

“I quickly learnt not to call it an iPad...”

Using touch screen technology whilst working with people with dementia

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Abstract

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Title: “I quickly learnt not to call it an iPad...” – Using touch screen technology whilst working with people with dementia

Language: English

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The purpose of this study was to highlight professionals’ views and aims of using touch screen technology, such as tablets, whilst working with people with dementia. The usage of touch screen technology whilst supporting people with dementia was found to be getting more and more common in today’s society. The study has underlined how the professionals described the tablet, what aims there were by using the tablet, problems with the tablet as well as alternatives to the tablet. In order to investigate this, a qualitative research method was used where seven semi-structured interviews were conducted in England. The data has been processed through coding different ‘analysis themes’ and after that analysed using the theories symbolic interactionism and Erving Goffman’s work *Frame Analysis*. The results of the study showed that the professionals thought of the tablet as a useful tool; that it provided flexibility for both themselves and the service user, which made the care for the person with dementia more individualised and person-centred. The result also highlighted that the usage of tablet could in some aspects be seen as a normalisation factor, that by using the tablet the person with dementia felt more involved in today’s society.

Keywords: dementia, touch screen technology, tablet, individualised care, and normalisation.

Foreword

Firstly, I would like to thank my supervisor Tove Harnett for her dedication and interest in my bachelor dissertation. I appreciate it very much that you have taken your time to supervise me regularly, support me and give me all this input during the way, which has been really helpful. Thank you for your guidance.

Without my previous placement and supervisor I would not have been able to get in touch with this many participants giving me so interesting and valuable answers, thank you for your support, dedication and interest. To all the participants, thank you so much for sharing your knowledge, time and showing so much willingness to participate in my study!

Lastly, I would also like to say thank you to my partner and family, for being there, listening and supporting me during this long journey writing my bachelor dissertation.

Thank you all,

Caroline Håkansson

Chorley, England & Lund, Sweden
May 2014

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1. Problem statement

According to the Department for Education (2013) more and more young people and their parents whenever and wherever they need to, are expecting to find information, carry out transactions and connect to other people and services through technology. Similar information is also mentioned in the Government Digital Strategy published in December 2013, where it is highlighted that as much as 82% of adults in the UK are online and using technology every day (Cabinet Office, 2013). There are also more and more initiatives to introduce technology into adult social care and through that, the technological readiness of care homes is increasing (Maiden et al., 2013:60). In regards to this it seems like technology plays a big part in today's society and in people's lives, which makes me start to wonder about the aims of using technology: why do we use technology more and more in today's society? What do you really achieve by using technology? What is it that technology contributes?

More common use of technology within the care sector is something that I also started to notice during my final social work placement, where I worked with people with dementia. As an example of this, touch screen technology such as tablets, were introduced to the workplace. The tablets were used whilst working with the service users. During the session with the service user the professionals can use different applications doing various activities, such as cross-stitch, pottery, photography, jigsaws, poetry and gardening (iPad engAGE, 2014). For this reason, I am interested in the purpose of using touch screen technology whilst working with people with dementia. I would like to find out what the technology does to help and how it assists the professionals in their work with people with dementia. As well as what the touch screen technology does in comparison to physical activities, for example doing jigsaws on a tablet in comparison to a physical jigsaw.

When I started to read more about using touch screen technology whilst working with people with dementia, I found a variety of interesting scientific articles. The articles seemed to highlight that tablets contribute to a more person centred care,

promote a higher self esteem, give a feeling of wellbeing and provide a range of choices through the different applications and programs available (Lloyd-Yeates, 2013:12; Maiden et al., 2013:60). The articles mainly cover what touch screen technology, such as tablets, can contribute towards helping the person diagnosed with dementia. Overall, the articles argue that technology supports the person with dementia, enhances their quality of life. It also allows people with dementia to remain connected to friends and family, as well as developing their creativity via the range of activities available through touch screen technology (Ayres, 2013).

The question I would like to explore is how the people that are delivering the care, i.e. the staff and carers, feel that the technology contributes towards helping them carry out their roles. Since I feel that the research, as exemplified above, mainly highlights the service user's perspective, I consider it of interest for me to concentrate on the professional's perspective. My interest in the professional's perspective started during my social work placement where I felt that it was the staff who had primarily introduced the tablets and other types of technology to the persons with dementia.

Within this study, I will focus on the professional's views and thoughts regarding the purpose of using touch screen technology, such as tablets, whilst working with people with dementia. For example, what are the views of the professional regarding the use of touch-screen technology? What do the tablets really contribute for the professional who is working with people with dementia? What is the aim of using a tablet?

1.1 Aim of the study

The aim of the study is to examine the professional's views and thoughts regarding the purpose of using touch screen technology whilst working with people with dementia.

1.2 Research questions

I will base my study on the following questions:

- What is the professional's expectation regarding the purpose of using touch screen technology whilst working with people with dementia?
- What is desirable to achieve with the tablets whilst working with people with dementia?
- What are the professional's views regarding the use of tablets whilst working with people with dementia? What is their experience?

1.3 Link to social work

Since not mentioned in the problem statement above, I would just like to clarify what I consider to be the link to social work with my chosen bachelor dissertation topic.

I can imagine that in the role of a social worker, I will be the one getting connected with the technology, perhaps managing the support workers using the technology, introducing the support and also having a responsibility to understand what the technology achieves with the service users involved. Therefore, I feel that it is not really clear for me why it is getting more and more common to use touch screen technology, such as tablets, whilst working with people with dementia and what the views and aims are with it. I consider the link to social work to be, that I in the role of a future social worker, would like to get greater understanding about the views and aims of using touch screen technology. I will examine this within sectors where social workers work and where social work praxis plays a part such as, assessing the help available for people with dementia, in residential care, day centres and, introducing and facilitating support to service users and their families.

1.4 Clarification of terms used

Throughout the bachelor dissertation, I have chosen to use the terms touch screen technology and/or tablet to mention the type of technology that I want to highlight. Touch screen technology is described as a display device that allows the user to interact with a computer by simply touching areas on the screen (Oxford Dictionaries, 2014). A tablet can then be seen as a type of touch screen technology. Tablet is explained as a small portable computer that allows input directly onto its screen rather than through a keyboard or mouse (ibid.).

I am aware of that there are different types of technology that can be used whilst working with people with dementia. I have however chosen to concentrate on the technology mentioned above, touch screen technology, in order to be able to focus on a more specific subject.

Regarding the term dementia I just want to clarify that this word describes a set of symptoms that can include memory loss, difficulties with thinking, problem solving or language. Dementia is caused when diseases, such as Alzheimer's disease or a series of strokes, damages the brain (Alzheimer's Society, 2014). Dementia is therefore an umbrella term and I will use this word to account for every type of dementia. Dementia is also progressive, which means that the symptoms will gradually get worse (ibid.). I will use the terms early, moderate or advanced stage of dementia if mentioning that.

Lastly, I would like to highlight that the majority of people with dementia that the interviewees talk about, still live in their own home. Then the professionals do home visits and visit them often once a week during a couple of hours. Some of the people with dementia also live in care home settings and the professionals are then either based there or visits the care home. The sessions with the service users, when using the touch screen technology, is therefore of similar character. The professionals visit the service users and during the visit the professionals uses the tablet and accesses different activities.

2. Previous research

I have used various methods when searching for previous research. I have done this in order to be able to get a greater knowledge and different input sources regarding my chosen bachelor dissertation topic. Via the databases Lubsearch and Libris, I have been searching for relevant scientific articles using the keywords “dementia” and “technology”. I have also used the UK Journal of Dementia Care that is a multidisciplinary and bi-monthly journal aimed at professionals working with people with dementia (Hawker Publications Ltd., 2013). Through the community interest company, Innovations In Dementia, I have also got access to a lot of different research channels within the field of technology and dementia. I consider myself to have found a lot of information regarding projects, surveys and evaluations on the subject of touch screen technology being used with people with dementia. In regards to that, it seems like touch screen technology used whilst working with people with dementia is a discussed topic and is becoming more and more important within the care sector (Ayres, 2013).

