

## Can inclusion feel imposed? Exploring situational digital citizenship through older adults' encounters with digital health services

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### Abstract

Digitalization reforms have reshaped views on ideal citizenship, emphasizing individuals as proactive consumers of digital health services. This shift has introduced opportunities, but also new demands, especially for older adults who face a heightened risk of digital exclusion. In this article, we examine older adults' experiences with digital health services in Finland. We ask the following: (1) How do older adults experience digital health services in daily life? and (2) How do older adults' experiences with digital health services shed light on dimensions of digital citizenship? Based on thematic analysis of semi-structured interviews ( $n = 12$ ) with older adults aged 68–80, digital engagement often unfolds along a spectrum shaped by emotional, social, and structural conditions. As a

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conceptual contribution, we introduce situational digital citizenship to capture the ways older adults participate selectively, under obligation, or with ambivalence while negotiating societal expectations. This perspective highlights digital inclusion as a dynamic process, not as a fixed outcome.

Keywords: digital citizen, digital health services, digital skills, digital technologies, older adults

## Introduction

In Finland, digitalization is promoted by public authorities as a means for creating new opportunities for inclusion through focusing on the citizen-centric development of public services (Ministry of Finance 2024). However, the hasty deployment of digital health services may give rise to new forms of marginalization, discrimination, and inequity (Buchert et al. 2023). These concerns are especially relevant to older adults, a growing part of the population, as they are already facing a heightened risk of digital exclusion (Heponiemi et al. 2022). Thus, a paradox emerges. While digital health services have become a priority in contemporary Finnish society, many older adults remain disconnected or become gradually disengaged from these platforms (Ministry of Social Affairs and Health 2023).

Given that a profound entanglement between societal dynamics and digital technologies exists, compelling reasons emerge to investigate older adults as digital citizens navigating and managing the use of digital health services. First, older adults constitute a significant demographic of health and social welfare service users (Valokivi et al. 2023). Second, digital divides between older and younger generations continue to persist in statistics regarding the use of digital health services (Finnish Institute for Health and Welfare 2023). Third, recent research in Finland (Varjakoski & Tiilikainen 2025) demonstrates how a substantial portion of oldest age groups, especially those aged 75+, face a number of challenges in using digital health services and are often entirely excluded from them. Older adults also commonly lack the opportunities to acquire novel digital skills through formal education or as a part of working life upskilling (Tsai et al. 2017). Limited access to such opportunities can place older citizens at a disadvantage when navigating essential digital

services. Lastly, older adults as digital citizens represent an under-researched area in comparison with other demographics, for example, children and young adults (Heath 2018; Öztürk 2021), even if it is recognized that old age can represent a substantial barrier for the use of digital services (Jaffe et al. 2020).

However, it would be inaccurate to depict older adults as a cohort that is universally reluctant to embrace digital technologies or deficient in digital skills (Schirmer et al. 2022). In fact, the share of older adults using digital technologies has increased steadily in Finland during 2013–2024 (Official Statistics of Finland [OSF] 2025). Still, given that society is becoming increasingly digitally connected, complex digital landscapes are emerging and creating spaces where the lack of adequate digital skills can lead to widening social inequalities. In 2022, over half of those aged 75 or older in Finland reported a need for support with digital health services (Finnish Institute for Health and Welfare 2023). This represents a population estimate of 346,000 people.

As digital public services are becoming the default mode of access to essential welfare services, understanding how older adults experience these changes becomes increasingly important. Building on this context, the present study investigates how older adults engage with digital health services in Finland and how these everyday encounters can be understood through the lens of digital citizenship.

### *Older Adults' Digital Citizenship in a Digital-by-Default Welfare State*

The dynamics between older adults and digital health services intersect with the evolving ideas about digital citizenship, given that the ongoing digital transformation is challenging the skills and knowledge needed to qualify as an “appropriate older person” (Comunello et al. 2023) or a “good digital citizen” (Öztürk 2021). Drawing from previous research (Baldassar et al. 2022; Formosa 2013), a digital citizen can be characterized as a person who has the skills, access, and knowledge to use and employ digital technologies to engage in societal, political, and governmental activities.

However, in the context of a digital-by-default welfare state such as Finland, digital citizenship is not limited to active political participation

or advocacy but is increasingly enacted through everyday interactions with public digital services, including digital health services, which mediate access to essential rights and entitlements. This understanding aligns with broader conceptualizations of digital citizenship that emphasize the ongoing development of skills required to navigate an increasingly complex and digitally mediated world (Sadiku et al. 2018), as well as the set of norms, guidelines, and behavioural expectations that promote appropriate and conscientious engagement with digital technologies (Jørring et al. 2019). Previous research focusing on older adults also emphasizes digital citizenship as encompassing responsibilities and ethical considerations that shape how individuals engage with digital technologies in everyday life (Mouwens-Singh & Arendse 2024).

