussion and refinement before consensus of overarching themes [40].

**2.6. Ethical Considerations.** This study was performed in line with the principles of the Declaration of Helsinki and approved by the La Trobe University Human Research Ethics Committee (No. HEC20259). All participants gave written informed consent to be interviewed.

### 3. Results

**3.1. Participant Demographics and Previous Activities.** Twenty older people living in four nursing homes were interviewed (Table 1). Reflective of the Australian nursing home population, more women than men were interviewed. Interview data from one man were excluded from analysis due to evidence of cognitive impairment once the interview had commenced, and interview data from one woman participating in a group interview who did not meet the age eligibility criteria were excluded.

The median age of the older men and women interviewed was 79 years (range: 76–96 years) and 89 years (range: 59–101 years), respectively. Older women living in regional and rural nursing homes were older than women living in metropolitan nursing homes, with a median age of 91.5 years compared with 86.5 years, respectively. The reverse was true for men—older men living in metropolitan nursing homes had a median age of 81 years compared with older men in regional and rural nursing homes whose median age was 77 years. The majority (80%) of the participants were widowed, and most had lived in the nursing home for more than two years (range: 3 months–11 years). Frailty and limited mobility were evident in some participants, and two older men reported chronic or acquired conditions necessitating their early entry into the nursing home.

The older people interviewed reported being very socially active before moving into the nursing home. Most talked at length about multiple leisure, sporting, and volunteering activities they were involved in over their lifetime,

especially after retirement. Most older people had previously participated in group activities. Sporting activities included golf and lawn bowls.

[I]used to play lawn bowls. I played bowls, up to about three years ago. I did [miss playing], but I don’t anymore, it was getting a bit difficult with my legs and getting up and down. I loved my bowls, I enjoyed it, and I won a few trophies too along the way (Hilda).

I played golf (Dulcie).

Others reported leisure activities or hobbies including dancing, model building, singing, and gardening.

First Tuesday was my line dancing day, and Thursday and Sunday were ballroom dancing. We used to dance three times a week (Ilsa).

I was in the garden club and there was always plenty to do, and I was always in the garden. We always grew our veggies and life was always busy, we were never bored (Mary).

I started model engineering when I was 50. I’ve got them all. They’re all locomotives I built. They’re real steamers (Jack).

I used to go out singing. My husband used to sing with [name choir] and I used to go with them. I used to have a stall where I used to make things like jams and dolls. The whole lace, everything. We used to sell them at the stall and get money for the choir. I’ve always had hobbies. I used to do a bit of roller skating when I was in Spain. When I retired, I was singing with [name] Singers for quite a few years. I was a soprano. Wherever there was a concert I sang with them (Frances).

Volunteering was also commonly reported, particularly among older men and women living in rural and regional nursing homes. Much of the volunteering was associated with local religious, health, or aged care organisations and included activities such as visiting sick or older people, helping to organise or run meetings, and baking or crafting for fundraising.

I belonged to a Church, and they had a friendship group, and I was on the committee. That entailed meetings and I’d leave home every Monday morning at about 8 o’clock to go and set up, ready for the morning tea and the activities (Gloria).

I also went to volunteer at [name] Hospital, and I was there for 20 years in the kiosk. I used to run the roster and do things like that (Dulcie).

I was mixed up with the Agricultural and Pastoral Society (A&P) for nearly 60 years. I was helping them organise things. I was the president of the A&P on the [ladies’] side in the shed, the big shed. More or less [voluntary work] (Ken).

**3.2. Emerging Themes Related to the Meaning of, Preferences for, and Involvement in Social Participation for Older People Living in Nursing Homes.** Five themes related to the meaning

TABLE 1: Participant demographics.