2.1 Technology and dementia

When doing a wide search and only using the keywords “dementia” and “technology”, as mentioned above, I discovered that many different types of technologies are used whilst working with people with dementia.

Previous research on dementia and technology can describe assistance and support for the person with dementia itself as well as for the carers. Within these technologies, assistive technology, such as mobile phones, electronic tracking devices, to help people with dementia to get back home if they have got lost, telecare to enhance personal safety (Robinson et al., 2009), memory aids, picture phones, cooker monitors, electronic calendars and so on (Olsson et al., 2011) is included. Information and communication technology (ICT) is also included and can be a part of supporting relatives’ need of support in the daily care of a person with dementia (ibid.), which explains that ICT can support family carers. Research shows that today’s society is more and more relying on the family as a principal care support for older people. Modern technology, such as ICT as well as assistive technology, is in that context noted to make life easier for family

carers (Magnusson, Hanson & Nolan, 2005). It is also mentioned that technology can increase the independence, support aspirations, reduce stress and provide greater choices for older people and people with dementia (ibid.).

A part of these different technologies is also digital technology (Maiden et al., 2013) and touch screen technology, which includes different types of tablets – Apple iPad, Samsung Galaxy Tab, Motorola Xoom and the Asus Eee Pad (Upton et al., 2011). These two technologies are the ones closest connected to my chosen bachelor dissertation topic and will therefore be described even further in this chapter.

2.1.1 Digital technology and dementia

The presented research background to introducing digital technology whilst working with people with dementia is, for example, making it possible for people with dementia to learn and/or re-learn computer skills (Savitch & Dutton, 2008). As a reason why to use digital technology whilst working with people with dementia, research also highlights the fact that digital technology enables new ways of incorporating restorative memory for people with dementia. This means that it is still possible for the person with dementia to be able to learn and through that, improve skills for a better quality of life (Upton et al., 2011). Digital technology also makes it possible for people with dementia to participate in the world and to be able to have the same rights as everyone else to digital access (SCIE, 2013). Another thing that digital technology can contribute to is making it doable for people with dementia to maintain a sense of self. Through that, the care sector can start to recognize each resident's uniqueness and simply understand the world from the resident's point of view (Maiden et al., 2013).

The research above highlights positive effects and possibilities of using digital technology with people with dementia. In regards to my research questions, results and chosen perspective it is however described that there could be challenges when using digital technology with people with dementia. The care staff might not be confident to use digital technology such as touch screen technology whilst working with the service users. Even though you do not need

lots of technical knowledge to use for example touch screen technology whilst working with people with dementia, the staff might consider themselves not to have the necessary skills. Perhaps not everyone would like to use technology either; this includes both staff and the person with dementia (SCIE, 2013). There can be practical issues as well such as Internet connection, WiFi, and as is often addressed, financial reasons and the cost attached to being able to get the technology in the first place. However, the benefits from using digital technology such as touch screen technology for staff and for the person with dementia are many and have, as mentioned above, a very positive impact (Upton et al., 2011).

2.1.2 Touch screen technology and dementia

The research shows that person-centred care is increasing when using touch screen technology and other types of technology whilst working with people with dementia. Person-centred dementia care is characterised by the fact that the patients themselves choose what they would like to do, in this case, on the tablet. That can create a sense of well-being and increase self-esteem (Lloyd-Yeates, 2013). In that respect, touch screen technology can give more of a choice and control for the person with dementia (SCIE, 2013).

The previous research has used the following procedure to find out what the research above shows. Lloyd-Yeates (2013) describes that within his work at the charity *Alive!* they started to find out the value of person-centred activities when doing life story work within group sessions, supported by the latest development within technology. Participants were encouraged to share their favourite films, TV or music memories and also memories from places or personal events, and these could be found in an instant when getting online and searching the internet while using a tablet.

Lloyd-Yeates (2013) highlights that sessions like these can have effects that are transformative, the people with dementia are able to connect with the carers and each other through their memories. Lloyd-Yeates' (2013) study was in a group setting focusing on the individual's ability to remember and talk about memories together in a group. I have not worked within a group session whilst conducting

my study, and even though perhaps my interviewees individually underline person centred dementia care, the care will not be referred to in the same way as Lloyd-Yeates (2013) refers to it in his study, which is specifically about reminiscing.

An evaluation report, published by the University of Worcester, highlights the aim of assessing what impact the touch screen technology has on a daily basis on people with dementia's lives as well as the staff who are a part of their care. The study was conducted within a care home setting. In the evaluation report, the following methods were used; topic guided interviews, focus groups, case studies and field observations (Upton et al., 2011).

The authors of the evaluation report claim that touch screen technology contributes positively to help people to live well with dementia. In the beginning of the evaluation a number of advantages are described both by the staff and the clients with dementia. For example, touch screen technology was said to help people record their life history and reminiscence, act as an aid to support their daily life activities, increase communication, provide a focus for conversation and enhance interactions, improve quality of life, increase staff-resident relationships and much more (ibid.).

Comparing this report and conducted study to my own interview study, it is much bigger and widely done, with the usage of several methods. My study though is perhaps more concise, focusing on only what the professionals think. This is because I, within the interviews, have been able to talk to the professionals individually about their use of touch screen technology in their work role. In addition, my study is not conducted in a care home setting. Therefore my findings are possibly highlighting different aspects of experiences and thoughts than this evaluation report.

The research shows the effects, impacts, achievements and abilities of using digital technology such as touch screen technology whilst working with people with dementia. These results come from certain care homes and day centres where technology has been introduced. The research therefore demonstrates a general picture of the views and aims within that chosen environment and the people

involved. The study that I have conducted can contribute to nuance the picture research has given and instead give concrete examples of how professionals in their daily work use tablets in their interaction with people with dementia. Consequently, I wonder if the aforementioned aspects of the research are either similar and/or different according to the people that I have chosen to interview.

3. Theoretical framework

In this part of the bachelor dissertation I am going to describe the theoretical framework I have used. The theoretical framework has provided me with ways to interpret and explain the empirical data from my conducted interviews. Due to this I have been able to understand what has been said about the views and aims of using tablets whilst working with people with dementia. I will also use the theoretical framework in my analysis.

As mentioned in the chapter, *Problem Statement*, I want to examine the thoughts regarding the purpose of using touch screen technology whilst working with people with dementia, what is it desirable to achieve by using the tablet and the professional's views regarding the usage of tablets whilst working with people with dementia. What I mean is that I want to understand if using touch screen technology with people with dementia is providing a greater value. Therefore it is not simply about whether the tablet is, for example, a good or a bad thing to use whilst working with people with dementia.

I have, in regards to this, chosen to use the theories in symbolic interactionism initially introduced by George Herbert Mead and further developed by Herbert Blumer. The idea of symbolic interactionism is about highlighting the study of human group life and human behaviour. It refers to the fact that, what happens has another meaning than just symbols and that a greater understanding and value is created (Blumer, 1969). Connected to my study this could mean that the tablet is, for example, used with different applications where you can do fictional pottery, jigsaws and crosswords whilst working with the person with dementia. By using these different applications maybe a conversation can be created, a feeling of

control can be formed and perhaps communication can be enhanced. Therefore, the meaning of the tablet is perhaps described as having a greater significance to the persons using it.