Building on the dynamic and interpretive perspectives on digital citizenship presented above, digital citizenship is not a static status. Instead, the figure of a digital citizen can be understood as complex and continually evolving, reflecting the ongoing changes in technology, policy, and individuals' varying abilities to keep pace with these advancements (Isin & Ruppert 2020). As Jørring et al. (2019) argue, both citizenship and digital are abstract and ever-evolving spheres, and therefore digital citizenship as a concept can be approached as being dynamic and adaptable as well. In the present study, building on Jørring et al.'s (2019) perspective, digital citizenship is examined as a fluid concept encompassing a broad spectrum of older adults' subjective experiences of what it means to be a citizen in today's digital world.

### *Analytical Framework and Research Questions*

To investigate the nuanced conditions that shape older adults' engagement with digital health services, this paper adopts a distinction between internal and external factors. This framing aligns with previous research and policy reports (Batbold et al. 2024; Marcotte 2022; Tomczyk & Kielar 2025), distinguishing individual-level characteristics such as trust, confidence, and prior experience from more contextual or structural factors including service design and societal expectations. In addition, this distinction also aligns with Helsper's (2012) corresponding fields model, which emphasizes the interaction of personal resources and external conditions when

investigating social and digital exclusion. More importantly, this distinction between internal and external stems from the way participants themselves in this study described their experiences, often differentiating individual traits from external conditions and societal demands.

While the term “digital citizenship” was not used by the participants themselves, it functions in this paper as an analytical concept. Thus, the analysis moves between two levels: (1) the everyday, situated experiences voiced by older adults themselves and (2) a conceptual framing that positions these experiences within broader understandings of digital citizenship. Mirroring these premises, this paper investigates older adults’ experiences as digital citizens in Finland, with a primary emphasis on the use of digital health services. Specifically, we ask the following: (1) How do older adults experience digital health services in daily life? and (2) How do older adults’ experiences with digital health services shed light on dimensions of digital citizenship? By analysing older adults’ encounters as digital citizens, we aim to shed light on the complexities of digital inclusion, or the lack thereof, for older adults. To this end, we draw upon the context of a recent nationwide social and healthcare reform in Finland, which introduced new digital health services and prompted the launch of a related digital skills course pilot by the University of Third Age to support older adults in adapting to these changes.

### Scaling up Digital Health Services: The Finnish Social and Healthcare Reform

In Finland, digital public services are by no means a recent development, and the country has provided many administrative and health-related services available online well before the Finnish social and healthcare reform took place in 2023. However, reflecting Finland’s position as a forerunner in digitalization and digital health care (Heponiemi et al. 2022), the reform still marked a significant shift in the scale and scope of digital service deployment. Furthermore, the research material for this present study was collected in the immediate aftermath of the reform, during a pilot course specifically designed to familiarize older adults with the newly introduced services. As such, this paper presents and contextualizes the

reform itself, both as a societal background to the study and as a factor shaping older adults' experiences as digital citizens.

In 2023, the responsibility for health and social services in Finland shifted from municipalities to the jurisdiction of wellbeing services counties. As a result, 21 self-governing wellbeing services counties were established, each responsible for the provision of primary healthcare, specialized healthcare, social welfare, and rescue services among numerous other duties. In addition, each wellbeing services county is obligated to oversee its own set of digital health services, which are provided in addition to the existing national digital services (Pennanen et al. 2023). Thus, as a key aspect of the reform, a variety of new digital health services were introduced. In Central Finland, these novel digital services included, for instance, a new online portal for booking appointments, an online senior chat, and a service for video consultation.

Launching new digital health services is central to the strategies of the newly established wellbeing services counties (Pennanen et al. 2023). However, there can be a divergence in the expectations of service providers and users, as providers often prioritize cost efficiency, whereas users desire high-quality and user-friendly services (Vainio et al. 2017). It is also crucial to point out how unique healthcare services are due to their public funding, significant economic impact, and the dual role of the government in financing and providing these services (Haaga et al. 2024). Consequently, even minor improvements in healthcare services can result in substantial savings, whereas failures can have severe repercussions on public finances.

Given that the social and healthcare reform in Finland took place in 2023, research on the ramifications of the restructuring is still limited, and finding the right metrics and tools to measure the impact can also be challenging (Pennanen et al. 2023). Before the reform took place, the Healthy Finland Survey was conducted in 2022. According to this survey, the usage of digital health services had increased among those aged 65 or older compared to 2020 (Finnish Institute for Health and Welfare 2023). Furthermore, among those aged 65 or older, nearly three-quarters reported that virtual interactions had replaced at least one physical appointment in 2022. Still, one-third of men and approximately two-fifths of women aged 75+ reported digital non-engagement and not using any digital services at all. Furthermore, when measured against other

digital services, such as MyTax (Tax Administration's e-service) or online banking, the use of digital health services was significantly less common in Finland in 2022. In addition, nearly one in five felt they needed more guidance in using digital health services (Finnish Institute for Health and Welfare 2023).

