Original Paper

Acceptance and Adoption of the InspireD Reminiscence App Among Care Home Staff: Qualitative Focus Group Study

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Abstract

Background: Digital technologies are increasingly used in care homes to support social connection, engagement, and person-centered care for older adults. Digitally facilitated reminiscence is conceptually promising, yet evidence regarding how such interventions are adopted within care home practice remains limited. Existing research has largely focused on feasibility or usability in community settings, with less attention to implementation processes in care homes.

Objective: This study aimed to explore the factors that influence the acceptance and adoption of the InspireD reminiscence app (Ulster University) to support individual reminiscence within everyday care home practice.

Methods: An exploratory qualitative design was used. Twenty-one care home staff, each representing a different care home within a UK region, participated in 3 in-person focus groups. Participants held a range of leadership and nursing roles and were involved in implementing individual reminiscence as part of a leadership program. Data were analyzed using reflexive thematic analysis to generate an inductive, data-led understanding of staff experiences.

Results: Three interrelated themes were identified: (1) enabling possibility—digital infrastructure and organizational readiness for adoption; (2) shaping acceptance—digital confidence, assumptions, and leadership decision-making; and (3) sustaining use—meaningful adoption for residents, staff, and families. Findings highlight how the adoption and sustained use of the InspireD reminiscence app were shaped by organizational constraints and relational care practices. Sustained use of the InspireD reminiscence app depended on how well it was accepted and adopted into everyday care and adapted over time to remain relevant and supportive of meaningful interaction.

Conclusions: Adoption of the InspireD reminiscence app in care homes is not a singular event but an ongoing process shaped by organizational, relational, and individual factors. Meaningful use functions as a key condition for sustainability rather than an outcome in itself. Implementation strategies should address infrastructure, training, leadership support, and relational value to support the sustained use of the InspireD reminiscence app in care practices.

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KEYWORDS

digital reminiscence; care homes; implementation; technology adoption; person-centered care; apps; digital health

Introduction

Background

Care homes increasingly incorporate digital technologies to support social connection, stimulate engagement, and enhance residents' quality of life [1,2]. Within these settings, digital tools can function as a means of facilitating personalized engagement, strengthening relationships, and supporting identity preservation, particularly for residents who experience communication difficulties, cognitive impairment, or social isolation [3,4]. Interest in using digital technologies as

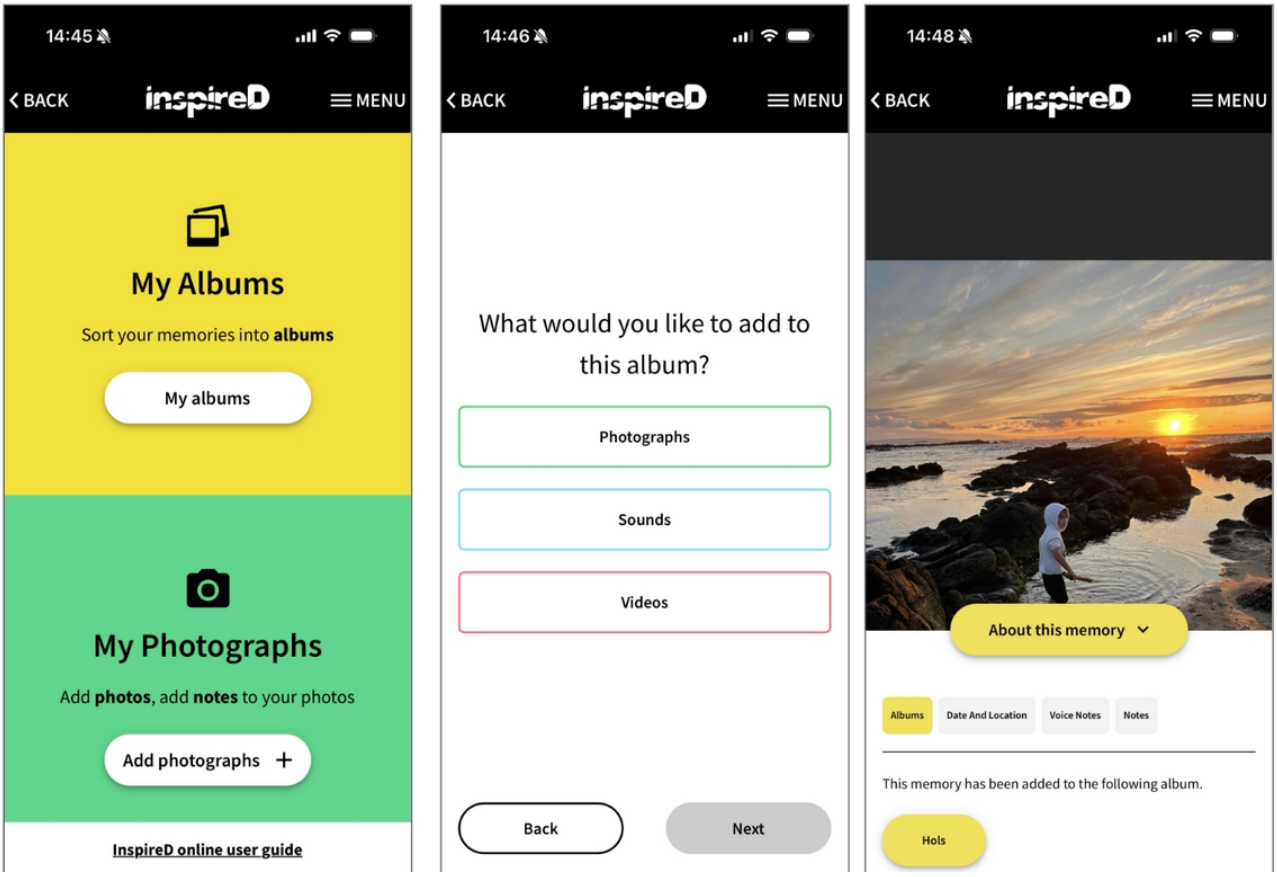
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nonpharmacological interventions to enhance the well-being of older adults living in care homes is growing [5-7]. However, evidence indicates that digital practices remain unevenly adopted and differ substantially across services [8-10].