Pseudonym	Gender	Age (yrs)	Nursing home MMM <sup>+</sup>	Time in a nursing home	Marital status
Adam <sup>1</sup>	M	*65 <sup>+</sup>	Regional	6 years	Married
Betty	F	93	Regional	>2 years <sup>#</sup>	Widowed
Carl	M	76	Inner metro	11 years	Divorced
Dulcie	F	93	Inner metro	>2 years <sup>#</sup>	Widowed
Elsie	F	80	Inner metro	6 months	Widowed
Frances	F	91	Inner metro	1 year	Widowed
Gloria	F	87	Inner metro	1 year	Widowed
Hilda	F	90	Rural	3 years	Widowed
Ilsa	F	89	Rural	2 years	Widowed
Jack	M	96	Rural	3 months	Widowed
Ken	M	89	Rural	4 years	Widowed
Lorna	F	95	Rural	2 years	Widowed
Mary	F	86	Rural	>3 year	Widowed
Norm	M	82	Rural	5 years	Married
Orla <sup>1</sup>	F	59	Ethnic-specific	>3 years <sup>#</sup>	Married
Persephone	F	92	Ethnic-specific	>2 years <sup>#</sup>	Widowed
Qamil	M	87	Ethnic-specific	>2 years <sup>#</sup>	Widowed
Raama	F	101	Ethnic-specific	>2 years <sup>#</sup>	Widowed
Shi	F	91	Ethnic-specific	6 years	Widowed
Tabina	F	81	Ethnic-specific	>2 years <sup>#</sup>	Widowed

<sup>1</sup>Interview data were excluded from analysis due to ineligibility. \*Resident confirmed that they were ≥65 years of age but did not give their exact age. <sup>#</sup>Several residents were unsure how long they had lived in the nursing home, but most estimated more than 2 years. <sup>+</sup>Regional classified MMM2, inner metro classified MMM1, rural classified MMM5, and ethno-specific classified MMM1.

of, preferences for, and involvement in social participation opportunities for older people in nursing homes emerged from the data analysis. These were as follows: social participation provides opportunities to remain busy and active; social participation provides opportunities for connection with others, including maintaining old relationships and building new relationships; social participation is not for everyone; opportunities for social participation are limited by physical decline; and COVID-19 restrictions had variable impacts on resident social participation.

**3.2.1. Theme 1: Social Participation Provides Opportunities to Remain Busy and Active.** Some of the older people interviewed used every opportunity offered by the nursing home to participate in the activities, irrespective of the activity, to keep themselves mentally and physically active. Social participation in activities gave them a sense of purpose and meaning, of maintaining some control in their lives.

We never have a minute to ourselves. We've joined all the activities. We fold up serviettes every morning, piles, and piles of serviettes before we start our activities. That's Monday to Friday. There are not any activities on the weekends, but we usually go out on the deck to get some fresh air or go into the activity room. We have a box with a few little things in it that our carer has assembled for us, and we do a little bit of whatever out of that box. Sometimes we make up cards for sale. Other times we do plays or we just chat. Whatever is going on, we try to participate in it. We were playing bowls today (Frances and Gloria).

I like to be busy. I've always been active. Very active. I like to be busy. Whatever is going I'll take part in it (Frances).

Part of keeping active and busy, some older people took on roles in the nursing home, which kept them busy, like their previous volunteer activities. Part of being busy involved assisting or helping others in the nursing home, including the staff. Undertaking "helping" activities gave these older people a sense of purpose and enjoyment. Norm, a farmer, preferred to "fix" things around the service; Hilda and Ilsa enjoyed assisting with domestic tasks in the nursing home rather than craft or bingo; and Gloria delivered the newspapers.

I'll tell you what, the ones that work here have always got something to repair or alter. We repair stuff that's been wrecked from here and we make things too for the hospital and for anybody else that's here. The urn had to be up a bit so that they could get a cup under the tap and run a cup of water out. We had to fix up a lifter, just something to push it up, to put it up. We made it out of chip wood (Norm).

We help if we can, just folding serviettes because they were out in the garden because I couldn't walk and so I folded a lot of serviettes, cutting up vegetables, any little odd jobs we do (Hilda and Ilsa).