On the other hand, leveraging insights from a citizen survey implemented across five Nordic countries in 2023, citizens in Finland have more faith in digital development's potential to create a more equal healthcare system compared to other Nordic countries (Eriksen et al. 2023). However, a persistent need for assistance among digital health services users was indicated across all Nordic countries (Eriksen et al. 2023). This is in line with the Healthy Finland Survey, showcasing that 90% of older adults aged 65+ had experienced barriers and concerns in using digital health services in Finland in 2022 (Finnish Institute for Health and Welfare 2023). Given that digital competence can counteract the age-related decline in the usage of digital health services (Heponiemi et al. 2022), there is a pressing need for improved support systems to ensure that the benefits of digital healthcare are equitably accessible to all age groups.

### Becoming Digital Citizens: The Role of Novel Digital Skills for Older Adults

When investigating societal dynamics and digital technologies, it is essential to note that older adults frequently find themselves in complex situations where gaining new knowledge and skills is demanded to keep pace with the rapid digital transformation of society (Pihlainen et al. 2023). The difficulty of acquiring new skills is further aggravated by the expectation that citizens will not only adopt, but also demonstrate suitable digital behaviour (Schou & Hjelholt 2018), particularly in a modern society where digital services are often provided as the primary option. Thus, aligned with interpretations stating that a certain degree of responsibility for personal health is expected from every citizen (Värri et al. 2020), it is important to recognize digital citizenship as a matter of equity as well, given that it is directly related to accessing critical health services (Baldassar et al. 2022).

According to Heponiemi et al. (2024), digital skills play an important role in the access to healthcare. Consequently, being a digital citizen is closely

intertwined with the acquisition of novel digital skills, as participating fully in society can be challenging without the necessary proficiencies. The implications are concerning, as recent data from the Finnish Institute for Health and Welfare (2023) indicate that proficiency with digital services is less common among older age cohorts, with over half of the individuals aged 75+ rating their ability to use digital services as “minimal” or “non-existent.” Thus, the growing emphasis on digital services and the accompanying demand for digital skills can reinforce disparities in access to healthcare, leaving vulnerable groups at greater risk to be deprived of essential health services (Heponiemi et al. 2024). Such digital dependency can be particularly problematic, as it is often individuals with the highest need for healthcare services who face the most difficulties in adapting to digital health services (Heponiemi et al. 2023).

Looking back at the concept of a digital citizen, the concept itself is complex and contested, with no universal agreement on what constitutes digital citizenship and with interpretations varying widely across disciplines and contexts. However, the role of necessary skills and competence with digital technologies remains a common thread in its definitions even if the concept of digital citizen itself can be interpreted in various ways (Jørring et al. 2019; Mossberger et al. 2008). Yet, mastering new skills does not inherently equate to becoming a digital citizen, as individuals may be proficient yet choose not to apply these skills to citizenship practices (Simsek & Simsek 2013). In addition, it is important to acknowledge that being a digital citizen entails more than technical proficiencies. According to Dede (2010), an ideal digital citizen is developed through the interaction of cognitive, affective, psycho-social, and digital skills. However, as Jæger (2021) points out, there is also a predicament in determining whether becoming a digital citizen constitutes a human right or if the liberty to reject such a change is a right in itself.

At the same time, it is vital to draw attention to “aged heterogeneity,” which asserts that diversity and individual differences often grow more significant with age (Dannefer 1988; Loos 2012). Thus, experiences with digital technologies, including digital public services, can reflect this variability and can be just as diverse as the individuals themselves (Korpela et al. 2024). Moreover, it is essential to recognize that while learning to use digital technologies, older adults’ perceptions of age and aging are also shaped and redefined (Rohner et al. 2021). It is also worth noting

that while acquiring practical knowledge, individuals form their identity and social belonging (Alkemeyer & Buschmann 2017). On top of that, if the impetus to learn novel digital skills is driven by external factors, it can provoke tension and unease, adversely affecting both performance and older adults' wellbeing (Rønning & Sølvsberg 2017). These tensions can arise in scenarios where, for instance, older adults experience social pressure, perceiving digital skills as a necessity to operate as digital citizens, and therefore proceed to learn new skills as a response to outside pressure (Pihlainen et al. 2023).

Given these examples, the starting points for evolving into digital citizens are not the same for everyone. Recognizing this variation is crucial, as the multifaceted experiences older adults have with digital health services can contribute significantly to both their personal identity formation and their broader role as digital citizens.

