Shaping Attitudes: The Association Between Prior Contact with Residential Aged Care and Resistance to Enter Residential Aged Care.

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Abstract

Background: The ageing population is increasing and negative attitudes towards older people are all too common and largely overlooked. However, little research has examined how ageist prejudice and discrimination that often occur in health care settings impact the community's perceptions of entering Residential Aged Care (RAC) in the future. In particular, studies have not investigated how contact with RAC influences individuals' attitudes towards RAC facilities, residents and staff. This study is the first to examine individuals' resistance towards living in RAC using the contact hypothesis, a theory of prejudice reduction.

Aims: To explore how positive or negative contact with RAC residents and staff impacts individuals' behavioural intentions towards entering RAC in the future.
To examine whether perceptions of trust, independence and RAC staff mediates the relationship between contact and behavioural intentions towards entering RAC in the future.

Design: A cross-sectional survey design.

Method: Data was collected via online surveys using contact (positive or negative), trust, independence, perceptions of RAC staff and resistance levels (mild refusal or extreme refusal) measures. Participants (n=373) from Australia and USA were recruited using social media, word of mouth, and Amazons Mechanical Turk.

Findings: Individuals who experienced negative contact with RAC residents and staff were more likely to report intense resistance to RAC, "I would rather die than enter RAC". Whereas, positive contact with RAC residents and staff were associated with reductions in the adverse appraisal of RAC staff; a diminished perception that individuals lost their independence; and an increased trust in RAC residents, facilities and staff. Participants from

USA reported greater levels of resistance towards RAC in comparison to participants from Australia. This study demonstrates how interactions with RAC residents, facilities and staff are critical in shaping attitudes towards RAC.

Implications for practice: It is recommended that the public are exposed to opportunities where they can experience positive contact with RAC. RAC facilities can promote interaction between the public and RAC residents through encouraging participation in community partnership programs/intergenerational programs.

Keywords: Contact; Aging; Ageism; Residential Care Institutions; Prejudice; Attitudes of Health Personnel

SUMMARY STATEMENT OF IMPLICATIONS FOR PRACTICE

What does this research add to existing knowledge in gerontology?

- This study is the first to apply the contact hypothesis and Social Psychology theories (i.e. prejudice) to investigate individual's perceptions towards RAC.
- It is encouraged that prior to entering RAC, individuals are exposed to opportunities where they can experience positive contact with RAC staff to alleviate their extreme levels of resistance towards RAC.
- Negative contact with RAC residents and staff have a persistent negative effect on attitudes towards RAC in general.

What are the implications of this new knowledge for nursing care with older people?

- Positive contact with RAC staff can foster a greater level of trust in the RAC sector, which can minimise some adverse consequences of losing a sense of independence when moving to RAC.
- Providing opportunities for the public to encounter positive interactions and contact with RAC staff can be beneficial for shifting the public's negative attitudes and stereotypes of working in RAC.

How could the findings be used to influence policy or practice or research or education?

- This study revealed that cultural differences associated with RAC facilities (i.e. models of care) impacts individuals' levels of resistance towards RAC. Future studies can examine how sociocultural factors can play a role in constructing perceptions towards RAC.
- Positive contact did not always lead to positive results. Therefore, future studies need to explore how underlying factors associated with positive contact such as the length of contact may affect individuals' levels of resistance towards RAC.