I do a little paper round. I deliver the papers around this area (Gloria).

**3.2.2. Theme 2: Social Participation Provides Opportunities for Connections with Others.** Social participation for some older people was about being connected to others, and

people joined the nursing home activities to remain or become connected to others. Communicating with fellow residents and staff was an essential part of feeling connected.

You've got to have something that you can think about, talk to people. If you're left alone and left in a room or—no, you can tell the ones that will not go out. You've got to connect with the people. Well, that's what I find anyway. Like [name] that was just in here, he's great, he laughs, and I've only met him since I've been here (Betty).

I think [participating is about] the friendships as well as the activities. Looking after each other. Taking care of each other (Gloria).

I always go out for a meal. I sit with a lady who's been here about three probably years now and she has gone from being able to get around to being in a wheelchair. She relies on me for company (Dulcie).

For older people living in the ethnic-specific nursing home, the residents and staff also provided them with much-needed companionship, unlike when they still lived at home where they were isolated and lonely during the day while their working family was out. The nursing home was a "safe" place where everyone spoke their language, and the food and activities were culturally based. The shared language and culture enabled friendships to develop.

[It is] more fun here as there is no one at home [the family are all working]. It is better to stay here (Persephone).

I like it here because the food is authentic. The carers can assist us with activities. We get to do crafts and hobbies (Tabina).

Older people in all nursing homes also reported that staff were also providing much-needed companionship.

They [staff] come in and see me. They come in and say, how are you doing and how are you getting on? Then they'll stop and talk and that, so that's good. They all do - the nurses, they all come in and have a sit on the chair here and have a talk. They come in often (Lorna).

It's not the activities, but food and language [which are the] most important, [it is] the care and culture the staff provide (Qamil).

The need to be connected to others was especially important as many older people had friends who had died and family who lived away, making visits infrequent. In addition, many of the older people discussed the disruption to existing relationships since they had moved into the nursing home.

We [older person and husband when alive] lived there with them [son and his family] and that was very nice. Nice. Then, of course, the family starts to separate and go to other places. It's horrible (Elsie).

Norm, who participated in the nursing home activities in a limited capacity, spoke about the loss of companions.

Well, my special friends got old. That's what happens with everybody. They're here because they can't manage themselves. I've had quite a few special friends that didn't make the distance (Norm).

Maintaining old relationships or building new relationships through participation in social activities was also part of being connected. Many of the older people knew each other before moving into the nursing home, and the older women interviewed were more likely to have existing relationships with other residents and staff or develop new friendships in the nursing home, compared with the older men interviewed.

I have one [daughter] that lives in Port Lincoln, the middle one lives in Queensland, and the youngest one lives here and works here [the nursing home], she's been working here for about three years (Ilsa).

Oh yes, there's quite a few of them [existing friends] here. Oh yes, I knew a fair few [people here when I moved in] (Lorna).

Well, I knew most of the people when I did come in here, all local people, might have been a few that I didn't know. In a country town, you just about know, you know (Hilda).

Compared to the older men interviewed, the older women found it easier to connect with others, especially other residents. Friendships developed between Frances and Gloria in one nursing home, and Hilda and Ilsa in another, who did not know each other before moving into the nursing home.

Well, I came to Gloria's room one day because the physio had asked me, would I visit Gloria and invite her to the activities. That's how we became friends, didn't we? We were both new and we both needed something to do. So, we started going to activities together. The first time I went down, and I saw her in there I sat down next to her, and we started from there (Frances).

I make sure that I say hello [to everyone], I feel if you don't do that they're just left because they're not that type of person. Anyone that's like that I always go to them. That's just me, I'm just drawn to them [laughs] (Betty).

We never knew one another until we came in here. You just make friends, I have not got anybody that I don't like, I make friends with people (Hilda and Ilsa).

