



**BSc in Psychology**  
**Department of Psychology**

**Prejudice Towards Long-Term Care Facilities in  
relation to Attitudes and Personal Experience**

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### Foreword

Submitted in partial fulfillment of the requirements of the BSc Psychology degree, Reykjavik University, this thesis is presented in the style of an article for submission to a peer-reviewed journal.

This thesis was completed in the Spring of 2020 and may therefore have been significantly impacted by the COVID-19 pandemic. The thesis and its findings should be viewed in light of that.

### Abstract

A lot has been researched in the field of ageism and older adult's attitudes towards long-term care (LTC) facilities. What is missing is the common people's attitudes towards such facilities. This research study examined prejudice towards LTC facilities as well as people's self-evaluated experience of LTC facilities. Data was gathered from 301 individuals through an online questionnaire. Prejudice towards LTC facilities were measured with statements regarding participants attitudes towards such facilities. A lower level of attitude represents a higher level of prejudice. Personal experience of LTC facility was observed through how pleased participants were with various factors concerning their parent's LTC facility. In addition, a qualitative assessment was done with open ended questions to gain a more specific results of participants experience. Results indicate that younger adults are likely to have more prejudice towards LTC facility than older adults. This can be because younger adults are more likely to have less experience of such facilities. Having a parent in a LTC facility affects one's attitude towards such facilities in a negative way. Participants expressed both good and bad experiences of LTC facilities through open ended questions.

*Keywords:* Prejudice, ageism, attitudes, experience, long-term care facilities, relatives, the public.

### Útdráttur

Margar rannsóknir hafa verið gerðar á aldursfordómum eða viðhorfi aldraðra til öldrunarheimila. Hins vegar er skortur á viðhorfi almennings í garð öldrunarheimila. Þessi rannsókn skoðar fordóma í garð öldrunarheimila ásamt fyrri reynslu einstaklinga af öldrunarheimilum. Gögnum var safnað frá 301 þátttakenda í gegnum spurningalista á netinu. Fordómar gagnvart öldrunarheimilum voru mældir með staðhæfingum er varða viðhorf þátttakenda til öldrunarheimila. Slæmt viðhorf samsvarar meiri fordómum. Fyrri reynsla af öldrunarheimilum var skoðuð í gegnum það hversu ánægð eða óánægðir þátttakendur voru með ýmsa þætti er viðkomu öldrunarheimili foreldra þeirra. Að auki var eigindlegt mat lagt á opnar spurningar svo hægt væri að skoða reynslu þátttakenda nánar. Niðurstöður gefa í skyn að ungt fólk er líklegra til þess að búa yfir meiri fordómum gagnvart öldrunarheimilum en eldra fólk. Það getur hins vegar stafað af því að yngra fólk er líklegra til þess að hafa minni reynslu af slíkum heimilum. Það að eiga foreldri inn á öldrunarheimili hefur áhrif á viðhorf fólks til slíkra stofnanna, til hins verra. Þátttakendur tjáðu bæði góða og slæma reynslu sína af öldrunarheimilum í opnum spurningum.

*Lykilorð:* Fordómar, aldurfordómar, viðhorf, reynsla, öldrunarheimili, aðstandendur, almenningur.

### Prejudice Towards Long-Term Care Facilities in relation to Attitudes and Personal Experience

The population of older adults is growing and that increase is followed by a rising prevalence of age related diseases and impairments (Pope, Hunt & Ellison, 2016). When becoming older, one's ability to finish everyday tasks in an independent manner may get limited in some way. These tasks have been called activities of daily living (ADL). Older adults also tend to be unstable due to a poor physical state and have an increased risk of falling to the floor (Ganz & Latham, 2020). When those ADL's become too hard for a person to complete on their own with the addition of increased risk of falling and even some cognitive impairment, some kind of long-term care (LTC) whether it is at home or in a facility, could be helpful to maintain quality of life (Phillips & Chan, 2002; Yang, 2020).

#### **Long-term care facilities**

The help included in LTC facilities is access to nursing staff and doctors as well as appropriate medication as well as help ADL, such as cooking, cleaning, bathing etc. (Seifert & Hans Rudolf Schelling, 2018; Seifert & Schelling, 2013; Yang, 2020). Making sure every resident gets the assistance suitable to them. Moving to a place that offers all these services has been found to offer a sense of security and feeling safe (Fonad, Wahlin, Heikkila and Emami 2006). Like the name implies the care is thought to be long-term, not for a short period of time or for you to jump in for a few weeks and then go back home (Yang, 2020). Health issues such as impaired physical health was found to be the number one reason people moved into nursing homes or other LTC facilities (Haas & Serow, 1993; Seifert & Schelling, 2013).

LTC facilities have been found to be more socially excluded and isolating in the past. (Tobin, 1989). Institutionalized older adults are thought to be an extra vulnerable group when it comes to social isolation and loneliness (Prieto-Flores et al., 2011). Seifert and Schelling

conducted a study in 2018 on the elderly's attitudes towards retirement homes before and after they entered one. Their findings showed that moving to a long-term care facility did not induce isolative factors. On the contrary they found that stimulation of activities, social contacts, experiencing joy and positive attitudes towards one's life and ageing is not a deficient element of LTC facilities. Making older adults in the community more vulnerable if a meaningful relationship is absent in their social life (Spring, 2018).