Introduction

Ageism (Angus & Reeve, 2006; Ray, Sharp, & Abrams, 2006), prejudice and discrimination often occur in health settings such as RAC (Gething, 1999; Hickman, Davidson, Chang, & Chenoweth, 2011; Leung et al., 2011). Studies suggest that negative attitudes towards older people remain prevalent among health care professionals (Carmel et al., 1992; Cozort, 2008; Hope, 1994; Koh, 2012; Leung et al., 2011). As a result, health care providers have focused on educating health care professionals to reduce negative effects of prejudice and discrimination in older populations (Carmel, Cwikel, & Galinsky, 1992; Marcus, 2017; Milne, 2010). Few studies have explored how ageist prejudice and discrimination that often occur in health care settings impact the community's perceptions of entering RAC in the future. For example, ageist prejudice and discrimination are likely to result in the community evaluating RAC negatively, and consequently drive personal resistance towards entering RAC in the future (Levy, Zonderman, Slade, & Ferrucci, 2012; North & Fiske, 2015; Swift, Abrams, Drury, & Lamont, 2016). Yet, little research has examined how positive and negative contact with RAC residents and staff influences the formation of attitudes towards entering RAC.

Attitudes towards aging

Studies have predominantly explored resistance towards aging as an attitudinal variable (Adelman, Greene, & Charont, 1991; Angus & Reeve, 2006; Berger, 2017). For example, awareness of one's own mortality is associated with higher levels of anxiety (Chonody, Webb, Ranzijn, & Bryan, 2014). Additionally, individuals who uphold negative stereotypes and higher levels of anxiety experience greater unease towards the future (Ramírez & Palacios-Espinosa, 2016). Hence, existing studies only partially explain resistance towards aging; however, it does not completely explain many of the attitudes towards RAC.

Attitudes towards RAC

Although, a majority of individuals want to remain in their own home (Knickman & Snell, 2002; Ryan, McCann, & McKenna, 2009; Wiles, Leibing, Guberman, Reeve, & Allen, 2012); individuals do recognise that growing older requires changes to the home environment. For example, this is evident by a recent increase in applications for Australian home care packages by 14% in just one quarter (July – September, 2017) (Australian Government Department of Health, 2017).

Furthermore, results from the Household, Income and Labour Dynamics Australia (HILDA, 2017) survey identified that the public perceived predominate factors (i.e. health, family and financial) influence their decisions to move from their home to RAC. However, while most individuals recognise that circumstances relating to health, family or finances may change in the future and prompt a necessary move into RAC; individuals expect this situation only happens to

other people, not themselves. However, studies are yet to examine the underling predictors of attitudes towards RAC such as how contact with RAC residents and staff can impact individuals' formation of attitudes towards entering RAC.

Contact hypothesis as a predictor of personal resistance to enter RAC

Interacting with older people serves as an inevitable reminder of what the future may hold or who we may become. The types of interaction (i.e. positive/negative) that individuals share with the aging population can impact whether or not individuals feel comfortable about moving to RAC in the future (Barlow et al., 2012; Pettigrew & Tropp, 2008) For this reason, this study draws on the contact hypothesis to examine the relationship between experiencing positive and/or negative contact with RAC residents and staff, and personal resistance towards entering RAC.

The contact hypothesis proposes that face-to-face contact between opposing group members can reduce prejudice (Allport,1954; Pettigrew & Tropp, 2006, 2008). Although, positive and negative contact exist side by side, negative contact is suggested to intensify forms of prejudice (Barlow et al., 2012; Brown & Hewstone, 2005; Paolini, Harwood, & Rubin, 2010; Turner & Crisp, 2010). Furthermore, research suggests that people are primed to pay more attention to negative rather than positive experiences, thus they develop and attend more to negative stereotypes than positive (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001). Paolini et al., (2010) found that negative contact may be more persistent and have greater influence on increasing prejudice than positive contact may have on reducing it. Therefore, this study identified that additional factors such as trust, independence and negative perceptions of RAC staff can provide valuable insights when applying the contact hypothesis to resistance towards entering RAC.

Mediating factors:

Trust

Research suggests that individuals' anticipated declines in health can increase their feelings of vulnerability. Therefore the RAC sector is charged with providing reassurances against potential exploitation physically, emotionally or financially (Hertzberg & Ekman, 2000). As a result, trust is essential for individuals entering RAC as they experience heightened vulnerability associated with physical decline or cognitive impairment of aging. Trust is defined as "the psychological state to accept levels of vulnerability based on another party's actions" (Mayer, Davis & Schoorman, 1995, p.712). Within the RAC context, trust is built by exhibiting multiple trusting practices over time (Hertzberg & Ekman, 2000).