One approach that has gained increasing attention is digitally facilitated individual reminiscence. Reminiscence supports individuals by providing cognitive prompts through images, videos, and music. These cues can evoke past experiences, influence mood, and encourage meaningful conversations with others. Digital reminiscence refers to the use of technology, such as apps, tablets, or touchscreen devices, to support these interactions. The focus is on personalized multimedia content presented in a digital format to support engagement and connection [11]. Previous studies have examined the impact of digital reminiscence [11-15] and, although conceptually promising, robust evidence regarding the implementation of digital reminiscence in care-home contexts remains limited. To date, most research has been conducted with community-dwelling older adults living with dementia, often focusing on feasibility or usability rather than adoption into everyday care. A recent scoping review by Bradley et al [1] examined digital technologies designed to support well-being among people with dementia and family carers, identifying only 2 studies focused on reminiscence, neither of which was conducted in care home settings, which highlights the limited evidence base in this area. This study addresses these gaps by examining the factors that shape the initial adoption and sustained use of the InspireD reminiscence app within everyday care home practice, drawing on the perspectives of care home staff to inform understanding of how digital reminiscence is implemented in care home settings.

This study focuses on the use of the InspireD reminiscence app [16]. The InspireD reminiscence app is a personalized digital reminiscence application originally co-designed with people living with dementia and their carers in partnership with researchers at Ulster University to support the creation and use of individually tailored memorabilia [14]. Its purpose is to support meaningful reminiscence and conversation through personally significant memorabilia. Users can create an individual profile and upload photographs, videos, and sounds or music, organize these materials into albums, and add contextual information, written comments, and voice recordings describing the significance of individual memories (Figure 1). Research on the InspireD reminiscence app has focused on home-dwelling dyads, reporting statistically significant improvements in mutuality, quality of the caregiving relationship, and subjective well-being for people living with dementia, alongside qualitatively reported benefits relating to usability, personal meaning, and relational connection [14,15]. Although initially designed for use in dementia care, the app has since been adapted for broader application within care settings and by family members, friends, and health and social care staff. This shift reflects feedback from users and stakeholders, supporting a dementia-inclusive, rather than dementia-exclusive approach [17]. Within this study, the app was intended to be used collaboratively by residents, staff, and family members, with selected memorabilia acting as prompts for conversation and engagement rather than functioning solely as a digital repository.

Figure 1. InspireD reminiscence app interface.



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Aim

To explore the factors that influence the acceptance and adoption of the InspireD reminiscence app to support individual reminiscence within everyday care home practice.

Objectives

The objectives of the study are as follows:

1. To explore how care home staff describe their experiences of introducing and using the InspireD reminiscence app in care home settings.
2. To identify factors that influence the acceptance of the InspireD reminiscence app, from the perspective of care home staff.
3. To examine staff perspectives on factors that support or challenge the adoption of the InspireD reminiscence app.

Methods

Study Design

An exploratory qualitative design was used to examine how the InspireD reminiscence app was adopted and used in care homes (Multimedia Appendix 1). An implementation framework was not applied a priori, as the exploratory aim was to develop an inductive, data-led understanding of staff experiences rather than organize data collection or analysis around predetermined implementation constructs. A reflexive thematic approach [18] was therefore undertaken without coding against an established implementation framework. This allowed for inductive, data-led interpretation of staff experiences without testing a priori theories on technology adoption. Reporting followed the COREQ (Consolidated Criteria for Reporting Qualitative Research) guidance to enhance completeness and transparency. Ethical approval was obtained from the Ulster University Research Ethics Committee (FCNUR-21-039). All participants provided written informed consent prior to participation. Participants were given an information sheet detailing the purpose of the study, what participation involved, data handling procedures, and their right to withdraw at any time without consequence.