### **Prejudice, attitudes and ageism**

Prejudice are attitudes or perspectives people have towards various groups or topics (Allport, 1954). A key aspect of prejudice are that they are negative and built on wrong information or the absence of knowledge about the topic in question, Chung and Park concluded (2019). The three most common dimension of prejudice are sexism, racism and ageism (Nelson, 2005; Palmore, 2001). The beginning of ageism against the elderly can be tracked back to the industrial revolution Nelson said (2005). Workers were suddenly required to be more physically intact for all the new physical jobs that followed the revolution. This has been found to be the reason why older adults are seen as weak individuals who cannot give back to the community (Branco & Williamson, 1982; Nelson, 2005; Stearns, 1986). This negative image and stereotype has been going on for many years and may have resulted in older people coming accustomed to it (Chung & Park, 2019).

The power of attitudes can be so strong, they affect our behavior (Ajzen and Fishbein 2005; Kim, 2011). When examining discriminating behavior Chung & Park (2019) found that younger people were more likely to discriminate against the elderly than older adults. Age was the variable that explained most of the differences in attitudes among participants when their attitudes towards older adults were examined in a couple of studies (An, Lim & Kim 2002; Jeon

& Kwon 2009). Researchers continue to differ from each other regarding the direction in which it goes. Some claimed that young people had more positive attitudes towards older adults than older adults themselves, while others claimed it the other way around. One study even concluded middle aged participants to have the most prejudice against older adults (as cited in Chung & Park, 2019).

Prejudice are less likely to occur when people have more knowledge about the topic in question (Chung & Park, 2019). Two studies concluded that when participants were more informed about the process of ageing, their attitudes towards older adults were more positive (Allan & Johnson 2009; Jeon & Kwon 2009). Furthermore, other studies found that people who knew less about aging and older adults showed more of negative attitudes and even discriminating behavior towards older adults (Cherry & Palmore 2008; Stuart-Hamilton & Mahoney 2003). A similar relationship was observed in a study by Seifert and Schelling back in 2013, where older adults showed a more positive attitude towards retirement homes after they got to know the facility better both through information and personal experience (as cited in Seifert & Scheilling 2018). Shinan-Altman, Gum & Ayalon (2019) also found better attitudes towards continuing care retirement communities among those who were residents at such communities compared to older adults who were not. Indicating that personal experience weights in regarding people's attitudes towards similar facilities.

### **Neighborhood effect**

A great amount of research has been done on the relationship between health and the neighborhood you live in (Spring, 2018). Both rural and urban setting have their advantages and disadvantages, In a urban settings physical health has been found to be threatened by factors like access to unhealthy fast food (Do, Wang & Elliott, 2013). As the population in urban settings is

higher than in rural settings, the socioeconomic statuses tend to be higher among urban citizens (Subramanian et al., 2006).

## **Aims**

Previous finding often focus on people's attitudes and prejudice towards older adults or ageism in general (Allan & Johnson 2009; Cherry & Palmore 2008; Chung & Park, 2019; Jeon & Kwon 2009; Stuart-Hamilton & Mahoney 2003) rather than to the facilities that host the elderly (Seifert & Schelling, 2018; Shinan-Altman, Gum & Ayalon, 2019).

The aim of this research study was to examine attitudes towards LTC facilities in an Icelandic community and whether attitudes differ when comparing those who had parents living in such facilities and those who did not have parents in LTC facilities. Additionally, observing peoples' self-evaluated experience of their parent's facility using both scale and open-ended questions. The first hypothesis is that having a parent living in a LTC facility will correlate with having a better attitude towards LTC facilities. The second hypothesis is that prejudice will vary between different age groups. The third hypothesis is that age group or location could affect participants 's evaluation of personal experience regarding their parent's LTC facilities.

## **Method**

### **Participants**

Participants answered an online questionnaire regarding their attitudes towards LTC facilities as well as their personal experience of LTC facilities. Participants who had parents living in a LTC facility were asked to evaluate their persona experience of their parent's facility. Everyone answered questions regarding their attitudes towards LTC facilities in addition to background questions. Anyone who had access to a link for the online questionnaire had permission to partake. A total of 301 answers were collected males were 16% and females were

82%, 1% did not identify their sex. Their age ranged from under 18 to 70 years and older. All participants voluntarily answered the questionnaire, could withdraw their participation at any time and were not obligated to answer any of the questions. They were made clear that by continuing to the first question they gave their informed consent of using their answers. Participants received no award for participation. Complete confidentiality was held during the analysis of the data.

### **Measures**

A combination of quantitative and qualitative methods were used to enhance both the generalizability effect as well as getting the best value of information on possible prejudice towards LTC facilities. An online questionnaire was conducted for this research study, containing both closed and open-ended questions. Convenience sampling was used to get as many participants as possible. The questionnaire was threefold, firstly it gathered background information on participants that helped with distinguishing, then it gathered information on participants personal experience of LTC facilities and finally, participant's attitudes towards such facilities. The questionnaire in whole can be found in appendix. The independent variables were age-group, location and parent in a LTC facility. The dependent variable, people's attitude towards LTC facilities, was calculated by summing the outcome of all 12 items regarding attitudes towards LTC facilities and then dividing the outcome with the number of items, to reveal the mean attitude for each participant. The variable took the value from one to five. One representing a bad attitude and five representing a good attitude. The same calculations were performed for the second dependent variable, personal experience of LTC facilities. That variable had only four segments from very unhappy to very happy and ten items. A higher mean score indicated a better experience whereas a lower mean score indicated a worse experience.