Independence

The rudimentary experience of living in RAC challenges the concept of independence (Edwards, Gaskill, et al., 2003). Independence is recognised as possessing a sense of control and

influence on individual outcomes (Chipperfield et al., 2012). Institutionalised living in RAC impacts individuals' independence when many tasks that used to be under an individual's control (e.g. bathing and meals) are timetabled. Hence, choices are limited, eroded or removed (Edwards, Courtney, & O'Reilly, 2003; Kendig, Browning, Pedlow, Wells, & Thomas, 2010). Furthermore, the decision to move into RAC is often seen as out of individual control for many as it has often been the result of declines in physical function (Edwards, Courtney, et al., 2003). Hence, the perceptions of entering RAC are often associated with feeling a diminished sense of control and loss of independence.

Negative perceptions of RAC staff

Negative perceptions of RAC employment conditions are prevalent among the general public (Chenoweth, Jeon, Merlyn, & Brodaty, 2010). For example, RAC staff are associated with lower remuneration, lower job satisfaction and high job strain (Moyle, Hsu, Lieff, & Vernooij-Dassen, 2010; Moyle, Murfield, Griffiths, & Venturato, 2011). The media's overly negative focus on the industry exacerbates these negative perceptions (Ronald, McGregor, Harrington, Pollock, & Lexchin, 2016). Consequently, the RAC sector is neither aspirational for potential employees nor encouraging for staff retainment.

This present study aims to investigate how prior contact with RAC residents and staff constructs individuals' behavioural intentions towards entering RAC in the future (i.e. perceived levels of resistance; mild refusal or extreme refusal). Therefore, it is hypothesized that:

Hypothesis 1: The more negative contact individuals have with RAC residents and staff, the less willing they will be to enter RAC in the future.

Hypothesis 2: The more positive contact individuals have with RAC residents and staff, the more willing they will be to enter RAC in the future.

Additionally, contact and levels of resistance towards entering RAC will be mediated by trust, independence, and negative perceptions of RAC staff such that:

Hypothesis 3: The relationship between contact and behavioural intentions (levels of resistance toward entering RAC in the future) will be partially explained by trust in RAC, perceived loss of independence in RAC, and negative perceptions of RAC staff.

Thus, this study extends contact literature by unpacking the intersection of contact and perceptions towards entering RAC that develop into discrimination, prejudice and ageist attitudes.

Methods

Design

This cross-sectional correlational design examined the relationships between contact[1] (i.e. positive or negative contact), the mediating variables[2] (i.e. trust, independence, perceptions of RAC staff) and resistance levels (i.e. mild Refusal or Extreme Refusal to enter RAC).

Participants

A total of 373 participants from Australia and the USA completed the online study. There was missing data on the country of origin (nationality) measure for 58 participants. The final sample of 315 participants comprised of 179 females (57%) and 136 males (43%). The participants' ages ranged from 19 to 80 (M = 37.90 years old, SD = 13.82), with 167 participants identifying as American and 148 participants identifying as Australian. The criteria required all participants to be over 18 years old. Australian participants were recruited via social media, word of mouth, and email links to Qualtrics. Whereas, American participants were recruited via Amazons Mechanical Turk. Participants were reimbursed $6 per hour as recommended by Amazon Mechanical Turk as a fair rate.

Measures

Demographical information. Information was collected regarding gender, age, ethnicity, marital status, children, education, employment type and status, income, and previous experience with RAC.