Sampling and Recruitment

A convenience sampling approach was used. Participants were drawn from a preexisting group of staff involved in the My Home Life program [19]; a regional leadership development program delivered across care homes in one UK region. The program targeted staff holding leadership roles within their organizations and typically included senior managers, established leaders, and aspiring leaders seeking to further develop leadership capabilities. As part of the program, participants were involved in a project introducing individualized reminiscence within their care home. The InspireD reminiscence app was offered as one option to support this activity. Participants were not excluded if they chose not to use the app, as understanding reasons for nonadoption or nonuptake was also relevant to the study aims. Twenty-nine staff were involved in implementing the reminiscence activity, of whom 21 provided informed consent to participate in the research study. Of these 21 participants, 19 chose to use the InspireD reminiscence app, while 2 used nondigital approaches to support individual reminiscence.

Intervention and Implementation

The implementation period took place over 4 months and involved the introduction of individualized reminiscence within participating care homes. The wider intervention was not limited to the use of a digital application. Instead, participants were supported to introduce individual reminiscence into routine care using either the InspireD reminiscence app or nondigital approaches, including life story books and memory boxes. The InspireD app was therefore the digital intervention examined within this study, while the workshops, leadership support, peer learning, guidance materials, and provision of tablet devices constituted the implementation strategy used to support its introduction into practice.

Participants who chose to adopt the InspireD app (n=19) were provided with a dedicated Android or Apple tablet device for use within their care home. Ownership of the devices remained with the care homes, which were responsible for setting up the tablet and downloading the app from the Apple App Store or Google Play Store. Photographs, videos, and audio remained stored locally on the device, and app usage data were not accessed or analyzed by the research team. No minimum frequency of app use was prescribed. Instead, participants were encouraged to use reminiscence flexibly in accordance with residents' preferences, local routines, and opportunities for meaningful interaction. App usage was not monitored through backend analytics or usage logs; therefore, information regarding use was derived from participants' accounts during the focus groups.

Implementation of individualized reminiscence was embedded within a structured quality improvement (QI) approach delivered through the wider My Home Life program. participants were supported to introduce, test, and adapt reminiscence approaches within their own care-home contexts over the 4-month implementation period, with opportunities for reflection and peer learning between workshops. A QI approach, informed by Deming [20], the model for improvement [21], and principles of appreciative inquiry [22], guided implementation in practice. To support implementation, participants attended workshops delivered at monthly intervals across the 4-month implementation period (once per month). The workshops were designed to build participants' knowledge of individual reminiscence and support its use in everyday care as well as QI methodologies. Content included principles of individual reminiscence, practical approaches to selecting, curating and using personal memorabilia, an introduction to the InspireD app and available guidance materials, and structured opportunities for participants to reflect with peers on implementation experiences, barriers and emerging learning. Workshops were delivered face-to-face at a location familiar to the participants. Each workshop lasted approximately 7 hours.

The implementation approach was leadership-focused. Participants were not expected to deliver all reminiscence activities themselves; rather, they were encouraged to coordinate implementation within their care home, involve other staff and families where appropriate, and adapt delivery to local routines

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and resident preferences. The periods between workshops provided opportunities to trial reminiscence approaches in practice and subsequently discuss experiences, challenges, and adaptations with peers and program facilitators at the following workshop. The number of residents involved and the intensity of app use were determined locally rather than prescribed by the research team. Consequently, exposure was not necessarily uniform across participating homes, reflecting the pragmatic implementation of the intervention within routine care-home practice. This variation was relevant to the study aim, which sought to understand factors influencing adoption and nonadoption under real-world conditions.

Data Collection

Data collection took place following completion of the 4-month implementation period. Three in-person focus groups were conducted in June 2025, after participants had had the opportunity to introduce and use individual reminiscence approaches within their respective care homes. Each focus group comprised 6 to 8 participants and lasted between 60 and 90 minutes. A semistructured interview guide was developed based on the study aims and objectives, relevant literature on reminiscence and implementation in care home settings, and the content of the My Home Life program. Draft questions were reviewed and discussed within the research team to assess their relevance, clarity, and alignment with the study objectives, with amendments made prior to data collection (Multimedia Appendix 2).

All focus groups were audio-recorded and transcribed verbatim by an experienced transcriptionist, with transcripts checked against recordings for accuracy and anonymized prior to analysis. Written informed consent was obtained from all participants, including consent for the use of anonymized quotations. All potential participants were offered the opportunity to take part in the workshops and were free to opt out of any data collection. While all researchers had prior involvement in either the My Home Life program or previous work with the InspireD app, providing valuable contextual insight, reflexive practices were used to critically examine and mitigate potential sources of bias. Rigor was further enhanced through the maintenance of reflexive diaries to document assumptions and analytic decisions throughout the study. Peer validation was undertaken through team discussion of all 3 transcripts to identify potential blind spots, consider alternative interpretations, and support the credibility of the findings and themes.

Data Analysis

Analysis followed Braun and Clarke's [18] reflexive thematic analysis. Familiarization began with repeated reading of the transcripts and review of the audio recordings where necessary to support immersion in the data. Initial coding was undertaken inductively, with codes developed from participants' accounts rather than from a predetermined coding framework. Initial codes were subsequently reviewed across the dataset and brought together into broader patterns of shared meaning (by AC, RB, and CM). These patterns informed the development of initial themes, which were discussed and refined through iterative engagement with the coded data and full transcripts. All themes were examined for internal coherence, distinction from one another, and their ability to capture meaningful patterns relevant to the study aim. This process involved revisiting coded extracts, combining or separating themes where appropriate, and refining theme names and definitions until the final thematic structure was agreed.