## Research Materials and Methods

### *Study Design and Participant Recruitment*

The methodological choices in this study were guided by the aim to explore older adults' lived experiences of digital health services in depth and within their real-life context. Semi-structured interviews ( $n = 12$ ) were carried out in Central Finland during October and November 2023 with older adults aged between 68 and 80. The mean age of interviewees was 74. Three interviewees were male, and nine were female. All participants were recruited through the University of the Third Age which organized two digital skills courses with identical study plans in September 2023. These courses were part of a project designed to assess the role of digital support for older adults navigating recently launched digital health services in Central Finland. Both courses shared the same teacher, classroom, content, study materials, and an equivalent number of peer tutors. During the course days, the teacher asked for a signed permission to reach out to the participants for research purposes after the course had ended.

Given that the courses formed a closed group from which the participants were recruited, this case study provides insights into how older adults respond to the social and healthcare reform by actively learning

the use of the new digital services. The small-scale nature of the courses aligns with the principles of case study methodology, which emphasizes the detailed examination of specific, bounded cases and the desire to understand complex real-life phenomena (Yin 2018). Both courses reached full capacity, attracting a total of 26 older adults. Given the predetermined limit on enrolment, the rate of response to the research invitation was 46%.

The average length of the interviews was 84 minutes, with the longest lasting 110 minutes. While the duration alone suggests long discussions with the participants, the richness and nuance of the material stemmed from multiple factors beyond interview length. To begin with, participants were recruited from a pilot digital skills course that involved hands-on interaction with new digital health services, encouraging active reflection. In addition, the course setting also provided participants shared reference points and a sense of co-experience. Many arrived with written notes and personal reflections, and several wanted to start the interview by recounting a story or real-life event that had occurred after the course. Furthermore, the semi-structured interview format supported in-depth discussions, actively allowing space for participants' own storytelling and interpretation.

Recruiting participants from a digital skills course enabled the study of older adults' experiences at a moment of active adaptation, where expectations, learning, and uncertainty intersected. This context made it possible to capture not only how digital health services were used, but how they were interpreted, negotiated, and emotionally experienced while participants were in the process of developing their skills. Mirroring the richness of the material and consistent with previous research (Hennink & Kaiser 2022), this research underscores that in qualitative research, sample sizes should be reviewed by depth, richness, and the data's ability to provide a nuanced understanding of the studied phenomenon.

### *Data Collection and Analysis*

The interviews were mainly conducted in person, with a single pair interview conducted over the phone to accommodate participant preferences. All interviews were audio-recorded and transcribed, resulting in a total of 88,991 words. Each participant was informed of the research objectives,

the voluntary nature of their participation, and the confidentiality of their responses. The fieldwork was conducted following the General Data Protection Regulation of the European Union. All names presented in the present research are pseudonyms to protect the participants' anonymity. According to the ethical procedures of University of Jyväskylä, ethical review was not required for this study.

The interviews followed a semi-structured list of questions designed to elicit both reflective and experience-based responses. The structure covered four main thematic areas: (1) participants' backgrounds with digital technologies and everyday use of digital technologies, (2) experiences of aging and learning digital skills, (3) perceptions of digital inclusion and society's role in supporting older adults, and (4) reflections on the pilot course and peer tutoring. Within these themes, the interview questions encouraged participants to share concrete examples and broader societal reflections. During the interviews, older adults were also asked to describe their experiences with digital health services and their need for digital support. This structure ensured alignment with the research questions while allowing participants to shape the flow of the conversation through their own narratives and priorities.

In essence, the pilot courses provided a unique opportunity to recruit interviewees who had firsthand experience with newly introduced digital health services. However, it is important to recognize how unprecedented the situation was for all the parties involved. The course was implemented for the first time, and the digital public services being practiced during the course were new for both the teacher and peer tutors as well. This originality introduced an element of shared learning and discovery that infiltrated the course environment. An unexpected but valuable outcome of the course was its role as an elicitation tool. The digital skills course and the broader reform context prompted participants to reflect in advance, which led many to bring forethought topics or written notes into the interviews. These reflections, shaped by recent lived experiences, enabled rich and grounded conversations.

The thematic analysis (Clarke & Braun 2013) was conducted by the main author. The process began with a thorough, repeated reading of the interview transcripts. Following this initial examination, open coding was conducted in ATLAS.ti to identify key patterns. From these codes, themes were constructed and refined in alignment with the research questions.

Throughout the analysis, themes were continually reassessed, and codes were adjusted while being regularly validated against the data. In line with the University of Jyväskylä's guidelines for reporting the use of AI tools (University of Jyväskylä 2025), I have used the following tools for this research: Microsoft Copilot, Keenious, and ChatGPT-4o. Microsoft Copilot and ChatGPT-4o were used to support the translation process of participant citations, refine academic phrasing, and correct grammar. Keenious, integrated into Microsoft Word, served as a literature discovery tool to identify relevant academic articles based on the content of the draft.