**Procedure**

Participants were collected through an online questionnaire using the website Google Forms. A link was shared on social media several times during mid-March, inviting everyone who saw it to participate. Once the participants opened the link, they got information about the questionnaire and the research study itself before they carried on answering the questions. After ten days of collecting answers the online questionnaire was closed. Google Forms kept score of participants answers that later were downloaded to Excel.

**Data analysis**

Participants answers were transformed into numbers instead of words (e.g. male=1 female=2) so that it could later be calculated statistically. IBM's SPSS statistics 26 was used to conduct a factorial ANOVA in addition to gathering descriptive statistics. Having a parent in a LTC facility and having worked with the subject of older adults, had only the two options, Yes or No. Level of education took six values (see appendix) that indicated participants highest level of education completed. Participants age was originally distributed into seven age groups. During analysis of data, those groups were combined into three larger groups. Participants 18 years and younger were combined with those who were aged 18 to 29, into the new group: young adults.

Participants aged 30-39 and 40-49 were combined into the group: adults. Lastly participants in the remaining age groups 50-59, 60-69 and 70+ were combined into the final age group: older adults. A similar combination was done with the location variable "Where are you from in the country?", as seen in appendix the original options were five. They were later combined into only two groups: capital region and non-capital region so it would be possible to use the variable when conducting the FANOVA. This was also done with the variable parent in a LTC facility. In the questionnaire participants were asked how many parents they had in a LTC facility, giving

them the change to answer none, one, two or more. Every answer option that indicated that participants had a parent in a LTC facility was computed into the groups: present, meaning that they had a parent in a LTC facility and absent for those who did not.

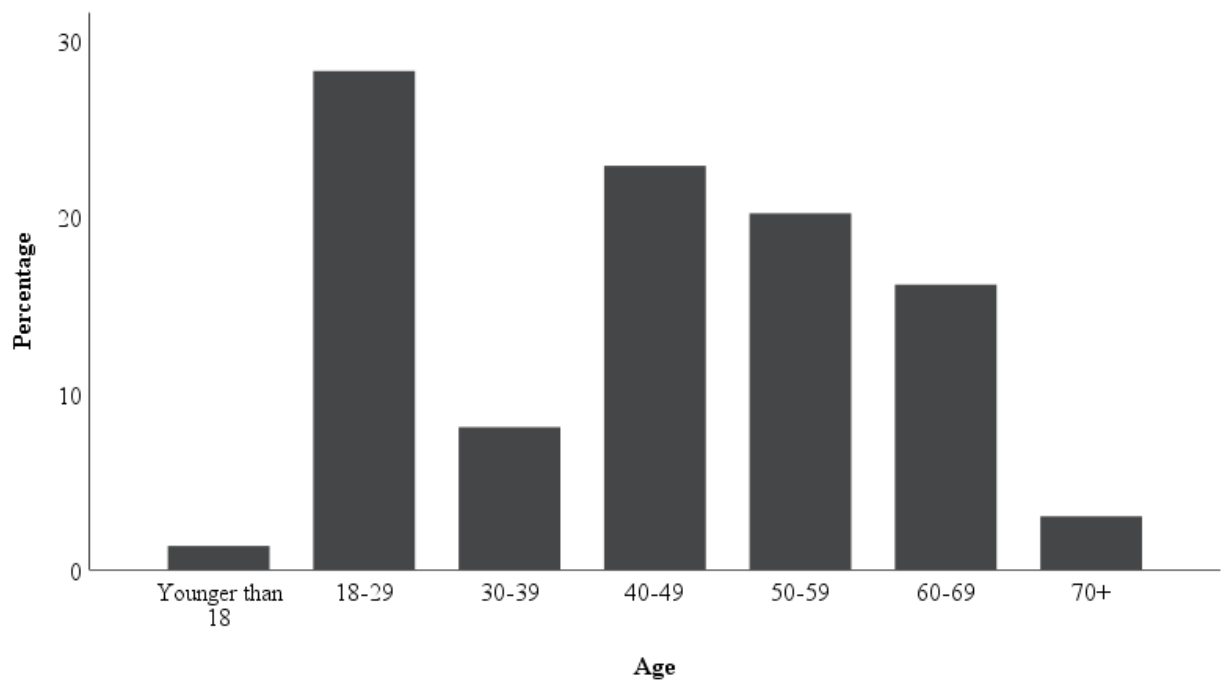
When analyzing the open-ended questions, a method called coding was used. Each answer was read thoroughly, and similarities then grouped together to identify themes that appeared throughout the answers.

## **Results**

### **Descriptive Statistics**

The purpose of this research study was to find out the general public's attitudes towards LTC facilities to reflect on possible prejudice. Additionally, the aim was to observe their personal experiences towards such facilities through self-evaluation and open-ended questions to get a deeper understanding. Hypotheses were put forward stating that attitudes would differ based on age, that having a parent in a LTC facility would affect the mean attitude as well as personal experience would be affected by age and location. A total of 301 participants answered the online questionnaire 16% were male and 82% were female, 1% did not identify their sex. Everyone was sorted into seven age groups (see Figure 1).

Most of the participants (78%) had finished high school or a higher level of education and 1% had not finished any kind of education. Only a fourth of participants (24%) had parents living in LTC facilities 74% did not. Almost half (45%) of the participants had worked with the subject of older adults, 53% had not and 1% did not answer the question.



*Figure 1.* Bar chart showing the distribution of participants age across different age groups.