*3.2.3. Theme 3: Social Participation Is Not for Everyone.* However, not all the older people interviewed participated in the group social activities in the nursing home. Delving into possible explanations as to why suggests that the activities that may provide opportunities for social participation were often gendered, more stereotypically female pursuits, and

that older people have little say in the type of activities they are encouraged to participate in.

Oh, well we don't have the involvement on what we're going to do. No, we don't plan what we're going to do (Hilda and Ilsa).

We sing, cook and garden, listen to stories, exercise, do crafty things like drawing, and women's group which includes magazine reading, knitting, and crocheting (Tabina).

Oh no [we do not decide on the activities]. Singing the other day. Monday, I think it was. One of the ladies upstairs on staff, she can sing and all that, so she puts on a show, comes down here for three-quarters of an hour or so (Carl).

In addition, some older people preferred to keep to themselves and do the things they liked that provided them with enjoyment and fulfillment.

I'm quite happy in here [her room]. I'm happy doing nothing here. I just knit all the time. I have the television going all day. Not that I watch it, I just listen (Lorna).

Some of them [other residents] just come for a moan. I don't like it. I like them, but just leave me alone when I want to be alone. A lot of them just walk around. I'm afraid I'm a bit rough, I say, bugger-off (Elsie).

I don't mind my own company. I like reading, you know, going around the garden (Hilda).

Others did not like the activities offered by the nursing home, and some found there was little opportunity for social engagement or connection with other residents because of differences in cognitive status.

I don't go down [to the activities]. Half of them go to sleep [laughs] and the other half, well I don't know what to talk about to the old ladies anyway. There's only two of us [men]. I do the word find – the word puzzle. Yeah, then I play patience [solitary card game] (Jack).

[I am] happy to keep to myself. I used to, I tried to go down there (activities room) but a lot of them just sleep. I don't play bingo and all that sort of thing. I got nothing out of it. So, I thought I was just happy with a book, and I have my CD player under there with some nice CDs. I am perfectly happy. Even [husband] and I used to sit and talk, we didn't need to do things all the time (Mary).

**3.2.4. Theme 4: Opportunities for Social Participation Are Limited by Physical Decline.** Older people reported that age-related disability and the subsequent move into care reduced their ability and desire to participate socially in activities offered by the nursing home. Participants listed multiple chronic conditions including problems with their vision, urinary incontinence, immobility, and chronic pain as

factors, which precluded them from joining opportunities to socially participate.

I have trouble walking. That's my problem. My legs give out (Ken).

I got that way I got arthritis in the leg. I couldn't move myself properly. I couldn't use my legs and I couldn't walk very well. I've got to have my walker, and when I go down for dinner, I use my wheelchair. I had polio when I was one. It was right down the left side. I can't see too well either. My glaucoma in that eye-it's hard to see (Lorna).

My back deteriorated over the years, and I had quite a few serious illnesses over the years, and everything caught up with me (Mary).

They've got a bus here but no, I don't go on it. Yeah, but I don't go on it. You know, what do you do when you want the toilet? Pull the bloody cord and they stop and where do you do it? [laughs] Well I can't-the eyesight's not that good now because all those things on blueprints are done in [thousandths] or less. They're too small and I can't pick them up now (Jack).

A few older people also seemed demoralised, often related to their changed physical abilities and loss of independence. This was more evident among a few of the older men interviewed who had lived very active lives; their changed physical abilities had taken a toll on their abilities. Several older people were not happy with the move into the nursing home and preferred to remain disengaged.

There's only one thing in my life I want to do and that's to go home. Stay with my dogs and my family. I just want to be with them. Takes a lot off you, you know, coming here. Not the same. This, well, you've got this to do, and you've got that to do. I don't want to do that. I just want to go home to my family (Elsie).

No, [the family does not visit] they're all too busy. [Are you happy being here?] Here? Yeah, well I've got to be, have not I? [laughs] There's nowhere else to go (Jack).