Another theoretical framework that I have chosen to use is Erving Goffman's *Frame Analysis: An Essay on the Organization of Experience* (1974). The book is about the organisation of experience, during which Goffman refers to what *actually* goes on in, for example, an interaction. The frame analysis refers to ways to organise experiences, i.e. how an individual structures its perception of the society. Us individuals use that structure to hold together the content of what we are experiencing in our lives (ibid.). *Frame Analysis* connected to my study can refer to how the tablet is made realistic, is connected to the reality and how the tablet is being spoken about. As an example, how can a jigsaw on a touch screen be connected to the perception of a physical jigsaw where you can feel the actual jigsaw piece? What I mean is what is being created in the moment when the professionals are using the tablet whilst working with people with dementia. I feel that the theories behind *Frame Analysis* can help to highlight that.

3.1 Symbolic Interactionism

Initially I am going to describe parts from George Herbert Mead's theory work in the book *Mind, Self, & Society* (1934) that I feel is relevant for my study. Furthermore, I will write about Herbert Blumer's description regarding symbolic interactionism from his book *Symbolic Interactionism, Perspective and Method* (1969).

3.1.1 George Herbert Mead

The book *Mind, Self, & Society* is built upon notes from students attending his course in social psychology. It is highlighted in the beginning of the book that Mead is trying to explain how the human *mind* and *self* is created and developed (Mead, 1934).

Mind and *self* is in its theory described as being created and developed in interaction with others and the surrounding society. Furthermore, the idea of *self* emerges from the communication process between individuals. This concept founded symbolic interactionism. The sense of *self* is formed through human activity and through the fact that a meaning is made. In the interaction between human individuals and its social environment, the individuals understand their potential for meaningfully symbolic behaviour. *Self* is created when the individuals develop objective situations in reference to themselves. Further to that, there are joint activities, such as social acts, where us individuals learn to see ourselves in alternate social positions (Mead, 1934).

3.1.2 Herbert Blumer

Herbert Blumer formulated the term symbolic interactionism in his book *Symbolic Interactionism, Perspective and Method* (1969). The social analysis in his work is being recognised in the work of George Herbert Mead; see above (ibid.).

Symbolic interactionism is described within three premises. The first premise is described as follows: “Human beings act toward things on the basis of the meanings that the things have for them” (Blumer, 1969, p. 2). This refers to the fact that individuals generally have a set mind of what different things mean to them. As an example; when we talk about a computer we have a picture of what a *computer* means to ourselves and the same with even mental and physical things, such as *a friend* or *trees*. The meanings that things have for us individuals are central in our own rights (Blumer, 1969).

The second premise is: “The meaning of such things is derived from, or arises out of, the social interaction that one has with one’s fellows” (Blumer, 1969, p. 2). This premise highlights that meanings and significance are social products and are therefore a result of the interaction between individuals, but also between individuals and things. People’s own experiences and others’ views shape their personal attitude of things. Therefore, the interaction between individuals is based upon subjective meanings to social objects and symbols. Us individuals regulate

our behaviour based on the meaning we attribute to objects and also symbols in relevant situations (Blumer, 1969).

Finally, the third premise is: “These meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he encounters” (Blumer, 1969, p. 2). What is highlighted in this premise is that individuals are not passive receivers of meanings, and that interpretations build upon previous social interactions. Every individual, through a process, creates valuable interpretations. The social reality therefore, only exists in the context of individuals’ experiences (Blumer, 1969).

3.2 Goffman’s Frame Analysis

As described briefly earlier in this chapter, Erving Goffman’s (1974) book *Frame Analysis: An Essay on the Organization of Experience* explains how theoretical frames (different ways to systematise experiences) structure individuals’ pictures of the society.

The book highlights the organisation of experiences. A frame is a set of impressions and speculative perspectives that is used to organise experiences and lead actions of individuals, groups and also societies. What frame analysis underlines is therefore the study of the organisation of social experiences (Goffman, 1974).

To explain further about what frames may refer to, the most basic frames are called primary frameworks. Primary frameworks capture an individual’s experience of a situation that perhaps initially would be meaningless and makes it meaningful. (Goffman, 1974).

Frames and *Frame Analysis* connected to my study refers to how the situation is being framed when using the tablets whilst working with people with dementia. Depending on how you frame the situation there will be different norms attached, and you will see how the tablets are a part of the situation. Through framing the situation with the tablet, there is an ability to see how the professionals are being

looked upon. It can be different frames within and because of the situation. As an example it can be a “play-frame” if the tablet is used to do something with leisure, it can be a “work-frame” if the tablet is used to do records or something with work, or perhaps a “medical-frame” if the tablet shows what medicine the person with dementia should take on a Tuesday afternoon. The frame as a whole frames the situations to underline what is *actually* going on and what meaning there is within the situation.

4. Methodology

I will in this chapter clarify the method I have chosen to use to be able collect empirical data for my bachelor dissertation. I will describe the advantages and disadvantages of my chosen method and the selection that I have done to be able to collect data. I am also going to explain how I have processed the data. I will describe all this in order to explain how I have got the results that are the main foundation of my bachelor dissertation.

4.1 Description of chosen method

Inspired by Bryman (2011) and his description of qualitative research as a method that highlights how individuals experience and interpret their social context, I have chosen to use this method in collecting my empirical data. I have done this because my aim is to highlight professionals’ subjective thoughts and experiences of using tablets whilst working with people with dementia, which relates to what the qualitative research method aims to examine – individuals’ subjectivity (ibid.).

Gubrium and Holstein (referred to in Bryman, 2011:341) believe that in qualitative research there are four traditions. These four traditions are named, *naturalism*, *ethnomethodology*, *emotionalism* and *postmodernism*. Out of these four traditions I have chosen, in addition to what is described above, to have in mind *naturalism*. I have done this because naturalism refers to a practice that aims to understand the social reality from its own terms used and to understand the social reality as it actually is. It is highlighted that naturalism has the standpoints including that individuals add a meaning to different behaviours and that

individuals are creators of their own social reality, and therefore not objects acting passively (Bryman, 2011: 53, 341). In regards to that, I consider naturalism to be the tradition that is mostly applicable to the study that I have conducted, were I have highlighted professionals own thoughts and experiences of the social reality of using touch screen technology whilst working with people with dementia. I have highlighted what the professionals actually think about the tablet and the meaning of the tablet for them. Therefore I think that naturalism as a tradition in qualitative research can make me highlight what I wish to examine within my bachelor dissertation.

Regarding my choice of focusing on the professional's perspective, I began to notice a pattern when reading more about the usage of touch screen technology for people with dementia, namely that the research was chiefly highlighting the service users' views and not the professionals. This led to my interest of the professional's views and aims regarding usage of touch screen technology whilst working with people with dementia.

I have made the choice to write my bachelor dissertation in English because the people I have interviewed are English speaking. I want to be able to share a copy of my bachelor dissertation to the participants of my study so that they can read how I have interpreted the findings from what they have individually said to me. I feel that is the most ethical thing to do because it is not fair to the individuals participating not to understand what is being concluded from their contributions. In regards to this, I also want to clarify that I have only contacted organisations in England. This is because I wanted to examine my bachelor dissertation topic in the context where my thoughts initially emerged, which was in England where I did my final social work placement. I also do not wish to do a comparison study between Sweden and England for example so that I am able to create a focus for my bachelor dissertation by focusing on just one country.

4.1.1 Interviews

Within the qualitative research method there are different ways to collect data (Bryman, 2011:339). I have, in regards to this, made the decision to use qualitative interviews. In addition to that, I will use the type of qualitative interviews called semi-structured interviews. This type of interview gives knowledge about social environments that a number of individuals are a part of as well as the context created there (Eriksson-Zetterquist & Ahrne, 2011:36). Semi-structured interviews also provide the person leading the interviews (me) to have some flexibility and the ability to highlight themes that are found interesting for the study during the interview, as well as giving a better conversational flow to the interview (Bryman, 2011:415).