On average, people's attitude towards LTC facilities was 3.42 out of 5 possible ( $SD = 0.94$ ,  $N = 262$ ), 1 representing a bad attitude and 5 representing a good attitude. How the answers varied is shown in Table 1. Participants were almost unanimous about the fact that they do care about LTC facilities (94%).

Participant's self-evaluated experience of LTC facilities was 2.89 on average ( $SD = .94$ ,  $n = 59$ ) out of 4 points possible. The higher point on the scale represents a good self-evaluated experience and a lower point represents a bad self-evaluated experience.

Table 1  
*The distribution of the dependent variable: attitude towards LTC facilities. Showing valid percentages and missing values (N=262)*

Shortened version of statements as they appeared in online questionnaire	Strongly disagree (%)	Disagree (%)	Neither (%)	Agree (%)	Strongly agree (%)	Missing
Feeling good in a LTC facility	4	8	23	36	29	10
Expense	7	7	46	19	21	14
Do not care about LTC facilities	84	11	4	2	.3	2
People die in LTC facilities	46	21	19	8	7	2
Looking forward to moving	34	17	28	13	7	3
Enrolling parents	28	18	38	11	6	23
Will enjoy living in a LTC facility	10	11	34	30	16	3
Knowledge about LTC facilities	4	7	19	36	33	5
Trust in LTC facilities	3	7	14	41	36	3
Residents loneliness	4	18	38	29	11	2
Waiting for death	32	30	23	11	4	3
Loss of independence	19	27	29	20	6	1

Overall people with parents living in LTC facilities were happy with the institution as a whole, seeing that most of them self-evaluated a good experience rather than a bad experience (see Figure 2). Most of the participants were happiest with the staff's presence in general (46% very happy, 36% happy) whereas most were very unhappy with the opportunity of leisure activity (24%). Other results show participants are happy (33%) and very happy (39%) with the facility's hygiene. Participants were never more unhappy than happy in any of the factors regarding their self-evaluated experience of LTC facilities.

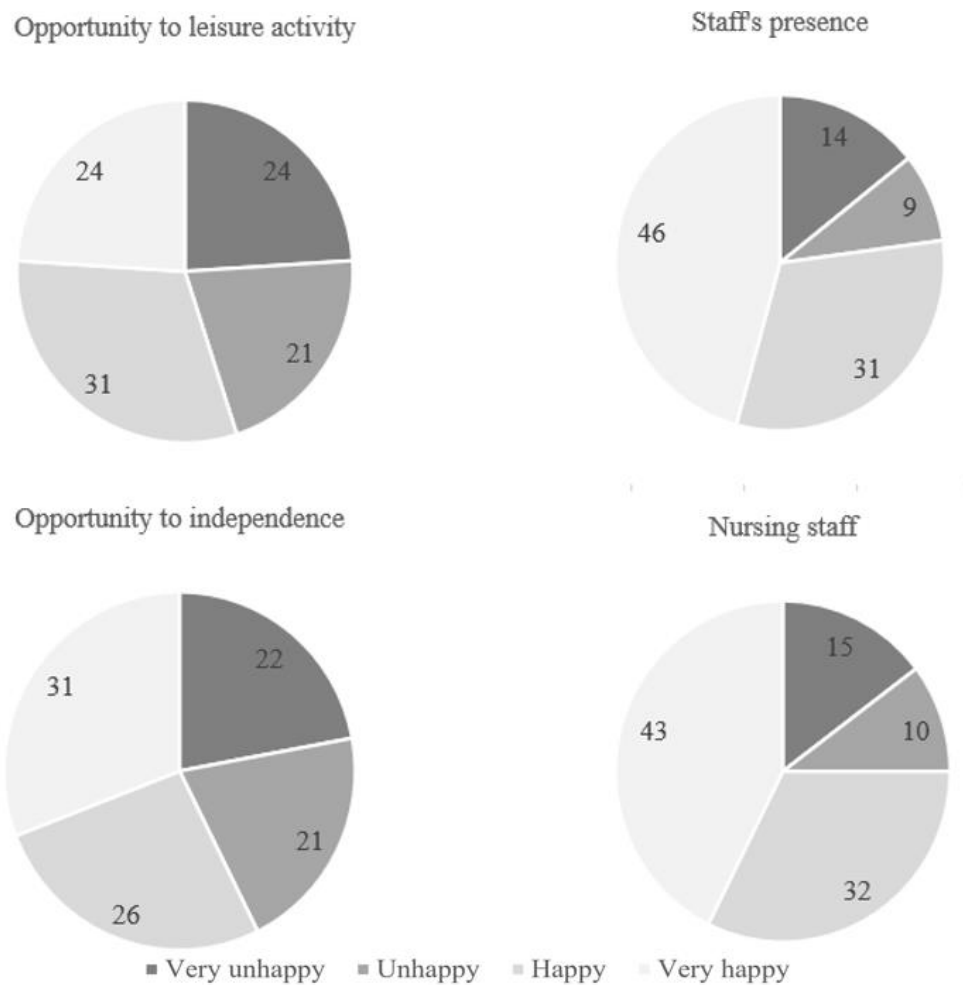


Figure 2. Pie chart showing a portion of the distribution of participants self-evaluated experience

Before evaluating results from a factorial ANOVA, it is important to look at the variables descriptive to see in which direction the relationship leads (see Table 2).