**3.2.5. Theme 5: COVID-19 Restrictions Had Variable Impacts on Resident Social Participation.** The COVID-19 pandemic restrictions impacted older people living in nursing homes differently. Many reported that the COVID-19 pandemic restricted their ability to engage in social participation opportunities inside and outside the nursing home. Some reported feeling very isolated from family and friends and that there were limited opportunities to socially participate in activities that gave them pleasure.

During the COVID thing, everything here closed, and it was dreary. We were completely locked down for months and had no visitors. Then it started up and we could have one visitor for half an hour, which meant more than one member of the family couldn't come. That was hard (Mary).

Well, they [family] couldn't come in at all at one stage. Just a phone call, that's all (Carl).

I came at the beginning of the virus. So, I didn't know what they did outside of here. Yeah, that was a bit hard. It was-I could occupy myself because with my art [I knew]-well art, as you know, you don't see anything or anyone, you just do it. I think some of them did find it a bit difficult towards the end of it (Betty).

Many of the activities provided inside and outside nursing homes required volunteers, and the COVID-19 restrictions meant these could not be conducted. This was especially difficult for the older men interviewed living in nonmetropolitan nursing homes who all spoke about not being able to visit familiar areas, i.e., farms and stockyards, which had memories and provided meaning, or being able to go to group activities such as men's shed.

Well, when they [family] can, they take me. Mainly to the cemetery [wife is buried there]and the farm (Ken).

I don't like using phones. I miss the farm of course; I can't do much about that, and Men's Shed. We repair stuff that's been wrecked from here and we make things too for the hospital and for anybody else that's here (Norm).

However, others reported that they were not as restricted as the outside world perceived them to be. As reported above, for some older people connecting with family and friends was already restricted since they had moved into the nursing home. In most nursing homes, older people reported that they used the telephone or social media platforms to talk with their families. The older people living in a nursing home that caters to an ethnic-specific population all reported that the impact was negligible. These residents said they respected the COVID-19 rules, which (they felt) kept them safe (Raama), and trusted the staff, who spoke their language like their families. Most older people reported that during COVID-19, there were plenty of activities to participate in the nursing home.

Management and staff are always open to suggestions from residents and our families are always kept very well informed. Activities five days a week. There are crafts - card making, happy hour, quizzes, and exercises twice a week. High tea once a fortnight, residents make scones and what are those - finger sandwiches. We've got carpet bowls, to name a few. We also have access to a very large deck. Movies, concerts, 10-pin bowling, daily news. Physio is also available to all residents and the Church service. There are two TV areas for viewing. The residents are so grateful to the management and all the staff for working so hard to keep us COVID-free (Gloria).

#### 4. Discussion

The findings from interviews with older people living in nursing homes about the meaning of, preferences for, and opportunities to socially participate suggest that

individualised person-centred opportunities for social participation that enable older people to remain active and facilitate social connections are needed [41]. Person-centred approaches to care emphasise the value of the individual with their unique history, experiences, values, and culture [42]. Despite being very socially active before moving into the nursing home, the older people in this study varied in their need for, and type of, participation in social activities. Remaining socially active and engaged is a key part of healthy ageing [43], but in nursing homes, programmed group activities, often the only avenue for older people to socially participate [44], are not individualised, rarely evaluated, and poorly resourced.

As has been reported by others [19, 29, 45], older people in this study varied in their engagement in the nursing home-organised group activities, which provided opportunities for social participation. Some valued every opportunity for social participation and joined organised group activities, which kept them busy and active, provided meaning, gave them something to do, and enabled the development of relationships [45]. Participation in group activities is valued by older people in nursing homes [46], particularly when it provides them not only with pleasure and entertainment but also with a sense of purpose and capacity for control in their lives [47, 48]. Participation in group activities is also associated with less deterioration in physical and emotional health and with higher levels of well-being [49]. Purpose and control remain important for older people, who often report a loss of autonomy and control after moving into nursing homes [50]. Older people who participate in group activities are often similar; i.e., they attend because their friends attended, or they attend because the activities are of interest to them and people like them [47].