I have chosen to use semi-structured interviews because that meant that I, through the interviews, could capture the professional's subjective thoughts and experiences regarding the usage of tablets within their work with people with dementia. I have been able to have an open dialog with the professionals I have interviewed, which means that I have had the possibility of underlining interesting information about their views and aims of using the tablet, which is what I wanted to examine. During the interviews, I used my previously prepared interview guide and the interviews were recorded, this was done in order to make the transcription process easier and to reduce the risk of interpreting the interviews incorrectly.

4.2 Data collection procedure

I have examined the opinions regarding the use of touch screen technology, such as tablets, whilst working with people with dementia, as well as what the purpose of it could be. I have used the professional's perspective, see above, which concerns people who work with people with dementia. Primarily, I have therefore aimed to contact people who work with people with dementia and whilst working with them are using technology, and preferably touch screen technology. Before contacting people I created a "letter of information", this was done to explain the purpose of my study, inform about consent to participation, confidentiality, what the participation in my study entailed, i.e. a 20 minute to 1 hour interview, and that participating was entirely optional (see attachment 1). When contacting

people, I attached the “letter of information” for the participants to read before consenting to participate. Before the interviews I also created an interview guide, which consisted of a structured list of the questions and themes, which were desired to be discussed during the interview (Bryman, 2011:419). Therefore the interview guide provided a focus for the conversation in the interview, but it also made it possible to get information about what I wished to examine. The interview guide also provided flexibility, this because the questions in the interview guide did not necessary need to be followed as stated in the list. The questions can be discussed over time, which also gives the interview person the ability to form the interview itself, when you can talk open about the focus of the interview and not strictly follow a list of questions (Bryman, 2011:415). The interview guide highlighted questions concerning the professional’s views, experiences, attitudes, problems and aims regarding the use of touch screen technology whilst working with people with dementia (see attachment 2).

4.2.1 Contact process with participants

Firstly, I made the choice to contact the organisation in which I completed my final social work placement. I did this because I knew that they used touch screen technology whilst working with people with dementia. This meant that I used something called snowball sampling. Snowball sampling means asking the organisations that you already have contact with if they can share more contacts with you whom they know work with the same thing (Eriksson-Zetterqvist & Ahrne: 42). As a result of contacting my previous placement, I could more quickly and easily get in touch with more potential participants who work with something as specific as people with dementia and touch screen technology. When I got in touch with my previous placement, I got a number of contacts in other organisations who also work with people with dementia and technology, as well as individuals who are involved with research and projects regarding the same thing as my bachelor dissertation topic. This was very helpful and gave me the chance to get in touch with a range of people, whom I personally felt were relevant to talk to.

Initially, I was not sure whether to ask my previous placement to actually participate in my interview study. I was considering this because since I know the people working at my previous placement and the organisation, I have already got a close relationship with some of the interviewees. Therefore I needed to be aware of how my relationship to my previous placement could affect the interviews. Since values can occur whenever in an examination, as well as in qualitative research, the researcher and the interviewee can develop a personal relation or a feeling of understanding, the researcher can then perhaps find it hard to divide between the role of a researcher and the views that the interviewees got (Bryman, 2011:44). I have thus felt that it has not been any issues regarding this at all but even so it was important to reflect and be aware of this (read more about my thoughts about this in the chapter, *Advantages and disadvantages with my method*).

During the process of my bachelor dissertation and when noticing that I did not get that much feedback from people I had mailed using the range of contacts mentioned above, I asked my placement supervisor if the teams at my previous placement would like to participate. At first it was not clear whether they wanted to participate, so I met up with my placement supervisor to inform them more about my bachelor dissertation and to share my “letter of information”. During this meeting it was decided that I could interview the two teams within the organisation that work with people with dementia and are currently using tablets whilst working with the service users. My supervisor shared in a group email the “letter of information”, and asked for the teams to consider participation in my study. If they wanted to participate, the individuals themselves would get back to me to give their consent. Through this, I got enough participants for my interview study and I have in total interviewed 7 people.

Most of the individuals I interviewed have the same profession. Five out of seven work at my previous placement, and they work as support workers. Their working role consists of supporting individuals with different types and stages of dementia or people with memory concerns who are still living in their own homes. They help the person to remain independent by enabling them to retain and/or regain access to the community, social opportunities, interests and hobbies. I know that

all of the support workers have worked at the organisation for an extended period of time and that all of them have been using tablets during a period of six months to a year. I have also interviewed two individuals whom I got in touch with through the contacts that my previous placement shared with me initially. They work within different organisations and businesses. Their work role is within either research, i.e. examining the usage of technology whilst working with people with dementia, or are leading projects that introduce touch screen technology within care settings for people with dementia. They are still in their role as a researcher or project leader working directly with the person with dementia and, in their respective settings, are almost acting out the same role as the support workers described above. I feel that by interviewing these individuals, I am able to get a variable picture of professionals' experiences and thoughts of using tablets whilst working with people with dementia. All of my participants have different backgrounds in respect of their education and how long they have been working with people with dementia. This means that the results and feedback could vary in character, since the thoughts and experiences comes from different perspectives. I will bear this in mind during my results and analysis chapter.

4.3 Advantages and disadvantages with my method

I will begin by discussing one disadvantage of my method; since I used snowball sampling it is important to bear in mind that the interviewees can have contact with each other, and possibly share the same experiences. Therefore, there is a risk that the findings are not as varied as necessary (Eriksson-Zetterqvist & Ahrne: 42). Although I was able to get in contact with more interview persons by using the snowball sampling method, I still need to be aware of how it can affect my findings. There is obviously a risk that the people I have interviewed work in the same way or have conferred about the interviews. Despite this, I still believe that I have been able to get varied findings as a result of these interviews, because the interviews have been based on subjective thoughts and experiences. The questions that I asked were of an open character, and the participants could then interpret the question subjectively and the conversations held were therefore completely different.

Initially, when deciding what method that I wanted to use in my bachelor dissertation, I felt that it would also have been interesting to do an observational study. An observational study is often conducted over a longer period to observe how individuals in a social environments behave and to see what meaning the individuals think that their environment got for them (Bryman, 2011:266). Comparing my chosen method, namely interviews, to an observational study, I would have perhaps attained different knowledge from my findings. Through my interview study, I have gained the knowledge as to why the usage of touch screen technology can be valuable and what there is to achieve. If I had instead done an observational study, and would have observed the professionals directly interacting with the person with dementia, I would have learnt about how the tablet is being used more directly. Therefore I would have been able to witness the actual interaction between the professional, the person with dementia and the tablet, which I only have heard being spoken about within my chosen method. It is also a question of time; unfortunately I did not have enough time to, for a longer time, plan to observe and then process the data from the observational study within the time schedule for my bachelor dissertation.

Something that could also be classed as a disadvantage, it is not knowing how much the fact that I contacted my previous placement has affected the study. I have reflected on my relationship to my previous placement and the organisation, and there could be a factor of value and judgement. That a feeling or form of sympathy or personal views could have developed (Bryman, 2011:44). I feel that even though I know or have previously met the persons I interviewed from my previous placement; this did not affect or interrupt the interview. I felt that it was clear that I was entering my previous placement organisation for another reason, namely that, on this occasion, I was there to carry through an interview study and not as a student social worker on placement. I also consider it to be an advantage that I have contacted my previous placement using a snowball sample, because in doing that I also got in touch with people who work with similar things but not within the same organisation.

Another potential disadvantage that I would like to highlight from my reflections is that the views from the professionals may not represent the actual views of the

service users. It could be understood, when reading the interviews, that it is the service users with dementia who have expressed their opinions directly, but it is important to remember, that it is the professionals interpreting what they have experienced the service users' views to be. The views of the service users could potentially differ greatly. Therefore, I am interested in the professional's perspective since it's important to get further knowledge about this in the presence of the professional's views directly.