## Results

### *Everyday Encounters with Digital Health Services: Between Convenience and Complexity*

While positive aspects of digital health services such as convenience and accessibility were recognized by most participants in this research, the challenges older adults had encountered in utilizing these services remained substantial. These contrasting experiences contributed to a wide range of perceptions of digital services, as Laura, 69, explains:

I sometimes use them [digital services] gladly, sometimes happily, sometimes with satisfaction, but often with frustration, thinking, darn it, do I really have to do it this way.

This spectrum of perceived benefits and drawbacks aptly captures the overarching intricacies of integrating digital technologies into older adults' daily lives. In the context of digital health services, the everyday experiences of the interviewees often reflected a dynamic interplay of emotions, encompassing frustration, hope, curiosity, and unease all at once. From an analytical perspective, these accounts highlight the emotional effort involved in navigating digital health services, which can be related to Hochschild's (1979) notion of *emotion work*. However, even if participants described moments of difficulty or frustration, they also reflected on the encouraging aspects of digital health services, as Laura, 69, continues:

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Well, the threats and opportunities, and hope and concern. I mean, of course there is excitement. I'm trying to learn these things [digital health services] so that I can manage, but then on the other hand there is the worry about what if I don't learn, and what if I don't manage after all. Then who will do things for me? Can I really expect my children to do them on my behalf? That makes the future feel quite worrying.

Despite persistent hurdles and worry for what the future might look like, participants frequently felt they were currently able to manage with the digital health services. As Aaron, 80, explains: "I've managed with the ones that are essential to me. But if new changes keep coming, requiring everything to be relearned, then that's a different story." Interestingly, digital health services were often used even if there was hesitation towards other digital technologies and services. This typically stemmed from the experience that digital health services are essential, not optional. It was also common that at least some aspects of digital health services were appreciated, even if the appreciation co-existed with anxiety and concern. This continuum of experiences further reveals the layered and sometimes conflicting perceptions towards digital services, as Sofia, 80, demonstrates:

Yes, I feel I have the necessary skills because I use them [digital services]. One could not manage here [digitalized society] otherwise. I live alone, so I must know how. And I also want to know, let's put it that way as well [long pause]. Sometimes I even think that I can't afford to die. I'm curious to see where this all leads [laughs].

Regarding health and social services, older adults in this research consistently expressed that digital services cannot fully replace traditional services, emphasizing that human interaction remains an irreplaceable component. This perspective was repeatedly defended by the participants who highlighted that healthcare involves sensitive and serious matters that require face-to-face interaction and are not something to take too lightly. This emphasis on personal contact resonates with previous research highlighting how digital encounters may feel less personal and risk misunderstandings in healthcare contexts (Kaihlanen et al. 2022). Furthermore, like Henrik, 71, explains below, when it comes to discussing health, particularly more serious issues, it is crucial to have a face-to-face conversation with a healthcare professional who is knowledgeable about

the subject at hand without having to rely on digital technologies for such important discussions:

That's why, when it comes to discussing my health, if we are dealing with something more serious, I want to talk one-on-one with a doctor or a nurse who knows the matter, not with any computers.

Looking closer at the recognized disparities between traditional health services and digital health services, inequality was a recurring theme that was commonly brought up. Drawing from this, older adults echoed shared concerns regarding the digital services' propensity to exclude citizens and cause disparities. As Margit, 76, explains: "You quickly get left out of many things if you don't dive into them." Rainer's, 75, reflection on digital health services points to broader expectations of citizenship, in which older adults are expected to cope independently with digitalization, as he observes:

Well, I don't really feel that I am part of a digitalising society in the sense that I've been left on my own. I mean, public life has left users on their own.

This kind of apprehension was a unifying theme throughout the interviews, and similar discomfort was voiced when discussing digital health services in more detail. As Julia, 68, notes, in her view, the digital services organized by the wellbeing services county of Central Finland did not necessarily lead to better digital inclusion:

Digital services are still confusing, and they discriminate against people. In remote areas, I feel things are at least ten years behind. So, it needs to be ensured that there is at least one healthcare professional, someone who understands confidentiality, who can help people with the computer so they can access it. Not everything can be digital.

Overall, older adults' experiences with digital health services reflect a complex spectrum with a broad range of responses, from perceived benefits, such as convenience and efficiency, to notable barriers, including feelings of confusion, exclusion, frustration, and emotional disconnect. While the ease of use and efficiency of specific services were recognized by some participants, most emphasized that human interaction remains a vital aspect of care, especially in sensitive healthcare contexts.