Contact

Positive Contact with RAC residents and staff. This scale was adapted from Barlow et al., 2012 and consists of 2 items, measured on a 7-point Likert scale (1 = never – 7 = extremely frequently). Items include "Overall, how often do you have POSITIVE/GOOD contact do you have with people living in residential aged care?" (Barlow et al., 2012) and "Overall, how often do you

[1] Positive and negative contact are established items, where the target group for this research was adapted to the relevant topic (Barlow et al., 2012). Previous research on contact (positive and negative) has revealed that single item Independent Variable's and Dependent Variable's produce moderate effect sizes, further, these are greater than multiple items with lower reliability (Pettigrew & Tropp, 2000). In Barlow et al., (2012) they employed both single item and established measures of contact and both revealed the associated effects on prejudice. The use of single item measures of contact have been demonstrated to have predictive validity and produce consistent effect sizes across studies (De Tezanos-Pinto, Bratt, & Brown, 2010; Pettigrew, Christ, Wagner, & Stellmacher, 2007; Tropp & Pettigrew, 2005).

[2] Given there is very little quantitative evidence regarding attitudes toward entering RAC the three IV mediating scales (trust, independence and perceptions of RAC staff) along with the DV's (level of resistance) were created and then statistical item analysis was carried out. Specifically, factors analyse and reliability analyses were completed to confirm that the scales were in fact separate and the items were tapping into the same construct respectively.

have POSITIVE/GOOD contact do you have with people living in residential aged care workers?" (Barlow et al., 2012).

Negative Contact with RAC residents and staff. This scale was adapted from Barlow et al., 2012 and consists of 2 items, measured on a 7-point Likert scale (1 = never – 7 = extremely frequently). Items include "Overall, how often do you have NEGATIVE/BAD contact do you have with people living in residential aged care?" (Barlow et al., 2012) and "Overall, how often do you have POSITIVE/GOOD contact do you have with people living in residential aged care workers?" (Barlow et al., 2012).

Mediators

Trust. This scale was adapted from Evans and Revelle (2008) and consists of 3 items specifically measuring Financial Trust of RAC. Items were measured on a 5-point Likert scale and include "RAC facilities are only looking for older people's bank balances". A high score on this scale indicated a distinct lack of confidence in financial aspects of RAC. Items were averaged together and the alpha reliability for this measure was .81.

Independence. This scale was adapted from Barker, O'Hanlon, McGee, Hickey, & Conroy (2007) and consists of 7 items specifically measuring perceptions of Independence within RAC, Items were measured on a 5-point Likert scale and include "In RAC I will be restricted from making decisions of my own". A high score on this scale indicated low levels of independence to make individual choices. Items were averaged together and the alpha reliability for this measure was .91.

Perceptions of RAC staff. This scale was adapted from Barker, O'Hanlon, McGee, Hickey, & Conroy (2007) and consists of 3 items, measured on a 5-point Likert scale. For example, "I am annoyed that RAC staff make people so dependent on them and the facilities". A high score on this scale indicated a high degree of negative attitudes toward RAC staff. Items were averaged together and the alpha reliability for this measure was .79.

Outcome Measures

Resistance Levels

Mild Refusal to enter RAC. This scale was adapted from Kogan (1961) and Luszcz (1982) and consists of 6 items, measured on a 5-point Likert scale. For example, "I like control and to do things my way so RAC would be UNSUITABLE for me personally". A high score on this scale indicated above average unwillingness to consider entering RAC in the future. Items were averaged together and the alpha reliability for this measure was .89.

Extreme Refusal to enter RAC. This scale was adapted from Kogan (1961) and Luszcz (1982) and consists of 3 items, measured on a 5-point Likert scale. For example, "I would rather die than go into aged". A high score on this scale indicated an intense unwillingness/resistance to

consider entering RAC in the future. Items were averaged together and the alpha reliability for this measure was .81.

Procedure

Participants completed the online questionnaire in Qualtrics, which included study aims, an information sheet and consent. At the completion participants received debriefing material.