Table 2

Mean value of attitude towards LTC facilities based on three variables; Age group, Location and Parent in a LTC facility

Parent	Age group	Location	<i>M</i>	<i>SD</i>	<i>N</i>
Absent	Young adults	Non-capital	3.41	0.44	68

Present	Adults	Capital	3.47	0.50	15
		Non-capital	3.48	0.67	63
	Older adults	Capital	3.05	0.57	14
		Non-capital	3.63	0.58	38
	Young people	Capital	3.28	0.47	10
		Non-capital	2.17	.	1
	Adults	Non-capital	3.46	0.67	10
		Capital	2.54	0.77	2
	Older adults	Non-capital	3.41	0.74	33
		Capital	3.00	0.70	8

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When looking at age group alone it shows the mean attitude of 3.21 for young adults (SD .10) 3.22 for adults (SD .10) and 3.36 for older adults (SD .10)

#### **Attitudes towards LTC facility**

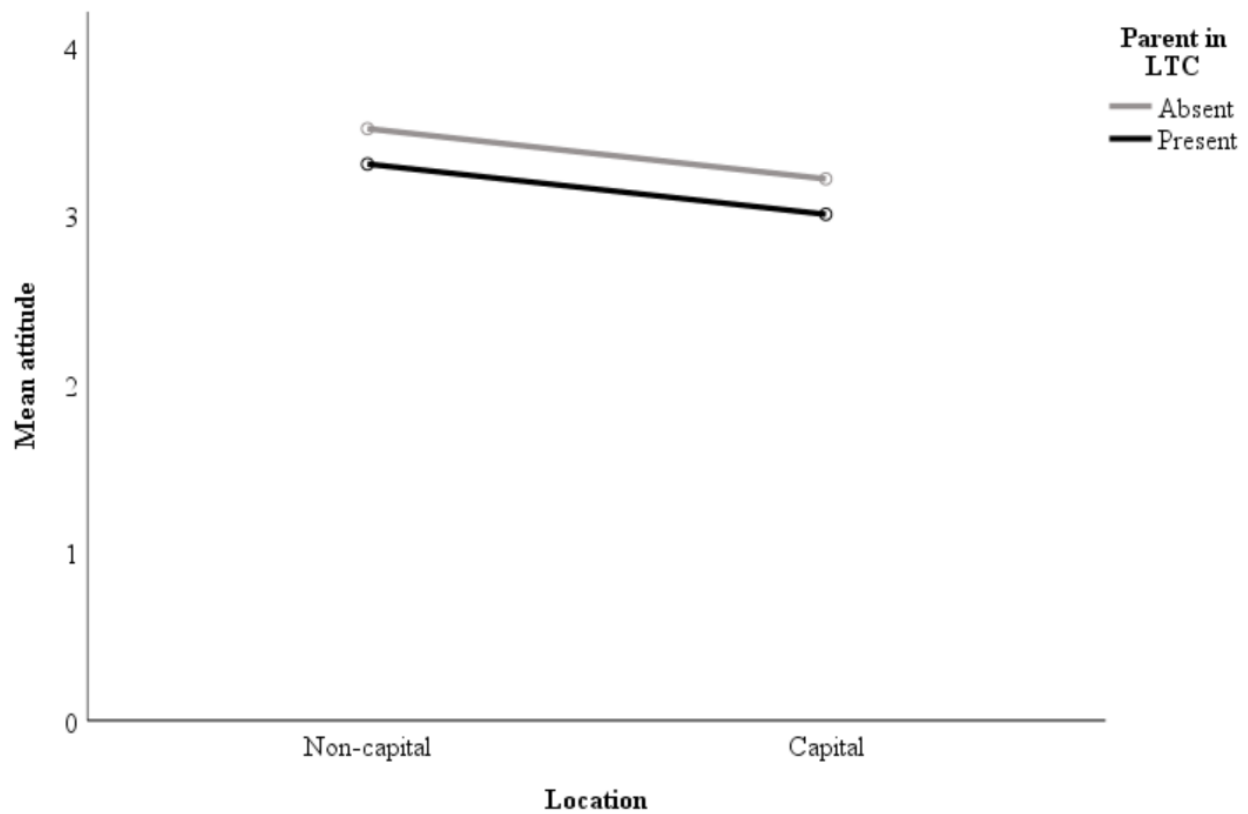
A Factorial ANOVA was conducted to compare the main effects of Age group, Location and Parent on the dependent variable attitudes (see Tables 3). A significant relationship was observed with parent in a LTC facility,  $F(1, 257) = 4.03, p = .044$  in the direction that when Parent was present, the attitudes were worse than when parent was absent (see Figure 3). A significant relationship was also observed with Location  $F(1, 257) = 9.99, p = .002$  where participants located in the capital region had worse attitudes toward LTC facilities than participants located in other non-capital regions of the country (see Figure 3). Age group was not statistically significant but descriptive statistics indicate that older adults have a better attitude than younger adults.

Table 3

*FANOVA summery table for Attitudes towards LTC facility*

	<i>F</i>	<i>p</i>
Parent	4.11	0.044*
Age group	1.22	0.297
Location	9.99	0.002*

*Note.* \*  $p < .05$



*Figure 3.* Main effect of parent in LTC facility and location on attitudes

Participants who did not have a parent in a LTC facilities have a better attitude towards such facilities and those living in non-capital regions also have a better attitude than those living in the capital.