I have been careful to make clear that the interviewees can ask questions or make additional points at any time during the interviews. What I mean is that there could have been the potential of undermining my material within qualitative research since it is not completely certain that the interviewee and the interviewer are on the same wavelength (Ahrne & Svensson, 2011:56). To avoid this, I initially invited the participants to have an open dialog about the interview. As well as this I recorded the interviews. People being interviewed can be inhibited by the recording device (Bryman, 2011:428), which meant another aspect for me to consider. To avoid the interview persons feeling uncomfortable with the recording device, I decided to inform the participants about the fact I wanted to record the interviews in the "letter of information", as well as asking at the beginning of the interview, if they would still be comfortable with me recording. All of my interview participants approved. Even so, I highlighted they could ask me to stop recording at any time.

4.4 Data analysis

The interviews were transcribed verbatim, and the transcription started as soon as possible after I had conducted the interviews. When interviewing as many as seven people I acquired a lot of material about the views and aims of using tablets whilst working with people with dementia. The transcribed interviews were then processed and structured to highlight interesting themes, on which I will base my analysis on.

The themes mentioned above are the result of my interpretation of the interview material. During the analysis I have repeatedly read through all my interviews and

used my theoretical framework as a guide for how to structure the material. This “structuring” functioned as a type of coding. Since codes are neutral they make it possible for distinctions to occur within the material (Aspers, 2011:168). By doing this I feel that I have been able to underline aspects of the material that I find interesting and that can answer my research questions, and therefore what I wanted to examine.

Before I started to code the material from my themes, I studied different theories. I chose symbolic interactionism and framing, see chapter *Theoretical framework*. By using this theoretical framework I feel that I have been able to pick out and understand the material in a greater way.

5. Ethical considerations

Firstly, I have made the choice to take into account the Swedish Research Council’s research ethical principles (2002). I have done this because I believe that these principles are highlighting aspects that are valuable for considerations when doing research. These principles are also the ones that I have come in contact with that are covering ethical aspects in a broad, descriptive and good way, and therefore I will only consider these principles.

The research ethical principles describe the importance of ethical considerations when doing research in four main requirements, which are named as *information*, *consent*, *confidential* and *usage requirement*. In my study, for example, this has meant that before the interviews, I gave out a “letter of information” to every person I asked to participate, which highlighted the aim and the content of the interview (see attachment 1). I also informed them about the fact that participation in my study was entirely optional and could be cancelled whenever. This refers to the *information requirement* that means that participants in a study have to get relevant information about the research and its aim (ibid: 7). It is important to take into account that the people participating in the study must have given consent to participate, this is in reference to the *consent requirement* (ibid: 9). Therefore, only people that have consented to participate are a part of my study. I highlighted

this when initially contacting people to ask them to participate, in the “letter of information” as well as in the beginning of the interview, in order to be assured that consent was given.

Another important consideration is the *confidential requirement*, which means that personal information should be handled carefully and anonymously in order to protect the individual (Swedish Research Council, 2002: 12). With this in mind, in the “letter of information” as well as in the beginning of the interview I reminded the participants that everything in my study is completely confidential, that all the dialogs will be anonymous and that no personal information will be identifiable when presenting the study. I think that confidentiality is very important for me to consider since my interviews are of a subjective nature. The participants have thus spoken to me about personal thoughts and experiences of using tablets whilst working with service users with dementia. It can be actual cases and situations with service users and the professionals themselves, which is personal information. The service users for example, perhaps do not know that they are being talked about. It is thus about maintaining the integrity of both the professional and the service users in question. In regards to this, I have when transcribing the interviews handled the documents carefully and made sure that the recordings and later on written documents have remained completely anonymous, associated with no names or other personal information, and kept away from unauthorised third parties.

Finally I must consider the *usage requirement*, which is a principle outlining that the data given via the interviews, can simply be used for the study that the participants have given consent to, and that personal information can not be used for any other purpose (Swedish Research Council, 2002: 14). Since the interviews, when transcribed and written out, will be completely confidential and anonymous, there will be no chance of knowing or later on finding personal information that can be used in other circumstances. The actual recording file is not mentioned with any names or personal information either. In order that the data given will only be used for my study, I have locked the interview documents away safely so that no unauthorised third party can access them. It will therefore

only be myself who will know about the participants and the interviews and I will not pass any personal information on under any circumstance.

I have also reflected on additional aspects connected to the terms mentioned above. I feel that since my study is highlighting subjective views and aims of using touch screen technology such as tablets, I need to take in account how the people participating could be affected by my study. For example, say that the professional being interviewed is not very confident with using tablets; how will my interview questions affect that person? Or perhaps the professional has had a bad experience of using a tablet with a service user and the interview is making them dwell on that. Because of this, when making the interview guide for my study, I have chosen to ask broad and open questions. I wanted the interviewee to feel that they had complete freedom over what type of answer to give.

6. Results and analysis

In the analysis, I will underline *what* the participants in the interviews have said while describing the tablet as well as *how* the interviews underline problems, views and aims of using tablet computers whilst working with people with dementia.

I feel that in the role of a social worker, I am often thinking about what things will achieve and what the meanings of things are in order to make the best experience for the service users involved. In regards to this I feel that my analysis will focus a lot on what professionals hope to achieve by using tablets. Therefore, I will underline what greater value the tablets bring, and in some ways simply the purpose of using a tablet whilst working with people with dementia. In addition to what has previously been described, I have built this chapter on following themes:

- Description of the tablet
- Aim of the tablet
- Problems with the tablet
- Alternatives to the tablet

These themes are as follows, description, aims, problems and alternatives of the tablet. I will highlight the findings and contextualise the quotes with theory under each “analysis theme”.

6.1 Analysis themes

6.1.1 – Description of the tablet

In several of the interviews that I conducted, it was noted that the tablet was not discussed using the word *tablet*. The tablet was not referred to as a computer either.

I think the main thing that I quickly learnt was to not call it an iPad. I mean I don't really know why I did call it an iPad, but I've changed it now. The first thing that I would never say to anybody is to call it an iPad. Because obviously older people they don't understand that terminology, they don't understand what an app is, they don't understand what a tablet is. So we call it just a “creative board”- type of thing and we also get rid of everything that makes it look like a computer. We get rid of all the apps on the front page, so it just looks like a photo or anything that makes it look like a computer, because we find that is quite a barrier... People don't want to have ago at a computer but then if they see it as something else then they'll have a go. (Respondent 2)

As stated in the quote above, alternative names were preferable, because when mentioning *tablet* or *computer*; the service user with dementia seemed to get confused. Since this was a point that was mentioned in several of my conducted interviews it seemed to be something that many had thought of and experienced. Other respondents used descriptions such as “...that it is like a TV, that it's not real.” (Respondent 3), “...it's like a contraption.” (Respondent 6). The question is though, what does this mean? Why is this? Another interview person mentioned in reference to this, that *computers* are associated with work and that a lot of the older population associate computers as something work orientated.

Yes, I think that people who have used computers in their working life; sometimes they love it but sometimes if they can't do the things that they used to do, they can get very frustrated, so that's quite a difficult thing... People of an older generation tend to associate computers with work, whereas maybe people of a younger generation who are much more used to tablets and phones think of technology as leisure. So I think it's that sort of you know when you're a bit older that 'technology is all that work and I don't want to have anything to do with it'. (Respondent 1)

The quote above describes technology, namely the tablet, as something associated with work. If you refer to Goffman (1974) you could say that a cue, signals of how to frame a situation, is formed in this situation, and that a “job-frame” is created. Therefore to structure this situation, the picture that comes up when using the word *computer* for the person with dementia, associates the tablet with work. Considering this, the confusing reaction from the service users, that the interview persons described, could be understood from Goffman’s (1974) description of how us individuals organise experiences. The *computer* is therefore, for the person with dementia, not associated with leisure situations into which the interviewed professionals intended to introduce the tablet. In addition to this, it can also be interpreted according to the first premise of social interactionism, which highlights that us as individuals often have a set mind of what different things mean to us (Blumer, 1969). The person with dementia may then act towards the tablet on the basis of what it means to them. If using a tablet for someone with dementia, as mentioned by some of the interviewees, is something new, then the understanding that the tablet does not refer to work, might not be completely clear and can then lead to the confused reactions.