Reflexive discussion was embedded throughout the analytic process. Members of the research team had prior involvement in facilitating the wider program and in previous work evaluating the InspireD reminiscence app. This positioning provided contextual insight but also had the potential to shape interpretation. Researchers therefore maintained reflexive diaries to document assumptions, expectations and emerging interpretations, and these reflections were considered during analytic discussions. Team discussions were used not to seek coding consensus, but to challenge assumptions, identify potential blind spots, consider alternative interpretations and examine how researchers' prior knowledge and positioning may have influenced theme development. This reflexive process supported a more critically considered interpretation of the data while remaining consistent with the principles of reflexive thematic analysis.

Results

Overview

Twenty-one care home staff participated in the study. Participants held a range of leadership and nursing roles and brought varied levels of experience to the project. Table 1 outlines participant characteristics. Participants occupied roles that enabled their participation in the program, including managerial, leadership, or senior clinical positions. Consequently, the findings primarily reflect managerial, leadership, and senior clinical perspectives on implementation rather than the direct experiences of frontline care staff. The participants worked across 21 care homes located within one UK region. These homes differed in size, accommodating between 15 and 76 residents, and included both rural and urban settings as well as a mix of nursing and residential provision for people with diverse care needs. Of the 21 participants, 2 used life story books to support individual reminiscence, while the remainder opted to use the InspireD reminiscence app demonstrating initial interest.

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Table 1. Participant characteristics.

Categories	Participants, n
Roles	
Care home manager	11
Acting or deputy manager	3
Senior nursing staff (charge nurse, ward sister, and senior staff nurse)	3
Staff nurse	4
Experience (years)	
1-3	2
3-5	1
5-10	5
11-15	4
16-20	3
More than 20	6

Three interrelated themes were identified. The first theme, "enabling possibility—digital infrastructure and organizational readiness for adoption," captures the structural and contextual conditions that shaped early uptake. The second theme, "shaping acceptance—digital confidence, assumptions, and leadership decision-making," reflects how staff perceptions, confidence, and leadership decision-making influenced whether and how the app was introduced. The third theme, "sustaining use—meaningful adoption for residents, staff, and families," explores the conditions that supported or constrained sustained meaningful use and the embedding of the InspireD reminiscence app.

Theme 1: Enabling Possibility—Digital Infrastructure and Organizational Readiness for Adoption

This theme highlights factors that influenced the possibility of adoption of the InspireD reminiscence app, particularly in relation to care home digital infrastructure and organizational readiness. While most participants described minimal technological infrastructure, a few had greater exposure to digital technology and apps, mostly due to changes initiated during the COVID-19 pandemic. Participants recalled that necessity had accelerated digital literacy, particularly through video calls and online communication with families:

> *During Covid we had no face-to-face communication, so we had to learn how to use Teams and video calls. Now it's the norm that families use iPads, saying, "Will you turn that on so I can say goodnight to mummy?" It's become a lot more virtual.* [Participant 4]

> *I'm just thinking back through Covid, when visiting was restricted, we were using tablets and iPads for residents to connect with families. That period was all new to us, to residents living within a care home, and to staff working within a care home, to have to use that technology.* [Participant 7]

This shift meant that, for some homes, digital communication had become part of the routine of care, making the introduction of a reminiscence app less daunting. However, even within these more digitally experienced homes, app use remained largely informal and unstructured, potentially reflecting limited awareness of care-specific or health-related applications:

> *Some of our residents do have iPads, and their families would have brought them in, but it wouldn't be anything structured.* [Participant 9]

> *Sometimes they might use them but it's not through a specific app… I'm not aware of any specific health related apps as such.* [Participant 3]

In other care homes, participants described how the number of devices was limited, with some homes relying on a single shared tablet (provided through this project), and unstable internet connectivity:

> *And technology that doesn't always work.* [Participant 6]

> *It's very hard to share iPads. Technology and internet access are always barriers.* [Participant 11]

> *Currently at the minute we've got one tablet that is dedicated for doing it [using the InspireD reminiscence app] with the one person.* [Participant 8]

Participants anticipated that as future generations enter care settings, residents will be more accustomed to using technology, indicating that access to personal devices is likely to become more common over time:

> *Talking about the generation gap, the younger generation are already used to iPads and picture frames. In another ten years, when they are older, they'll still be familiar with them.* [Participant 17]

> *See, thinking longer term, a lot of people are coming in with their own smart devices, all you have to do is download the app.* [Participant 5]

Participants also described infrastructural assumptions that shaped adoption. The digital infrastructure assumes that memorabilia are already digitized, generating additional tasks when hard copy materials or materials in a noncompatible format must be converted. This increased task complexity and created

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additional "hidden" workload, requiring workarounds such as photographing printed photographs rather than uploading files directly:

> *I was struggling to try to upload stuff and navigate my way around it so, you know, even that was time consuming but it was near frustrating when you had to touch this to get into that to do that… you were taking a picture of a picture to get it on as opposed to being able to just upload photographs.* [Participant 12]

Device constraints also added to this, with some iPads lacking ports for external drives, limiting the ability to transfer files from memory sticks:

> *[W]e did have an issue at the beginning was getting the photos uploaded onto the iPad, she… put them on a pen drive and she JPEG'd them all …that was beyond me… So I had to get someone else involved in the care home to transfer them.* [Participant 9]

These examples demonstrate how digital systems that assume predigitized memorabilia create additional work, revealing gaps in readiness for digital approaches. For these participants, the fragility of digital infrastructure, including unstable connectivity and limited device access, constrained the possibility of adoption. This highlights that adequate digital infrastructure is required to make app use workable in day-to-day care.

Theme 2: Shaping Acceptance—Digital Confidence, Assumptions, and Leadership Decision-Making

This theme explores how digital confidence, assumptions, and leadership decision-making shaped acceptance of apps and influenced whether use of the app was taken forward beyond initial introduction. Participants who felt unsure of their own ability to use digital tools were hesitant to delegate or promote their use, which constrained implementation from the outset:

> *I didn't use the Inspire App, I used a scrapbook… plus I don't know technology very well.* [Participant 21]

Perceptions of staff capability also shaped decision-making, with some participants questioning whether their teams were sufficiently prepared or "ready" to use the InspireD reminiscence app, showing how assumptions about competence can influence early adoption behaviors:

> *I never took the app at all in. I just knew my staff would be on the same page as me with technology. No [shakes head and gestures refusal with hands]* [Participant 16]

However, this was not universal. Some managers embraced the challenge and modelled a positive learning stance and, for some, this process of shared learning helped overcome apprehension:

> *Technology wasn't a thing really that I love either, but it was a challenge and through this whole experience and all too you have to challenge yourself. So, I did persevere with it and had some help from my children and all too.* [Participant 4]

> *It probably helped that I'm not technological at all, so they [staff] actually helped me a lot more with it, which made it easier for everyone.* [Participant 9]

Similar reservations were expressed about residents' ability to engage with digital applications, often reflecting preconceived assumptions about cognitive capacity, determining whether the app was taken forward at all:

> *Because I didn't feel that the residents before we even started would be able to cope with an iPad* [Participant 15]

> *And to be quite honest, like myself I wouldn't be very IT literate so it's very hard for me to navigate never mind a dementia resident.* [Participant 13]

Actual differences in digital literacy were a recurring theme. Some staff were apprehensive, particularly when they doubted their own technical skill or worried about doing something wrong, which constrained early adoption:

> *The activity coordinator was not too keen either, she thought she wouldn't be fit for it even after explanation.* [Participant 2]

> *Maybe a bit afraid of it or afraid of doing something wrong…and I think that's something that we did discuss before whenever it comes to new things some members of staff can be apprehensive about it.* [Participant 10]

> *Some staff have accepted it and some have rejected it because of the challenge.* [Participant 7]

In contrast, staff who were already confident with digital applications were more likely to adopt it positively:

> *It was about getting the staff members who were confident in utilising it.* [Participant 20]

> *Now staff members did utilise it and were positive with it, but part of that was in fact that the staff members who were engaging were more confident with technology.* [Participant 13]

Confidence was often associated with age and experience, with younger staff commonly perceived as more digitally comfortable and willing to experiment with new approaches. Participants contrasted this with older colleagues who were sometimes viewed as less confident with technology:

> *The activities girls and myself were all happy enough with the technology side of it. The activities girls are in their early twenties and were quite savvy with it and stuff and we're sort of thinking outside the box.* [Participant 18]

> *She's an older lady, she wouldn't have much with computers and stuff, you know.* [Participant 4]

However, this was not always the case; other participants argued that digital literacy varied within and across age groups; chronological age alone did not predict digital capability:

> *I have got more experienced members of staff who are more tech savvy than some of my school leavers, just because they're young doesn't necessarily mean*

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> *they have any real understanding how to do anything much more than make a TikTok video.* [Participant 6]

For staff who felt reasonably comfortable with technology yet lacked confidence in initiating conversations, the app was viewed as a helpful support. They noted that it could enable less experienced staff to begin meaningful, often intergenerational, interactions:

> *It's a good tool because if everything is there it doesn't really take much from the care staff say, if they're a bit apprehensive to initiate the conversations.* [Participant 9]

> *I suppose the app, even those younger staff that don't have the experience, the app giving them tools to be able to initiate that conversation with the individual, and to do that reminiscence* [Participant 14]

Alongside confidence in their own digital ability, some participants also expressed cautious views and uncertainty on the use of digital devices in care home settings, indicating reduced confidence in their value and appropriateness:

> *I can see that yes, it's advancing, and maybe we have to move along with the times, but is it the best? I don't know.* [Participant 7]