### **Personal experience regarding LTC facility**

A Factorial ANOVA was conducted to compare the main effects of age group and location on the dependent variable experience of LTC facilities. There was no statistical significance found,  $F(2, 55) = .91, p = .411$  and  $F(1, 55) = .30, p = .583$

#### **open ended questions.**

A total of 67 responses regarding participants self-evaluated experience of their parents current or past LTC facility was gathered through the open-ended questions. Coding was conducted to divide the text into segments of information which resulted in two main themes: positive experience of one's parent LTC facilities ( $n = 35$ ) and negative experience of one's parent LTC facility ( $n = 32$ ). In summation the negative category included topics on the high living expense, lack of leisure activity, poor food, lack of staff available and lack of staff that spoke the native language (Icelandic). One participant which identified as being from the capital region and had not worked with the subject of older adults called the facility "a storage place". A participant who identified herself to be from the capital region and had worked with the subject of older adults expressed how she felt the "staff spend too little time with the residents, they could talk more to them".

The positive category includes elements regarding the environment both outside and inside the facility. Complements to both professional and unprofessional staff members regarding their manner and overall presence

"Everything that concerns my parents. They are so happy there and cannot think of a better place. Can hardly imagine being at their own home when illness has come up".

(Female, Non-capital).

"Mostly good things, great outdoor area, garden, good access inside. Professional and many unprofessional people are well aware of the resident's needs".



(Female, Non-capital).

Experienced shared are both positive and negative and refer to different aspects regarding the LTC facilities.

### Discussion

This research study examined prejudice towards LTC facilities based on participant's attitudes and connection towards such facilities. It also examined peoples self-evaluated experience of their parent's LTC facility. Both of these elements were measured through an online questionnaire during mid-March of 2020. The questionnaire also included open-ended questions that were coded into two themes. The two dependent variables of this research study: attitudes and experience had a good mean outcome above the median in both cases. As seen in Table 1 the majority believes they know how LTC facilities operate (70%). A few participants did not feel the need to answer the statement regarding LTC facilities cost or if they care for such facilities. Suggesting that they did not know how to answer the question. In Table 3 a significant effect was observed between location and attitudes towards LTC facilities. Meaning that those who identify as being from the capital region of Iceland have a worse attitude towards LTC facilities than those who are from other urban or rural areas around the country. A significant effect being observed with parent in a LTC facility (Table 3), the most important variable of the study, means that having a parent living in a LTC facility affects people's attitudes towards such facilities. In addition of the enjoyment scale being above average, the open-ended questions had more positive feedback than negative. It is uncontrollable and a given that not everyone has a positive experience to share but those who had negative things to say about their parent's LTC facility are just as important as those who had only positive things to say, it gives us an example of what can be changed for the better with the function and structure of LTC facilities.

The first hypothesis addressed that having a parent in a LTC facility would correlate with a better attitude towards LTC facilities. All though the FANOVA was statistically significant, showing that having a parent in a LTC facility does affect people's attitude towards such facilities. The hypothesis was not supported as both descriptive statistics in Table 2 and main

effect Figure 3 show that participants who had parents in LTC facilities expressed worse attitudes towards such facilities. So, participants who did not have parents in a LTC facility expressed better attitudes towards such facilities. This goes against Shinan-Altman, Gum & Ayalon (2019) findings that personal experience helps elevate attitudes. The participants experience could also be that bad that they have a negative effect on their attitudes towards their parent's facility. The second hypothesis was that prejudice will vary between different age groups. Previous studies have not reached a unitary landing when it comes to different age groups and their prejudice towards matters that touch upon older adults as compiled in Chung and Park (2019). Which is why the hypothesis did not take a direction in this research study. Although the hypothesis was not statistically supported, descriptive statistics show that the mean attitude increased as the participants were in older age groups. Indicating that younger adults have more prejudice towards LTC facilities than older adults. They are also less likely to have a parent in a LTC facility due to their young age and therefore do older adults have more personal experience of LTC facilities, which is an important feature to have according to Shinan-Altman, Gum & Ayalon (2019) and Seifert and Schelling (2013) when reducing prejudice. Finally, the third hypothesis stated that age group or location could affect participants' evaluation of their personal experience regarding their parent's LTC facilities. That hypothesis was not supported either as the FANOVA shows no statistical significance on the dependent variable: experience. On the other hand, with the observed mean of self-evaluated experience being 3 out of 4 possible values from very unhappy to very happy it can be stated that people's experience of their parents LTC facility is good. Previous research on rural/urban situations and neighborhood effects from Do et al. (2013) and Subramanian et al. (2006) show no findings on LTC facilities in particular, only a couple of observed risk factors on health and socioeconomic status

A statement in the questionnaire that could have been adjusted better was the one that talks about being certain to enroll one's parents to a LTC facility in the future. As seen in Table 1 this particular statement has the most missing answers, suggesting that people felt confused about that statement. Although sometime children need to take the hard decision of enrolling their parents to an institution due to cognitive problems, not everyone can put themselves in that position. Some participants may have felt that was not their decision but their parents alone. The contents of the open-ended questions are very influenced by the enjoyment scale that comes just before them (see appendix) which could be a shortcoming. A better solution would be to end the questionnaire on open ended questions, after participants have had the opportunity to reflect on their attitudes towards LTC facilities. As mentioned, the online questionnaire was released in mid-March when no LTC facilities allowed visitors because of the social distancing mode due to COVID-19. It is not impossible this situation affected participant's responses in some way when answering the online questionnaire.

An advantage of this research study is how large the sample is which makes it easier to generalize. The questionnaire gave participants an opportunity to examine their personal experience of LTC facilities, the open-ended questions allows them to share that experience more deeply. How the variables were recoded to present fewer groups helps with the generalization of the results to the three age groups: young adults, adults and older adults. Whereas Chung and Park's (2019) study only had two age groups which makes it harder to distinguish where the higher and lower levels of prejudice lie.