The tablet is also described as something “everybody” is using. By being included in the use of tablets, older people are also included in what everybody else is doing. In this way, some of the interviewees attributed a normalising quality to the tablets. When an older person with dementia used the tablet he or she did what everybody else does. In 2014 it is almost a deviant behaviour *not* to use a tablet or iPad and the tablet was sometimes talked about as a symbol of normality (cf. Blumer, 1969). One interviewee described how learning about the tablet was not only a benefit if the older person wanted to play game. More importantly, getting to know the tablet was a way to gain self-esteem and become included in society:

I think the main thing is sort of self-esteem, that you’re doing what everybody else is doing, that you’re doing what your grandkids are doing... You’re doing what everybody is talking about on the television and you’re not being left out. (Respondent 1)

This description in the quote above is more to do with the fact that it is a symbol of normalisation. Namely that the person with dementia should not be left out and should instead be a part of the norm that technology is a part of in today’s society.

Within that description the tablet is more being described as a “normalisation-frame” referring to Goffman (1974). When it comes to discussing norms and normalisation it is a lot about what meaning the tablets have for the users. Regarding Blumer (1969) the world that we live in is the actual group life of human beings, the world consists of what we experience and do. If this is the case and technology is such a common part of the world and today’s society (see *problem statement*) the person with dementia perhaps does feel more involved with the society when using the tablet. The tablet therefore provides a greater value for the person using it, which in some ways gives it a greater meaning than just a *tablet*.

In addition to what is discussed above regarding normalisation, the professionals discussed that the tablet also brings the outside world in. “...You can link it to other parts of peoples lives” (Respondent 7) and “Well I think it brings activities that you might not be able to physically do with them in their home... ” (Respondent 3). The quotes stated above show that the professionals consider the person with dementia to escape from their “dementia-frame” and that instead it is about a “normalisation-frame”. The “dementia-frame” can represent how dementia is restricting the person diagnosed from being a part of the community for example. If the “normalisation-frame” then means that individuals can be a part of society by accessing technology, then the tablet could be said to give a greater value for the person using it, and that it perhaps prevents them from feeling left out.

6.1.2 - Aims of using the tablet

During the interviews, the professionals emphasised that one aim of using the tablet is to create emotional responses from the service users with dementia. The aim was to create emotional responses both during and after using the tablet:

They remember the emotional response so they feel positive and familiar with what we’re doing but obviously they don’t remember what they’ve created. So we use a lot of journal apps so everything that we’ve produced we put in a journal so in the next session we’ll go through that. So they will pick up from where we last stopped. (Respondent 2)

It is observed that perhaps the emotion in the moment could be remembered. That could be connected to social interactionism in that through the interaction between the user of the tablet and the tablet itself, a meaning and significance is created (Blumer, 1969). Similar to this another interviewee mentioned that the tablet helps to connect and brings a focus to the conversation.

You are just talking about their social history and about their life and everything, but the fact that you then can put a picture to it while you're actually there is really good. (Respondent 7)

In regards to this, the interview participants describe the tablet to be connected to the reality. As an example, one of the interview persons highlighted a case where the person with dementia did pottery in an application installed on the tablet. Everything done within this application is of course fictional.

After a certain part in the pottery one you need to tick to say that it's completed and painted and the service users get the "tick" so that's quite easy to remember, they've really enjoyed that one. One lady I did that with, she was actually touching the screen and making the pot and then when you painted it you can sell it. I think that one session we did it for the full hour and she was really excited when we were getting more and more money for each pot, because we decorated it so that was really good. (Respondent 3)

The interview person describes that the person with dementia felt a sense of reality. The reality referred to in the quote above could be described as the fact that earning more and more money excited the person with dementia. Although the money she received was fictional, the feeling of getting a reward was portrayed as real by the interviewee. When using the tablet, the woman could see on the screen that the amount of money was increasing and a sense of happiness and achievement was formed. The person with dementia perhaps meant that by being able to complete the vase, create it, decorate it and then get a value by selling it, the service user actually achieved something that they perhaps otherwise cannot. To analyse this further, as Mead (1934) means by the description of *self* and that through human activity a meaning is created, a *self* seems to be created for the person with dementia whilst interacting with the tablet. Meaningfulness was generated, and when using the tablet, emotional responses such as happiness and achievement, as exemplified in the case above, were also a part of what the tablet meant for the person using it.

In regards to what is discussed above, many of the professionals explained that by getting a positive response from the service user, it also contributed a greater value for themselves as professionals.

I feel a bit more achievement that I have done something personal, something that they want to do and look at. That I have brought some benefit to them. I feel achievement when you have left that you have done a good job when they have enjoyed that session. You can see it in their faces, pleased... and wanting more. (Respondent 4)

In addition to the quote above, the professionals described the tablet as a tool that can make it possible for the professionals to personalise the support, and through that, deliver more individualised care. With the result that the care that the tablets provide is person centred. The tablets provide the user with flexibility, which means that you can easily change between different activities.

I especially think with Google Earth, if you go into places where they've been and reminiscing about their travels or whatever that's really good. That's something that you couldn't do with a book I suppose. But with an iPad you can actually go the places where they've been instead of generally so you can personalise it very easily. (Respondent 3)

In the quote above the interviewee explains that by using Google Earth they can "go into places". It is *not* mentioned that they can have a "look at places on the screen", but instead it is talked about the tablet as if it is a vehicle that enables the older persons to travel the world. By describing the Google Earth application as a real way of travelling, the tablet is also described as something more than just a technical device. Consequently, the care session is much more personal since the service user chooses the content of the session itself, as well as that the focus then lays on the service user.

Upton et al. (2011) highlights in an evaluation report from the University of Worcester (see more in the chapter *Previous research*) that touch screen technology can enable greater person-centred practice. It enables the staff to get to know clients better, for example, when using an application, writing or painting together. This is in a one-to-one session perhaps, where the professional can have a dialog with the service user of what they would like to do; the focus is therefore on the service user. Through the touch screen technologies flexibility and the

range of applications available the dialog between the staff and the service user can take the conversation into the desired direction and therefore the care can be centred on the person with dementia for example (ibid.). Person-centred care can also be highlighted in one of Mead's (1934) good points; that the individual's own *selves* are the products of social interaction. During this social interaction a meaning emerges. The interaction itself depends on the response that they elicit from the person with dementia for example. The *self* is therefore not initially there at birth; it arises in the process of activity as well as social experience. Referring to the usage of tablets, you can thus say that a personality-organisation is created, and that all the processes in the interaction between the professional, the person with dementia and the tablet give freedom (ibid.). Freedom can refer to what is stated in the following quote: "...Its flexibility and the ease of its use and the range of things that you can do with the tablet also makes it even more flexible" (Respondent 7). In order to personalise the care, during the interaction with the tablet the person with dementia perhaps shows different responses - defines actions. The *self* is then created from the context and through that the care can be personalised during the course of the activity (ibid.). Even if this only means switching between applications, and that the professionals are able to highlight what response the person with dementia gives, as Upton et al. (2011) also describes, that the personality that the person with dementia has, which is highlighted within person-centred care, develops during the social interaction with the tablet.

What was discussed above can also show that the person with dementia gains more control over the situation, which was highlighted by another respondent.