A key finding of this study was that some older people use participation in group activities to remain or become connected to others through the maintenance of existing or the development of new relationships [45]. This finding was strongest among women, older people living in rural nursing homes, and ethnic-specific participants, where shared language or culture among older people and staff was a bridge to relationships. Most ethnic-specific nursing homes have many of the same features as "multicultural" nursing homes, with the addition that architecture, furnishings, communication, activities, and food are designed for a specific culture [51]. Moving into a nursing home where the routine and environment are unfamiliar is a challenge for older people [52]. The move often means older people lose their social connections in the community, and the availability of family to provide necessary support may be limited. Moving into a nursing home close to a previous home or near family may assist older people in maintaining existing relationships, and having friends and companions in a nursing home is associated with greater life satisfaction and well-being [52].

Participation in group social activities assists with the adjustment to this move [19], enables the establishment of new meaningful relationships [19, 20], and is associated with higher levels of well-being [45]. Older people from culturally and linguistically diverse backgrounds living in mainstream nursing homes are known to experience unmet psychosocial

needs, inadequate cross-cultural communication, and limited social engagement that result in poor health outcomes [48, 53]. The literature shows that older people form friendships with others in the nursing home who are like them [54], with nursing home staff and older people who speak the same language [55], or with those who share cultural norms, whether that be ethnically or geographic-specific [55, 56]. Older people living in regional and rural communities are significantly more likely to be members of organised clubs and volunteer groups compared with those in metropolitan areas [57], where they develop relationships that, findings from this research demonstrate, continue when living in a nursing home.

Connecting with the community via outings, visits from volunteer groups, or involvement in intergenerational education programs may enrich older people's experiences of social participation. Activities that support social connections outside the nursing home (e.g., many looked forward to bus trips, pub meals, and shopping) should be encouraged, including strategies to enable older people to continue to socially participate in the religious, cultural, and social groups they had previously attended. However, the literature suggests that the provision of resources to support participation in community activities is vital [58] including the use of volunteers and family [59, 60]. Regular volunteer-led activities are known to support well-being and improve mood in older people [61, 62], but there is a lack of evidence on the cost of implementing volunteer activities in nursing homes, and as the COVID-19 pandemic illustrated, sustainability is precarious [62].

However, many of the older people interviewed were unable or unwilling to participate in the nursing home group activities. Some enjoyed individualised pursuits and their own company [63], and others attended group activities infrequently [29, 44]. Participation in individual pursuits, while not social participation, can still provide meaning and social connection to the broader world (e.g., listening to the radio or television, reading newspapers or books, and making telephone calls with family and friends) and contribute to older people's well-being [19, 29]. The reasons cited by older people for not participating are also found in the literature, especially the lack of common interests and inappropriate activities, the inability to communicate with other residents, and a social activity program that does not match their preferences [19, 64]. Nursing home staff must assist in the facilitation of these individual pursuits (e.g., help turning on the radio or television and providing easy access to the use of a remote control). Older people have reported that they will not attend group activities just to keep busy, that activities need to be "relevant and meaningful" to them [58], and that they like to continue with the hobbies and activities they participated in before living in the nursing home, including activities in the wider community [58].

The ability of older people to participate socially in nursing home group activities was often regulated by age-related disability, which made them hesitant to attend group activities. These barriers have been reported by others [65, 66]. The high prevalence of age-related physical disabilities among older people living in nursing homes

compounds their social isolation [18]. Therefore, consideration of ability in the development and provision of opportunities for social participation is vital, and activities should be consistent with older people's individual preferences and functional capacity and tailored to their individual needs [58]. Older people with physical and cognitive limitations need assistance and reassurance to participate in group activities. Staff should assist older people with physical disability (e.g., those who have mobility problems) and encourage older people to think through ways to adapt to an activity so that they can still be involved [58]. This should also apply to opportunities to participate in activities outside the nursing home or organised outings. Giving older people information about what the outing involves would enable informed decision-making about the possibility of participating (e.g., we are going for a half hour drive, we will be having a toilet stop, there are no steps at the pub we are going to, and the bus will be dropping you at the door).