Although participants were provided with an introduction to the app and were signposted to guidance materials available via the InspireD webpage, they consistently emphasized the importance of training and clear guidance in building staff confidence for sustained implementation. Participants highlighted that capacity building required more than ad hoc support, noting the need for simple and repeatable guidance to support confidence in using the tool, maintain engagement over time, and manage workload by reducing uncertainty and troubleshooting demands:

> *On the day, X was explaining each section but we didn't have our own iPads set up, so we were just watching and trying to follow. When we went home, we had to figure it out ourselves. A step-by-step guide would have been really helpful.* [Participant 12]

Participants recommended periodic refreshers and regular, brief, targeted learning opportunities, alongside clear step-by-step instructions, to support confidence and consistency in using the app:

> *Updates and refreshers would help. Say every three months, add new features and ideas, otherwise it will never move on.* [Participant 3]

> *More training or clearer step-by-step instructions would help.* [Participant 11]

Theme 3: Sustaining Use—Meaningful Adoption for Residents, Staff, and Families

This theme recognizes that for the InspireD reminiscence app to be adopted and sustained in practice, it must hold meaning for staff, residents, and families. It is clear that continued use is not simply about persistence or frequency, but about perceived value, relational benefit, and fit with care practices. This theme examines the factors that enabled the app to be experienced as meaningful by all involved.

Residents

From the perspective of participants, meaningful use for residents depended on how well the content supported emotional comfort, personal relevance, and interaction. Participants noted that the InspireD reminiscence app became more effective when the material was purposeful rather than excessive. The emphasis was therefore on quality rather than quantity of memorabilia, with carefully selected items seen as more effective. Overpopulating the app with excessive memorabilia could become counterproductive and overcomplicate its use and impact the adoption of the app:

> *I think at the start we maybe tried to put too much in – more photos, more things. So, I think if we'd have stripped it back to more basic it would have been easier.* [Participant 7]

Meaningful use was strengthened by the ability to continually personalize and adapt content. Participants described how ongoing editing allowed staff and families to respond sensitively to residents' emotional reactions, maintaining relevance and protecting well-being. This capacity to update content emerged as a key factor influencing sustained use:

> *Her daughter had left a wee voice note giving me feedback on the app and she said she's actually noticed now that her mum doesn't cope so well with the photos of her mum on the app, so I said to her if you want to take them off, she said there's other ones she absolutely thrives on but she notices that it makes her look for her mum a bit more sad than normal.…. And you can edit it... You can work with it and choose what you want to include.* [Participant 15]

This was essential for participants as residents' fluctuating health, mood and sensory abilities also influenced their capacity to engage meaningfully, indicating that adoption was highly context dependent. Physical impairments and acute illness could temporarily limit interaction, reinforcing the need for flexibility:

> *He has lost his sight now so he was struggling to see the photographs.* [Participant 2]

> *And the resident had an infection. That was a really hard period, about two weeks, and it was quite hard to interact with her, she was just not herself.* [Participant 2]

Residents varied in their engagement with the technology itself. For some, the novelty and ownership of the device enhanced meaningful use and enriched the interaction, while others were less inclined to engage. These diverse responses highlight that adoption was shaped not only by the tool but by individual preference:

> *The resident that we used the app on, she was all biz because she had a piece of technology that was hers and she really enjoyed the technology side of it.* [Participant 11]

Participants consistently emphasized that meaningful use depended on the relational interaction facilitated by the app rather than the digital tool alone. Overemphasis on the

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technology risked undermining the core purpose of reminiscence:

> *It's more about the engagement and the way you do it, rather than taking the app.* [Participant 4]

> *I found if you overthink it or put too much pressure on the app, it becomes more about the technology than the person.* [Participant 18]

Staff

For staff, meaningful use was dependent on usability and feasibility within daily practice. Where the app was perceived as intuitive and compatible with workload, participants described greater capacity to sustain its use within everyday care practices. Usability and design were frequently highlighted as positive features of the app and a precondition for adoption. Although some staff felt uncertain at the outset, when the interface felt manageable and intuitive perceived usability increased and adoption became more likely:

> *Initially I thought, "I don't know how I'm going to do this." I was thinking it was going to be really complicated and a lot of work on top of everything else. But the app is so user friendly, you can make it as complicated or as simple as you want.* [Participant 9]

> *It was great, it was easy to use and it was handy.* [Participant 13]

Participants described how embedding the InspireD reminiscence app within routine care practices created the conditions for meaningful use, by making residents' personal histories more accessible and preventing important stories from being lost. This was perceived as a major factor affecting long-term adoption:

> *I think the app and you can see everything visually as well, it's better than maybe reading it on a care plan or a life story. Like we have the life stories, especially when you've got residents who have been there, you get to know them over the time but then as staff change maybe the life stories don't come out again because they're in their pile, whereas this way if you had the profiles it would sort of keep it real whenever staff can use it more.* [Participant 6]

Family

For families, meaningful use was facilitated by both contributing to the digital content and participating in reminiscence interactions. Their engagement played a crucial role in sustaining adoption, with relatives often recognizing the app as a valuable way to maintain connection and contribute to care. Families were seen as essential partners in sustaining app use, both as contributors of personal material and as co-participants in app use. Several participants noted that relatives valued the presence of technology in the care home and appreciated opportunities to engage in structured digital activities:

> *My family was the same, they found it very interesting, especially that it was like technology in the care home, they never experienced the care home before, they were living thinking once her mum is living in the care home there will be no interaction with her, they found it very difficult at the start to put her in a residential home depending on the case and the family were amazed like wow, we have something to do. And it was giving them a purpose as well.* [Participant 20]

In some cases, relatives became active users of the InspireD reminiscence app, taking the device to be with their loved one and initiate reminiscence interactions:

> *And I suppose from the app perspective, the daughter comes and takes the iPad and goes and sits with her mum and does it a lot of the time.* [Participant 1]

However, meaningful use depended on family members feeling confident and able to engage with the technology. Limited digital familiarity constrained participation and reduced the extent to which families could contribute to sustaining the intervention:

> *If the family could, it would help, but if they're not confident with putting things into the app, that's a challenge.* [Participant 14]

> *Her next of kin is her husband who is not too keen as well, afraid to touch the iPad.* [Participant 8]

Family readiness therefore functioned as an enabling or constraining factor in how fully the InspireD reminiscence app could be embedded into everyday routines.

The InspireD reminiscence app also created meaningful opportunities for intergenerational connection and learning. Younger family members often used the technology to initiate and guide conversations, which was particularly valuable when spontaneous interaction felt difficult. For families, the app created a shared point of focus that made visits feel more engaging and emotionally rewarding, encouraged participation across generations and helped them feel more involved in their relative's care:

> *Children or grandchildren sometimes aren't able to have them conversations, so I think from that point of view the app is beneficial as a tool to start the conversations.* [Participant 3]

> *And also we were saying for some family members, it's also a tool they can use because people are not really wanting, families come in and sometimes they find this hard, especially if they don't have that two-way conversation, whereas if that's there and they're able to use it I think the app would definitely benefit more than somebody coming in and starting, right let's do some reminiscence.* [Participant 16]

The findings illustrate how a range of organizational, relational, and individual factors shaped the initial adoption of the InspireD reminiscence app and influenced its sustained use within care home practice. Across themes, participants highlighted conditions that either supported or challenged sustained use, demonstrating that adoption was not a singular event, but an ongoing process shaped by context, confidence, and perceived meaning.

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Discussion

Principal Findings

This study explored how the InspireD reminiscence app was adopted within care home settings. The findings illustrate the complexity of adoption in these contexts and suggest that it extends beyond commonly emphasized considerations such as access to devices or individual preferences [9,23].

Consistent with earlier literature, participants described increased familiarity with digital technologies following the COVID-19 pandemic, reflecting wider changes reported across care home settings [8,10]. However, the findings indicate that increased exposure to technology and device availability did not necessarily translate into sustained confidence, readiness, or capacity to use digital health apps within everyday practice. Global reports, including the World Health Organization (WHO) dementia research blueprint [24], similarly highlight that despite the potential of digital innovation, progress continues to be constrained by disparities in digital literacy, access to devices, and underlying infrastructure. This study supports those concerns and further shows that the digital divide extends beyond system-level inequity to include variability within individual care home environments. These findings highlight that future considerations with regard to implementation require reliable internet connectivity, sufficient access to suitable devices, straightforward processes for uploading and transferring digital memorabilia, and accessible technical support to reduce implementation burden.

The findings demonstrate that infrastructure alone does not explain digital adoption. Instead, participants' accounts suggested that meaningful use was an important factor shaping whether the InspireD reminiscence app was taken forward in practice. Previous studies have highlighted that digital tools must offer perceived benefit to end users, in this case residents, if they are to be adopted [17]. This study extends this work by suggesting that these conditions were not confined to residents alone but were also shaped by staff and families. In this way, participants' experiences indicated that adoption was shaped by relational and organizational contexts rather than individual perceptions alone, an aspect of technology adoption that remains underexplored in the literature. As Shachak et al [23] reported, technology acceptance models often focus on individual intentions and beliefs, underplaying the complexity of multiuser environments. This framing aligns with broader critiques of technology acceptance models that prioritize perceived usefulness, ease of use, and behavioral intention, but give limited attention to the relational and organizational contexts in which technologies are enacted [25,26]. In care home settings, participants' experiences suggested that sustainability appeared to depend less on the presence of technology itself and more on how it enabled connection, preserved personhood, and fitted within existing practices [27]. Participants' experiences suggested that meaningful use functioned not simply as an outcome of engagement with the InspireD reminiscence app, but as an important condition supporting its continued adoption. This interpretation suggests that the conditions enabling meaningful use may be foundational to adoption rather than representing an endpoint in themselves. While much of the existing literature focuses on whether digital interventions are adopted or accepted, this study extends this perspective by highlighting the conditions through which meaningful use may support adoption.