These everyday accounts illustrate the multifaceted ways in which older adults perceive and experience digital health services, often marked by ambivalence, necessity, and adaptation. These results lay the foundation for a deeper examination of how older adults interpret, negotiate, and sometimes resist the expectations tied to digital participation. In the following section, reflecting the second research question, we move beyond descriptive experiences to explore how digital citizenship is enacted in practice, not as a fixed status, but as a situational and negotiated process shaped by both internal motivations and external pressures.

### *Situational Digital Citizenship: Navigating Expectations and Digital Technologies in Later Life*

While investigating older adults as digital citizens, it is important to understand different barriers, facilitators, and support mechanisms that can shape their participation and engagement with digital services. This contribution aligns with objectives from previous research (Kaihlana et al. 2022), stating that it is necessary to identify all factors that may hinder vulnerable groups from fully benefiting from digital health services in order to enhance the probability of achieving digital health equity.

Based on the results, older adults often recognized internal and external factors that influence their use of digital technologies and through that, the ability to participate as a digital citizen. Although participants did not explicitly use terms like internal or external factors, they frequently differentiated between things that “come from me,” such as confidence or personal interest, and those that “come from outside,” such as societal expectations, service design, or availability of support. However, distinguishing between internal and external influencing factors can be complex, as these factors often interact and overlap in ways that challenge clear categorization. For instance, most participants attended the newly established digital skills course to build confidence and acquire new digital skills related to the use of digital health services. However, these participants also mentioned enrolling to meet the expectations they perceived were imposed by society and the wellbeing services county. Consequently, external expectations often played a central role in shaping

the internal desire to acquire new digital skills, demonstrating the overlap between internal and external factors.

Striving to fulfil these perceived expectations from society elicited a range of emotions among the older adults. Laura, 69, captured her response towards the external factors influencing her use of digital technologies as follows: "It would be nice to use them only when I want to, but I've grown to use them when I've had to." Analytically, such accounts can be understood as a form of reluctant digital citizenship, where engagement is enacted not through choice but perceived necessity. This interpretation builds on Isin and Ruppert's (2020) view of citizenship as exercised through digital practices. In addition to feeling anxious about their situation, interviewees often experienced concern for how others in their age group were managing and whether they were being unfairly punished for lacking the necessary digital skills. In these scenarios, external factors, such as perceived mandates from society, were shaping older adults as digital citizens, as Olivia, 75, explains:

Well, because I have to, I have tried to keep up. And through that, by any means necessary, I try to achieve a certain level of independence and the ability to manage the most important matters that arise in this day and age. It's the way of the world. To go online.

The role of society as an external factor, something that "comes from outside," was also brought up when discussing the speed of the ongoing digital transformation. As Henrik, 71, conveys, the swift progression can cause disruptions:

Since we don't know these things very well at the moment, I'm not sure if it's wise to keep adding more. You don't teach someone to drive by suddenly making them drive 150 kilometres per hour in a city area. That's not how it's taught. It's kind of the same thing here. You should add things gradually, step by step.

Still, most participants expressed willingness to try to keep up with the pace they felt society was mandating. However, for some older adults, the push towards digital engagement became counterproductive, amplifying feelings of exclusion when personal resources did not align with the perceived external demands. As Margit, 76, highlights, updated digital skills are needed to feel capable of managing with the new digital health services:

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I feel I would need to know a little bit more than what I know now. This is just the beginning. As this [wellbeing services county and digital services] develops all the time, you have to keep learning more as well. My skills are not enough yet.

On a related note, it was commonly agreed that possibilities for older adults' upskilling are sparse and external support barriers do exist. For instance, Henrik, 71, and Sylvia, 71, affirmed during their couple interview that society is not allocating enough resources for older adults, a view that was shaped in part by dominant discourses that construct older adults as a strain on public resources rather than as active contributors to society:

Not really. Not nowadays. Whenever you read something [e.g. in the news], it's all about saving money. Saving this and that. And soon, older adults will be seen as a burden. They don't need anything. They're on their way out. That's the feeling you get, you know.

Most participants found these dynamics and mainstream news deeply concerning, as according to the interviewees, the ability to use digital devices and digital services should be compared to literacy. Being so, society should bear the responsibility of educating citizens, as Margit, 76, describes: "Since society requires us to use it, they should teach it to us, just like they taught us to read and write. It's a skill of the same kind." To further underscore the societal expectations that participants felt, terms such as obligation, mandate, requirement, and necessity were commonly used during the interviews regarding the use of digital health services.

However, based on the interviews, operating as a digital citizen requires a proactive approach from the individuals as well. Participants noted that even when external digital support is available, older adults may still choose not to participate. These observations emphasize the role of individual choice and autonomy in decision-making. Like Sofia, 80, describes, it is not only about the external factors:

It's up to older adults whether they want to keep up. I have many friends who don't want anything to do with these [digital technologies and digital services] because they are afraid. That's what I've experienced - prejudices and fears. And I think that's a shame.

According to the interviews, it was not only about learning the new ways, but also unlearning the old ways that shaped the digital citizen.