Further studies could examine the attitudes of LTC facility resident's and community dwelling older adults, towards LTC facilities to see if they were overall positive or negative and if those groups varied in opinions. Preforming a neuropsychological evaluation to control for

possible mental impairment or dementia. One could also dig deeper with semi structural interviews that later would be coded to find the main themes of the attitudes. This population is as important as any other and their voices deserve to be heard and taking care of in an acceptable manner, as should the rest of their physical and mental elements.

When all the results are taken into consideration, we see that attitudes towards LTC facilities are good and so is people's personal experience. Those who have an experience of LTC facilities through their parents have a lower attitude than those who do not, suggesting that they do not have a great personal experience of the facilities. Also, as the experiences are self-evaluated worse among those who come from the capital region than those who do not, it may suggest that LTC facilities in the capital are not of the same quality as the ones who are not in the capital. Obviously, there is a chance that those who identify as being from the capital have parents living in LTC facilities outside the capital region and vice versa. Through the open-ended question, we see that a negative image of LTC facilities is present. It is important that, that image is more positive as LTC facilities may be our future home

## References

- Ajzen, I., & Fishbein, M. (1977). Attitude-behavior relations: A theoretical analysis and review of empirical research. *Psychological Bulletin*, 84(5), 888–918.  
<https://doi.org/10.1037/0033-2909.84.5.888>
- Allport, G. W. (1954). The nature of prejudice. Addison-Wesley. Reading, Mass.
- An, O., Lim, H. and Kim, H. (2002). A study on the image of elderly people in the ageing society. *Korean Association of Human Ecology*, 11(4), 347–55.
- Bergen, G., Stevens, M. R., & Burns, E. R. (2016). Falls and Fall Injuries Among Adults Aged  $\geq 65$  Years—United States, 2014. *Morbidity and Mortality Weekly Report*, 65(37), 993–998. <https://doi.org/10.2307/24858985>
- Branco, K. J., & Williamson, J. B. (1982). Stereotyping and the life cycle: Views of aging and the aged. *In the Eye of the Beholder: Contemporary Issues in Stereotyping*, 4(7), 364.
- Cherry, K. E., & Palmore, E. (2008). Relating to Older People Evaluation (ROPE): A Measure of Self-Reported Ageism. *Educational Gerontology*, 34(10), 849–861.  
<https://doi.org/10.1080/03601270802042099>
- Chung, S., & Park, H. (2019). How young and older people differ in discriminatory behaviour towards older people? An explanation of the knowledge-attitude-behaviour continuum model. *Ageing & Society*, 39(9), 1996–2017.  
<https://doi.org/10.1017/S0144686X18000405>
- Do, D. P., Wang, L., & Elliott, M. R. (2013). Investigating the relationship between neighborhood poverty and mortality risk: a marginal structural modeling approach. *Social Science & Medicine*, 91, 58-66.

- Ganz, D. A., Bao, Y., Shekelle, P. G., & Rubenstein, L. Z. (2007). Will my patient fall? *Jama*, 297(1), 77–86.
- Ganz, D. A., & Latham, N. K. (2020). Prevention of Falls in Community-Dwelling Older Adults. *New England Journal of Medicine*, 382(8), 734–743.  
<https://doi.org/10.1056/NEJMcp1903252>
- Haas III, W. H., & Serow, W. J. (1993). Amenity retirement migration process: A model and preliminary evidence. *The Gerontologist*, 33(2), 212–220.
- Jeon, H. and Kwon, K. (2009). Knowledge and attitude toward the elderly of the cyber university students. *Journal of Welfare for the Aged*, 43, 203–26
- Kim, K. (2011). The factors influencing receptive behaviour on the North Korean defectors. *Korean Journal of Social and Personal Psychology*, 25(3), 1–16.
- Nelson, T. D. (2005). Ageism: Prejudice against our feared future self. *Journal of Social Issues*, 61(2), 207–221.
- Norton, E. C. (2000). Chapter 17 Long-term care. In Anthony J. Culyer and Joseph P. Newhouse (Eds.), *Handbook of Health Economics* (pp. 955–994). Elsevier.  
[https://doi.org/10.1016/S1574-0064\(00\)80030-X](https://doi.org/10.1016/S1574-0064(00)80030-X)
- Palmore, E. (2001). The Ageism Survey First Findings. *The Gerontologist*, 41(5), 572–575.  
<https://doi.org/10.1093/geront/41.5.572>
- Phillips, D. R., & Chan, A. C. (Eds.). (2002). *Ageing and long-term care: national policies in the Asia-Pacific* (No. 26). Institute of Southeast Asian Studies.
- Pope, W. S., Hunt, C. W., & Ellison, K. J. (2016). Animal assisted therapy for elderly residents of a skilled nursing facility. *Journal of Nursing Education and Practice*, 6(9), 56-62.  
<https://doi.org/10.5430/jnep.v6n9p56>