Digital capability and confidence, whether actual or perceived, also influenced whether the app was adopted, echoing findings reported by Beattie et al [28]. This study adds that assumptions about the capability of staff and/or residents can act as an unrecognized barrier, with decisions about adoption sometimes made before individuals have the opportunity to engage directly with the technology. These findings resonate with wider literature on gatekeeping in dementia research, which demonstrates that assumptions about capability and suitability can shape access and opportunity before individuals are given the chance to engage. Studies have shown that gatekeepers, including managers and staff, may unintentionally exclude people living with dementia from participation based on preconceived notions of vulnerability or unsuitability [29-31]. Prior work suggests that such dynamics can be mitigated through relationship building, trust, and the deliberate challenging of deficit-based assumptions [32,33]. Consistent with this, the present findings suggest that leadership perceptions and behaviors warrant further examination, particularly in how they shape access to, and engagement with, digital interventions in care home settings.

The findings point to the need for sustained workforce investment, including confidence building and digital skills development, echoing wider literature on digital innovation in long-term care [7]. This study indicates that training is required not only for staff introducing the intervention, but also for those supporting its routine use. The findings suggest that implementation of digital apps should consider extending training beyond initial instruction to include brief refreshers, accessible step-by-step guidance, and opportunities for staff to revisit implementation challenges over time. Consideration should also be given to protected time for staff to develop and update personalized content, and to ways of incorporating digital reminiscence flexibly into existing activities, family visits, care planning, or life-story work, rather than positioning it as an additional standalone task. The findings also reinforce the need for training and workload considerations to be co-produced with staff to ensure alignment with everyday routines and capacities. Such approaches may not only support the implementation of the InspireD reminiscence app but also contribute to addressing broader challenges identified in this study and across the literature, including workload pressures [34], the emotional demands of reminiscence [35], and the importance of enabling meaningful family involvement [36].

Strengths and Limitations

This study offers one of the first examinations of the implementation of a digital reminiscence application within care home settings and has several strengths including steps taken to mitigate bias. Credibility was supported through the recruitment of participants across multiple organizations, prolonged engagement over a 4-month implementation period, and the use of rich, illustrative quotations to support analytic

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claims. Dependability was enhanced through the maintenance of an auditable record of coding decisions and theme development, alongside regular discussion and sense-checking within the research team and a robust reflexive approach to data analysis. Transferability was strengthened through detailed description of the study context and participant characteristics, as well as the inclusion of a relatively large number of participating care homes. Several limitations are acknowledged. The study used a convenience sample drawn from care homes participating in a leadership and QI program, which may mean that participants were more motivated or open to innovation than staff in other settings. The sample predominantly comprised managers, senior leaders, and clinical staff, with frontline care staff not directly represented in the focus groups. Their perspectives may differ, particularly in relation to workload, usability, and the feasibility of adopting the app into routine day-to-day care. The nature of the My Home Life program and the structured implementation support provided by expert facilitators may also have influenced participants' experiences of introducing the InspireD reminiscence app. Within this supportive context, participants may have been more open to innovation and reflective practice, and may have had access to resources, peer learning, and facilitation that would not necessarily be available in care homes implementing similar technologies independently. Implementation experiences may therefore differ in settings without comparable organizational support, which should be considered when assessing the transferability of the findings. Data were generated from staff perspectives only, without direct input from residents or family members, and without observational data on actual use, which limits insight into how the InspireD reminiscence app is experienced in practice by other stakeholders. Future research should directly include residents' perspectives to explore how they experience the app, what makes its use meaningful or acceptable from their perspective, and how individual preferences, abilities, and responses shape adoption and continued use within everyday care. The study focused on the InspireD reminiscence app within a single UK region, which may constrain transferability to other technologies or health and social care systems. Finally, members of the research team were involved in both the wider program and previous evaluations of the InspireD app, which may have influenced interpretation despite efforts to address this through reflexive practice.

Conclusions

This study examined how the InspireD reminiscence app is adopted within care homes. The findings demonstrate that adoption cannot be understood solely in terms of device availability or individual preference. Instead, it is shaped by the interaction between baseline digital infrastructure, staff confidence and assumptions, and the extent to which the app supports meaningful engagement for residents, staff and families. Planning and implementation need to address infrastructure, training and leadership support alongside coproduced strategies that ensure the technology enhances person-centered relationships.

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Data Availability

The datasets generated and analyzed during this study are not publicly available to protect participant confidentiality but are available from the corresponding author on reasonable request.

Generative AI Use

The authors declare that generative AI was not used in the preparation of this manuscript.

Authors' Contributions

Conceptualization: AC, RB, AR, DH, SP
Formal analysis: AC, RB, CM
Investigation: AC, RB, CM, BL
Methodology: AC, RB, CM, BL, DH
Project administration: AC, RB
Supervision: AC, AR
Validation: AR
Writing – original draft: AC
Writing – review & editing: AC, RB, AR, CM, BL, DH, SP

Conflicts of Interest

None declared.

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Multimedia Appendix 1

Visual overview of the study.
[DOCX File , 28 KB-Multimedia Appendix 1]

Multimedia Appendix 2

Focus group guide.
[DOCX File , 23 KB-Multimedia Appendix 2]

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Abbreviations

WHO: World Health Organization
COREQ: Consolidated Criteria for Reporting Qualitative Research
QI: quality improvement

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