Thus, older adults' previous experiences, including work and personal interests, emerged as a significant internal factor influencing their encounters as digital citizens. Older adults also expressed trust-related concerns not only about the security of digital health services, but also in their own confidence and abilities as a user. These trust- and knowledge-related concerns were perceived to contribute at least on some level to the reluctance to fully engage with digital services. For instance, Sofia, 80, described trust barriers with digital health services as follows:

The doctor-patient relationship doesn't quite come through properly on a video call, it just doesn't work. And trust... well, if you've already met several times and that doctor-patient trust has already been established, then after that it could work.

Ultimately, from knowledge gaps and inadequate support to possible trust barriers and external pressures from society, there can be numerous internal and external factors simultaneously contributing to the complexity of digital inclusion experienced by older adults. As an additional example of an external factor, older adults repeatedly mentioned the development and design of digital services. While participants did not frame these concerns in terms of citizenship, their reflections on usability illustrate how service design can shape older adults' possibilities to engage meaningfully with public digital services. For instance, as Kristina, 74, states below, it is essential to look beyond the possible mistakes healthcare professionals and older adults can make as users, as "the problems exist already much further along, in the planning stages." However, it is not a straightforward matter, as Olivia, 75, further articulates:

Some things work, some don't. Digital services are sometimes designed in such a way that... the needs of users are so diverse that the designers can't account for all possibilities. So, is it a mistake, is it carelessness, or is it a lack of ability to consider the user, the person who has poor vision, poor hearing, and who is of an age where they can't easily grasp this?

Olivia's reflection captures the concrete physical barriers that older adults may face in using digital services. Her reflection also resonates with broader concerns on public service design, where the one-size-fits-all

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approach can often fail to accommodate the diverse needs of older adults (see also Pajula et al. 2024). Aligned with Olivia's remarks, Rainer, 75, points out the following when the logic behind digital services is brought into discussion:

Generally speaking, one could just say, like a politician, that they [digital services in general] are beneficial. However, their usability leaves so much to be desired that even a small child would not know how to ask that much from Santa Claus.

In the wider context, older adults in this research also questioned whether their voices and perspectives as users were genuinely considered. These concerns were particularly notable among participants who viewed themselves as a growing but often overlooked user group within the rapidly evolving landscape of digital health services. The majority of the participants held the belief that digital health services in general left much to be desired. Like Olivia, 75, stresses:

Specifically in the healthcare sector, and I speak as an ordinary citizen here, the problem lies in the organizational structure. The hierarchy. Do the voices of those who work directly with customers get heard at the higher levels? It's their job to fix the system or convey the message about why people are dissatisfied.

Finally, to add context to these findings, all participants were familiar with at least some existing digital health services before enrolling to the course, which enabled them to compare and contrast their experiences with the newly introduced services. While nearly all interviewees expressed that current digital health services often fell short of their expectations, their reflections also revealed varying degrees of adaptability, understanding, and acceptance.

## Conclusions, Discussion, and Limitations

This study explored older adults' experiences with newly introduced digital health services in Finland, focusing on their roles and perceptions as digital citizens. We asked the following: (1) How do older adults experience digital health services in daily life? and (2) How do older adults' experiences with digital health services shed light on dimensions of digital citizenship?

### *Digital Health Services as Sites of Negotiated and Situational Citizenship*

Recalling the first research question, the findings reveal that engagement exists on a spectrum and digital health services are not experienced in binary terms. Rather than categorizing older adults as either digitally excluded or included, our findings support the notion of complex and sometimes ambivalent situations, where older adults continuously negotiate their position as users of digital technologies and services. In the present study, older adults' standpoints towards digital health services often included appreciation, frustration, hope, unease, and concern at the same time. Despite emotional strain and a sense of obligation, most participants managed current digital health services.

To capture this complexity, and to recall the second research question, we introduce *situational digital citizenship* as a concept that frames older adults' digital participation as selective, negotiated, and shaped by both agency and constraint. Based on the results, older adults are actively balancing and constantly weighing on how, when, and whether to engage with digital technologies, often under shifting conditions of necessity, support, and self-efficacy. This finding aligns with prior research by Baldassar et al. (2022) and Jørring et al. (2019), which emphasizes digital citizenship as a fluid and evolving concept.

Together, the findings demonstrate that digital skills are not valued only for their practical benefits, but also seen as something older adults' feel they are expected to have, with many participants expressing a sense of obligation to keep up. This resonates with Schou and Hjelholt's (2018) argument that the responsibility for digital inclusion has, in many ways, shifted from the society to the individual. Building on the concept of the "good digital citizen" (Öztürk 2021), digital norms increasingly shape prevailing definitions of what it means to be a capable and valuable citizen.