The control that technology gives you, like even if you're just choosing what sort of music you would like to listen to because you can... It doesn't just have to be the three CD's that the care staff would have put on... The power is shifting because you are giving the person with dementia the opportunity to ask for what they want. (Respondent 1)

By personalising the care and letting the person with dementia choose, the professionals highlight that the power is shifting. In a situation like above, another professional described that "... By integrating... their interests, which I show an interest in, leads them closer towards you. " (Respondent 4). It seems therefore

that the professionals consider that when the power is shifting and the person with dementia can be focused on himself or herself and what they would like to do, they also connect with the person on another level. There is then the factor of improved communication, that the technology; "...Takes off the emphasis of the verbal communication and helps people to communicate in different things." (Respondent 2). When Blumer (1969) refers to human interaction, he says that it occurs by the usage of symbols and also signification in order to discover the meaning. The source of meaning is language, and through that, the ability to select objects within a certain idea or phenomenon. In regards to the cases and discussion above, when the professionals let the person with dementia choose what they would like to do, they can also communicate in another way, which gets them closer to each other in terms of their relationship. When this happens, as Blumer (1969) highlights, the tablet contributes to other methods of communication by using different symbols. Therefore it removes the focus from verbal communication and allows other modes of communication.

Another aim that one of the professionals described, was that the tablet could be used to calm the person with dementia down; this was noted when the dementia was at a more moderate to advanced stage.

I've seen it with some people whose dementia is much further on... It is a tool for calming them down in a way certainly... To stop them to get agitated... I know one gentleman, that if he is getting focused on the bits that he was interested in, then his mind was concentrating on that and he was able to relax. (Respondent 7)

In the quote above, it is stated that the tablet contributes towards a focus and gives the service user something to concentrate on, which the professional describes as a calming influence on the person with dementia if they become restless. In regards to that you could connect the usage of the tablet to Goffman's (1974) principals of frames. In the situation stated above, the tablet is giving the person with dementia something to focus on, which the professional highlights as relaxing for the service user. The tablet is therefore being used as something other than just an activity or leisure and for example a "play-frame". The tablet appears instead to act and to frame the situation as a "therapy-frame" in some cases. It can be described as therapy in the sense that, the tablet seemed to be used to "cure" different emotions, such as agitation and stress. The professional highlighted this

as valuable, since the character of the symptoms of dementia can change so much depending on if it is an early stage or more an advanced stage of dementia. The tablet can then serve a wide range of functions and can be adapted to the person using it.

6.1.3 - Problems of using the tablet

When talking about the problems of using the tablet the professionals highlighted technical problems, such as Internet connection in rural areas and care home settings, as one of the main issues.

I get a bit frustrated with the Internet... For example when I got this 3g on and it is not working just because I am in rural areas... It is also hard to explain if the Internet is not working, they don't understand the terminology. (Respondent 5)

As highlighted in the quote above, the Internet connection is described as a frustrating factor from the professional's side. The support workers interviewed brought up the fact that they tend to visit a lot of service users who live in rural areas. If you compare the tablet to physical tools, such as clay, paint, books, crosswords etc. this shows that the usage of technology can be vulnerable. If you bring a book, then you have the book, and you would not need to rely on where you are and whether there is Internet connection or not.

A couple of the interviewees mentioned that different professionals might not be very well acquainted with technology and tablets. That may affect the care and how the person with dementia will respond to the usage of the tablet.

I think one of the biggest things is to get staff to be confident. I think that when you're introducing things you have to be very confident and to be able to laugh if something goes wrong... Lots of people associate technology with "oh I couldn't do that", "or I used to be able to do that but I can't do I anymore" or so... I think the attitude to technology is changing now though. (Respondent 1)

As stated in the quote above, the professional describes that the attitude to technology is changing now, which seems to refer to the fact that people are getting more and more used to handling technology. If it is as raised above, that the professionals from time to time experience that they are not accustomed to technology, can the usage of tablets be sustainable within the care for people with

dementia? As Blumer (1969) means in his first principals of symbolic interactionism, us individuals have a set mind of what different things mean to ourselves. If technology becomes a bigger part of everyone's life in today's society, as mentioned, the experience of using tablets for example, could become more common to play a part in what different situations mean to different people, even for the older generation. Just as we, in today's society, think of technology as part of what different things mean to us. In addition to this, as the professional highlighted above, namely that the attitude to technology is now changing, perhaps the care for people with dementia will become more and more associated with the use of touch screen technology, since technology is almost taken for granted today.

Other interviewees talked about issues relating to whether the person with dementia can take in what the tablet is, and if they do not understand, that it could perhaps confuse the service user.

It also depends on the service users dementia and level of dementia. I have one lady... and she likes the sensory ones, which is one that is a fishpond, one with fireworks. She will play with the iPad and then look underneath it to see where the fireworks are. She does not get it and is able to see that it is a screen or a "TV". She is just looking underneath. (Respondent 3)

In the quote above it is described that the level of dementia could make it harder for the person with dementia to realise that what is shown on the screen on the tablet is actually fictional. For example, even though the actual tablet that you are holding in your hand is something physical, the fireworks shown in the application are fictional. In his third premise, Blumer (1969) highlights that the social reality only exists in the context of individuals' experiences. As discussed earlier in this chapter, the person with dementia, depending on the stage, it can perhaps be confusing or challenging for the service user to understand the tablet per se and what is happening on the screen. As Blumer (1969) describes, the social reality we live in only exists in our own framework of experiences. If you have then not experienced touch screen technology, it is understandable that it can perhaps be difficult to comprehend where the fireworks, which show up on the screen, come from. In addition to that, it is then a question of how the tablet is linked to reality, in which the person with dementia can perhaps relate better.

Another interviewee highlighted this when talking about a situation, as stated in the following quote.

A lot of people, say if they were on an art app and painting with their finger, especially if they are in a later stage in their dementia, can't understand why green paint is coming out from their finger for example. "How is my finger creating a landscape?" It doesn't make sense to them so we've had to introduce a lot of additional equipment to help connect reality to the technology. So we've been using a lot of styluses, because then obviously that tool represents a pen drawing or marker making. We've also been using a lot of other equipment, for example, this other man he's into fishing so we've been using fishing rods on the iPad to connect what we're doing on the technology to how it would work in reality. (Respondent 2)

From the above quote, it seems that when linking the activity on the tablet to reality, the person with dementia can take in the activity better. By highlighting again what Blumer (1969) describes within his three premises, we refer to the reality from the symbols and significances that we have understanding of through our own life experiences. Therefore, the reason why the finger, for example, paints red paint when touching the screen in an art application, can be understood better when using a tool that the person with dementia can connect to reality, such as a stylus (Which is a tool that looks like a pen).

In addition to the previous discussion, the character of the symptoms within dementia seems to contribute to why the activity on the tablet needs to be connected to the reality. By doing so, the person can also understand the tablet and the activity in another way, which is considered valuable and therefore less confusing.

The last issue that was raised by the interviewees was that the tablet from time to time could freeze, and that the professionals needed to explain how to touch the screen on the tablet.

Yes well I have had troubles where it just freezes... If you're playing a game on it, if you're playing dominoes or something, I have had troubles where it freezes and it's about touching it in the right way, isn't it? So you have to explain that to them. That it just needs to be a light touch or a drag. (Respondent 3)

When explaining to the person with dementia how to touch the screen, the interviewee highlighted that the service users understood it directly and it was not an issue after that. The same applies to the application, if it freezes the

interviewee said that normally something is wrong with the application itself and the easiest way to sort that out was to restart the program and simply try again.

6.1.4 – Alternatives to the tablet

When discussing with the professionals what they used before the tablets, several things were mentioned. These things were described as alternatives to the tablet, which can perhaps achieve the same thing.