Older people in this study had varied reactions to the COVID-19 restrictions. Many reported being socially isolated from family and friends due to the restrictions, as others have reported [67, 68]; some expressed disappointment at not being able to leave the nursing home to pursue activities, commonly the older men in nonmetropolitan nursing homes [61]. However, for other older people in this study, the impact of the COVID-19 restrictions was minor, and they coped as they always had by using phones and social media to communicate with family and/or found comfort in their nursing home relationships. The perception that COVID-19 was an older persons' disease due to their higher mortality [69] may explain the belief that older people were impacted by the pandemic restrictions more than others. The impact of the COVID-19 restrictions (i.e., social isolation and loneliness) experienced by older people was less than that experienced by younger people [70], and participation in social activities by older people living in nursing homes increased during COVID-19 restrictions [68]. Information and communication technologies (ICT), such as social media communication platforms and mobile phones, are increasingly being used to reduce the impact of social isolation and loneliness among older people in nursing homes [71], particularly during the COVID-19 pandemic. However, while ICT can assist older people with social connectedness to connect with family and friends, the use among older people relies on their access, confidence, and dexterity to use these technologies [72, 73]. This is particularly important for older people living in rural and regional areas, who are the most disenfranchised concerning access to ICT [73].

Finally, group activities that provide older people with opportunities for social participation in nursing homes are not developed within a vacuum and may reflect the generational, social, and cultural values of the developer [27], which may be in stark contrast to those of older people. Nursing homes therefore need to develop a variety of social activities, in consultation with older people [74], that are "interesting" or "desirable" [58], stimulating, and providing meaning and purpose [75], focus on connectedness and independence [76], and give all older people, irrespective of ability, a sense of belonging [77]. Codesigned social



participation activities would promote person-centred care [78] by incorporating the views and preferences of older people.

**4.1. Strengths and Limitations.** The findings of this study are limited by nonresponse, recall biases, and selection of participants by staff. The self-selected nature of participation and the small sample size reflect the likelihood of systematic differences between older people who chose to participate and those who did not. There is also the possibility of older people not accurately recalling events in the past. In addition, staff who assisted with the recruitment of older people may have excluded some people who may have provided alternative views on the activity programs. The exclusion of older people with a diagnosis of dementia, who were unable to provide informed consent and who make up a large proportion of the nursing home population in Australia, means the views included in the findings may not be representative.

## 5. Conclusion

These findings stress the importance of helping older people stay socially connected by addressing their participation concerns—particularly when their abilities may have changed. Social participation activities in nursing homes should be codesigned with older people to reflect individual needs and preferences and promote person-centred care. Social activity programs should also be regularly evaluated to identify limitations and barriers affecting older people's engagement. Providing older people living in nursing homes with opportunities to engage in activities that give them purpose, prompt connectedness, and independence is paramount.

## Data Availability

The data that support this study cannot be publicly shared due to ethical or privacy reasons.

## Conflicts of Interest

The authors declare that there are no conflicts of interest.

## Acknowledgments

The authors would like to gratefully acknowledge the participation of the nursing home staff who agreed to be interviewed, as well as the assistance of Dr. Marita Chisholm with recruitment at some sites. The research this manuscript reports findings from was funded by the Australian Centre for Evidence Based Aged Care (ACEBAC), La Trobe University, Victoria, Australia. Open-access publishing was facilitated by La Trobe University, as part of the Wiley–La Trobe University agreement via the Council of Australian University Librarians.

## Supplementary Materials

Appendix A: Social inclusion interview guide for older people living in nursing homes. Appendix B: Consolidated

Criteria for Reporting Qualitative Research (COREQ) [38] used to maintain methodological rigour. (*Supplementary Materials*)

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