### *Digital Inclusion between Design, Discourse, and Responsibility*

Recognizing the diverse needs of older adults, the participants in this research stressed that improving digital health services requires more than just focusing on users, as attention must also be paid to inclusive and age-sensitive design. This observation is consistent with the findings of

Mannheim et al. (2023), which underscore the importance of meaningful involvement and partnership with older adults in the design and development of digital technologies. In essence, the digital-by-default health services raised concerns among interviewees, as the reliance on digital platforms for essential health services may lead to misunderstandings, which can have serious consequences. These concerns align with findings from previous research (Pennanen et al. 2023), where 72% of respondents aged 75+ in Finland experienced that meeting face-to-face cannot be replaced by digital communication when it comes to digital health services.

In addition, the interviewees voiced growing concern on how the aging population is portrayed in the mainstream discourse. Older adults described how the news often focused on cost-efficiency and burden reduction, which can shape older adults' belief that they are increasingly seen as expendable. These accounts echo what Ivan and Cutler (2021) describe as a "vicious cycle of ageism," where repeated societal messages may be internalized over time. In addition to ageism and possibly harmful narratives, the concept of an "appropriate older person," although not explicitly prompted in the interviews, surfaced as a powerful image that shaped participants' self-perceptions and behaviours. In line with previous research (Comunello et al. 2023), the concept of an appropriate older person was experienced to extend beyond merely using digital technologies to also include the expectation of appropriate interactions with the newly introduced digital health services.

This framing illustrates how digital inclusion is shaped not only by individual resources, but also by institutional and systemic conditions that enable or constrain meaningful participation. The distinction between internal and external influences builds on previous research (Batbold et al. 2024; Tomczyk & Kielar 2025), which highlights that digital participation in later life is shaped by a combination of personal capacities and contextual enablers. Therefore, digital inclusion should be addressed as a shared societal responsibility rather than placing the burden solely on individuals.

Although many participants acknowledged personal responsibility, noting that older adults ultimately choose whether or not to engage with digital technologies, this sense of choice was often entangled with external pressures and societal expectations. When making these decisions,

older adults often balance between societal pressure to use digital services and their own willingness to do so. This tension adds complexity to the notion of what it means to be a good digital citizen, as in theory, one can be considered a good digital citizen even when using digital services reluctantly, given that the quality of the experience is often overlooked from a societal standpoint. In the end, digital participation may sometimes be reluctant, which aligns with Isin and Ruppert's (2020) view of digital citizenship as something that is not a given status but enacted through digital acts. These acts take place within specific power structures and technological frameworks that shape who can participate, and how.

Based on the results, we further argue that older adults are often concerned about the accessibility and availability of the vital digital health services, recognizing that these services are not merely convenient options but essential ones that directly impact health and wellbeing. The foundations for operating as digital citizens were perceived as unequal for older adults, raising critical policy questions regarding democracy and equality in public services. These concerns echo previous research, which emphasizes that the inability to proficiently navigate digital technologies has become a significant concern in the modern society where digitalization has altered our daily lives and social interactions (Geerts et al. 2023).

### *Concluding Reflections on Digital Inclusion and Citizenship*

In conclusion, we maintain that without structured training, proper orientation, and alternative options for digital health services, the digitalization of health services can render otherwise self-sufficient and capable citizens reliant on external support in their role as digital citizens. Thus, it remains crucial that individuals can still have the opportunity for traditional face-to-face services if they lack the necessary skills (Kaihlanen et al. 2023). On the other hand, it is also important to recognize that digital skills can mitigate the age-related decline in the use of online services (Heponiemi et al. 2022). Therefore, a collaborative effort from all stakeholders is essential to provide older adults with the support they need, recognizing that they represent a significant and expanding user group within health and social services. Ultimately, this study underscores the need to frame

digital inclusion as a dynamic and negotiated process rather than a static condition.

Given the inherent characteristics of qualitative research and the use of thematic analysis, this case study recognizes certain potential limitations, such as the subjective nature of interpretations and the inherent ambiguity of the data. Furthermore, the insights and nuances regarding digital health services and the experience of being a digital citizen are drawn from a relatively small, focused group of participants: older adults who had actively chosen to take part in a digital skills training course. As such, the participants were relatively engaged and motivated in terms of their digital skills development, which may not reflect the broader population of older adults, particularly those who avoid or resist digital technologies or who do not participate in similar learning opportunities.

These methodological choices are also reflected in the results, which foreground experiences of learning, coping, negotiation, ambivalence, and adaptation rather than complete disengagement or non-use. Consequently, the study provides insight into how digital citizenship is experienced among older adults who are in the process of adapting to digitalization, while perspectives of those who remain entirely disengaged from digital technologies are not captured. Future research is needed to explore the experiences of older adults whose digital engagement is minimal or absent, in order to build a more inclusive understanding of digital citizenship in later life.

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