Books, crosswords, cards, dominoes, activities outside of the house, have a cup of coffee, look at views. Sometimes I used to see a guy who was interested in horseracing, it was on TV and he was talking about that so I just confirmed him and we talked about it together. (Respondent 4)

The quote above highlights that alternatives to the tablet were highlighted as something that was valuable for the person with dementia as well. In regards to this another interviewee mentioned, "...It depends on the service users how much I'm using it. Some individuals do not want to use it" (Respondent 5). Therefore it seems like it is a lot down to the service users themselves what they would like to do, and it is also a part of individualised care so to speak. However, the tablet can contribute to a flexibility that physical things cannot do in the same way; "If you got a book you can look at the text, you can look at the pictures, but you can do a lot more if you have the tablet" (Respondent 7). The tablet seems to be described as a tool that can achieve a higher range of things compared to physical things.

During the interview when asking about how frequently the professionals tend to use the tablet, the answers varied a lot. The aspect that a couple of people mentioned in reference to alternatives to the tablet, was that it primarily concerns what the service users would like to do. By having a range of physical alternatives to the tablet, there is a plethora of possibilities. This was shown by the fact that, when the tablet was introduced, the choices of activities available to the service user were not as restricted.

I think that it is a combination of both with and without the iPad and I think that's how it has to be. This because it's all virtual on the tablet so I actually do physical things with people as well such as sewing, cooking, baking. But I think that in the initial meeting, so when you're doing an initial assessment, and you're trying to find out information or just getting to know somebody the tablet is an excellent tool. I wouldn't say that the iPad could do everything but I do find it very useful... (Respondent 3)

As highlighted in the quote above, the interviewee means that it is necessary to do some activities physically, such as baking and cooking. The tablet is even still a useful tool and it is something that is being praised as providing flexibility as well as the ability to access information more quickly than previously possible.

7. Closing discussion

My bachelor dissertation, examining professionals' views and aims of using touch screen technology whilst working with people with dementia, has shown that there are several aims of using a tablet. The bachelor dissertation highlights how the professionals describe their work with the tablet, and how they consider the service users to have responded to the tablet. I consider myself to have been able to answer the research questions that I stated in the beginning of the bachelor dissertation, regarding the thoughts about the purpose of using touch screen technology whilst working with people with dementia, including what it is desirable to achieve as well as the professionals' views and experiences.

I feel that it was observed a lot that the tablet is not only a product, but also it is described to be reality-based through, for example, the use of additional equipment and how some service users' emotional response occurred when using different applications. The professionals talked about cases where the person with dementia described the fictional activity on the tablet as though it was something real and had actually happened.

Another thing that I felt that the professionals highlighted during the course of the study, was that the tablet allows for more flexibility than physical things. For example, when you have a lump of clay to play with and you have done that for a while, what will happen next? The tablet through its availability and range of application choices seems to provide less restriction than just one or a couple of activities for the professionals. The professionals described that when meeting the service user they do not know what the person with dementia wants to do, however the tablet gives you the ability to personalise the activity in each session through its variety.

Regarding what the professionals thought that the tablet could achieve for people with dementia, I found it interesting that the professionals observed that the tablet could contribute to a feeling of normalisation. Since using touch screen technology is today being talked about throughout the media and is something that almost “everyone” is using, when the person with dementia is also using a tablet, it was noted that the service user felt more included in today’s society by doing what “everybody else is doing”. I sensed that the focus on the diagnosis of dementia that could be there when meeting the service users was described to have shifted, and instead the focus lay upon the service user’s interaction with the tablet in the sense of normalisation.

As a result, when I am wondering about why using a tablet whilst working with people with dementia is valuable, there is no “clear” answer. Instead, I consider there to be so many different things that the tablet contributes for both the professionals and also for the person with dementia, which can be both positive and negative from case to case. It would be difficult to explain the value of using the tablet to someone in one sentence, but perhaps that is what makes it such a useful tool, as one of the interviewee’s highlighted, since you can do almost anything you can think of on a tablet.

If I would have had more time, I feel that it would also have been really interesting to observe the service users when interacting with the tablet to see how they use and respond to the tablet themselves. In addition to that I also would have wanted to interview them to find out about what they think about using touch screen technology. That could then have been compared to what the professionals mentioned and vice versa. Another thing that I found interesting was the fact, as stated in the chapter *Previous Research*, that in today’s society the care for older people is more and more relying on the family as a principle care. It was mentioned in this context that family carers was getting support and an easier life when using modern technology (Magnusson, Hansson & Nolan, 2005). I think that it is interesting how family carers is using technology and this is something that could be worthy of note to examine. Perhaps look at what the family carers think of the modern technology and see what the technology means for them in the role of a family carer.

I do however believe that my bachelor dissertation has contributed towards highlighting what professionals experience and consider that the tablet achieves for people with dementia. Since technology is very common and something that we use daily, I feel that usage of touch screen technology is going to get even more common within the care sector. There is perhaps therefore a benefit to professionals working, supporting and caring for people with dementia to take note of my bachelor dissertation topic and explore it further.

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9. Attachments

Attachment 1 – Letter of information

Letter of Information for Consent to Participate in Interview Study

Title of study: Views, attitudes and aims with using touch screen technology whilst working with people with dementia

My name is Caroline Håkansson and I am studying to become a social worker at Lund University, Sweden. In the upcoming spring semester I am doing my bachelor dissertation and this study is part of that.

The aim of the study is to examine the views and attitudes regarding the use of touch screen technology, e.g. tablets, iPads, whilst working with people with dementia. I will also try to examine what the purpose and aim of it is. I will use a professional's perspective when writing about this, which includes you who works with people with dementia.

Participation in the study would include a one to one interview. The interview would focus on what you think and experience when using touch screen technology whilst working with people with dementia. I will be the one who is leading the interview and it will take approximate 20 minutes to 1 hour. The interview will preferably take place during April 2014. The interview will also be recorded, in order to make the transcription process easier and to reduce risks of interpreting the interview wrong.

The whole interview will be completely confidential which means that all the dialogs will be anonymous and no personal information will be identifiable when presenting the results of the study. Your participation in the study is of course entirely optional and can be cancelled whenever. Your future work and employment will not be affected whether you choose to participate or not in this study.

I would highly appreciate your participation in my study. If there is any interest in participating do not hesitate to contact me via my contact details below. I will then send out some more information regarding the outlay of the interview. If you choose to participate this will be confirmed in an oral or/and written agreement regarding consent. After that we will decide a suitable time and date for the interview.

Look forward hearing from you,

Kind regards,

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Attachment 2 – Interview guide

Interview guide, Bachelor dissertation, Caroline Håkansson

Background

Why did you start using touch screen technology, e.g. tablets, iPads, whilst working with people with dementia?

Which other support tools have you been using when working with people with dementia?

- What do you consider the tablet to achieve whilst working with people with dementia in comparison other support tools?

Organisation

At your organisation, how was it brought up that the organisation was now going to start using tablets, touch screen technology?

Which views and attitudes are there at work regarding the use of tablets within the team?

Technology meeting dementia

Can you please describe how it is when you are visiting the person with dementia using touch screen technology?

What is the reaction from the service users when you are using touch screen technology e.g. tablets?

What do you tend to do with the tablet when visiting the person with dementia?

Is it so that the person with dementia often doesn't have access to the tablet unless you are visiting?

What do you think that the tablet can or should achieve for people with dementia?

What does the tablet contribute with for people with dementia? For example improve communication, improve moving and handling etc.

Can you think about any other ways to achieve what you achieve with the tablets?

Thoughts about touch screen technology

How did you experience it when you heard about touch screen technology, the tablet, for the first time?

What does the tablet mean to you? For example is it a tool to support you whilst working, make the interaction with the person with dementia easier?

What do you think about using the tablet? Is it good, bad, easy, hard?

Do you consider that there are any problems using the tablet?

- If so, what problems have you experienced?

End

If you could turn back the time, how would you choose to work with people with dementia?

What advice would you give someone that is going to start using touch screen technology such as tablets whilst working with people with dementia?