- Prieto-Flores, M. E., Forjaz, M. J., Fernandez-Mayoralas, G., Rojo-Perez, F., & Martinez-Martin, P. (2011). Factors associated with loneliness of noninstitutionalized and institutionalized older adults. *Journal of aging and health*, 23(1), 177-194.
- Seifert, A., & Hans Rudolf Schelling. (2018). Attitudes Toward Aging and Retirement Homes Before and After Entry Into a Retirement Home. *Journal of Housing for the Elderly*, 32(1), 12–25. <https://doi.org/10.1080/02763893.2017.1393484>
- Seifert, A., & Schelling, H. R. (2013). Im Alter ziehe ich (nie und nimmer) ins Altersheim. Motive Und Einstellungen Zum Altersheim. *Zürcher Schriften Zur Gerontologie*, 11, 1–51.
- Shinan-Altman, S., Gum, A. M., & Ayalon, L. (2019). Moving to a Continuing Care Retirement Community or Staying in the Community? A Comparison Between American and Israeli Older Adults. *Journal of Applied Gerontology*, <https://doi.org/10.1177/0733464819879015>
- Spring, A. (2018). Short-and long-term impacts of neighborhood built environment on self-rated health of older adults. *The Gerontologist*, 58(1), 36-46.
- Stearns, P. J. (1986). Old age family conflict: The perspective of the past. *Elder Abuse: Conflict in the Family*, 3–24.
- Stuart-Hamilton, I., & Mahoney, B. (2003). The Effect of Aging Awareness Training on Knowledge of, and Attitudes Towards, Older Adults. *Educational Gerontology*, 29(3), 251–260. <https://doi.org/10.1080/713844305>
- Subramanian, S. V., Kubzansky, L., Berkman, L., Fay, M., & Kawachi, I. (2006). Neighborhood effects on the self-rated health of elders: uncovering the relative importance of structural and service-related neighborhood environments. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 61(3), S153-S160.



Yang, Yi. (2020). Characterizing Long Term Care Needs among Chinese Older Adults with Cognitive Impairment or ADL Limitations. *Journal of Cross-Cultural Gerontology*, 35(1), 35–47.

## Appendix

**Background questions**

1. What is your sex?  
Male  
Female  
Other
2. What is your age?  
Younger than 18  
18-29  
30-39  
40-49  
50-59  
60-69  
70+
3. What is the highest level of education which you have completed?  
Elementary school  
One semester in high school  
High school  
A bachelor's degree  
A Med, MS or PHD  
None
4. Where in the country, are you from?  
The capital region  
East Iceland  
North Iceland  
West Iceland  
South Iceland
5. Have you ever worked with the subject of older adults (e.g. in a nursing home, caring home, a hospital, home nursing or other)?  
Yes  
No
6. How many parents of yours live in a long-term care facility?  
I do not have a parent in a long-term care facility  
I have a parent in daycare  
One parent  
Two parents  
More than two parents  
I had a parent/s in a long-term care facility that passed away

**Personal experience:**

*Please answer every question in this section with persistence/certainty. Attention! If you have/had more than one parent in a long-term care facility, please answer with only one parent in mind and always answer for the same one.*

7. In what type of a long-term care facility does your parent/s live in (if deceased, what type of LTC facility did they live in)?  
 Nursing home  
 Caring home  
 Nursing-and caring home  
 A safety apartment  
 Community apartments for older adults  
 Other
8. What year did your parent/s move into the long-term care facility? Write the number for the year and try to be as specific as you can (example: 1999) please include if they do not live there anymore e.g. if moved back home, passed away (example: 1999-2007)  
 Answer here: \_\_\_\_\_
9. How unhappy or happy are/were you with the following factors in your parent facility?
 

Very unhappy	Un happy	Happy	Very happy
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  - a. My parent's room
  - b. The facilities' director
  - c. Nursing staff
  - d. Other staff members
  - e. Cafeteria
  - f. The staff's presence
  - g. Hygiene
  - h. My parent's opportunity to leisure entertainment
  - i. My parent's opportunity to independence
  - j. My parent's safety
10. Is there anything about the facility that you are particularly satisfied with? What? (please list everything that comes to mind)  
 Answer here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Is there anything about the facility that you are particularly unsatisfied with? What? (please list everything that comes to mind)

Answer here: \_\_\_\_\_

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**Attitudes towards long-term care facilities:**

*The following question are about your attitude towards long-term care facilities. Please answer as to how much you agree or disagree with the following statements.*

12. I feel good in a LTC facility

Strongly disagree    Disagree    Neither    Agree    Strongly agree

13. I find LTC facilities too expensive

Strongly disagree    Disagree    Neither    Agree    Strongly agree

14. Overall, I do not care about LTC facilities

Strongly disagree    Disagree    Neither    Agree    Strongly agree

15. People move to a LTC facility to die

Strongly disagree    Disagree    Neither    Agree    Strongly agree

16. I look forward to moving to a LTC facility myself

Strongly disagree    Disagree    Neither    Agree    Strongly agree

17. I am certain to enroll my parents into a LTC facility

Strongly disagree    Disagree    Neither    Agree    Strongly agree

18. I am sure I will enjoy living in a LTC facility when that time comes

Strongly disagree    Disagree    Neither    Agree    Strongly agree

19. I believe I know how a LTC facility operates

Strongly disagree    Disagree    Neither    Agree    Strongly agree

20. I trust LTC facilities to attend their obligations well

Strongly disagree    Disagree    Neither    Agree    Strongly agree

21. People in LTC facilities are lonely

Strongly disagree    Disagree    Neither    Agree    Strongly agree

22. People in LTC facilities are just waiting for death

Strongly disagree    Disagree    Neither    Agree    Strongly agree

23. People in LTC facilities lose all their independence

Strongly disagree    Disagree    Neither    Agree    Strongly agree