Results

Means, standard deviations and intercorrelations for all measures are displayed in Table 1.

Insert Table 1 about here

Data Analysis

Hierarchical regression analyses were conducted to test the model predicting scores on positive/negative contact, perceived trust, independence, perceptions of RAC staff, on levels of refusal (mild or extreme). The statistical analyses were to establish mediation, and as such there was no manipulation of the mediating variable. Firstly (see Table 2), the proposed mediating variables of trust, independence and perceptions of RAC staff were regressed in Block 2 onto the independent variable (contact), after the control variables (gender, age, education and income) had been entered as predictors of trust, independence and perceptions of RAC worker in Block 1. In the final regressions (as summarized in Table 2), the dependent measures were regressed onto the same model in Blocks 1 and 2, with trust, independence and perceptions of RAC worker entered as potential mediators in Block 3.

Insert Table 2 about here

Analyses revealed that contact did indeed predict the mediators (trust, independence and perceptions of RACS) (see Table 3).

Insert Table 3 about here

Predicting Trust. A significant amount of the variance in trust was accounted for in Block 1, $F\ (6,301) = 40.95$, $R^2_{ch.} = .45$, $p = <. 001$. Specifically, country was a significant predictor of higher levels of distrust in RAC ($\beta = -.04$, $p = < .001$). However, age, gender, education and income were unrelated to the level of trust ($\beta = .06$, $p = .20$; $\beta = .04$, $p = .40$; $\beta = -.04$, $p = .34$; $\beta = -.01$, $p = .73$).

When contact was entered at Block 2, it accounted for additional significant variance in trust ($R^2_{ch.}$= .03, $F_{ch.}$ (2,298) = 30.41, p = < .001). Specifically, the more negative contact people reported having with those in RAC the more distrust they reported towards RAC (β = .20, p = < .001, β = -.09, p = < .059).

Predicting Independence. A significant amount of the variance in independence was accounted for in Block 1, F (6,301) = 44.86, $R^2_{ch.}$= .47, p = < .001. Once again country was a significant predictor for individual desires for higher levels of independence when contemplating their future in RAC (β =-.13, p = .007), additionally; the level of education was a marginal predictor for a greater desire for independence (β = .10, p = .007). However, age, gender and income were unrelated to the level of desire for independence (β = .03, p = .485; β = .07, p = .147; β = .009, p = .840). When contact was entered at Block 2, it accounted for additional significant variance in desires for independence ($R^2_{ch.}$= .003, $F_{ch.}$ (2,298) = 31.53, p = < .001). Specifically, people who reported negative contact with those in RAC also reported greater desire for independence than did those who reported positive contact with those in RAC (β = .05, p < .274, β = -.06, p = < .228).

Predicting Perceptions of RAC Staff (RACS). A significant amount of the variance in perceptions of RACS was accounted for in Block 1, F (1,306) = 52.74, $R^2_{ch.}$= .51, p = < .001. However, age, gender, education income and country were unrelated to perceptions of RACS (β = -.051, p = .265; -.08, p = .086; β = -.03, p = .497). When contact was entered at Block 2, it accounted for additional significant variance in perceptions of RACS ($R^2_{ch.}$= .01, $F_{ch.}$ (2,2980) = 36.61, p =< .001). Specifically, those who reported negative contact with RAC also reported more negative perceptions of RAC Staff than those who reported positive contact with RAC (β = .09, p = < .073, β = -.12, p = < .008).

Positive and Negative contact. Analysis revealed that contact positive and contact negative were correlated mildly positively (r = .37, p = < .001).

Regression analyses

Predicting Mild Refusal. A significant amount of the variance in mild refusal was accounted for in Block 1, F (1,302) = 4.05, $R^2_{ch.}$= .05, p = .001. The USA participants reported higher levels of mild refusal than did the Australian participants (β = -.23, p = < .001), however, age, gender, education and income were unrelated to the levels of mild refusal reported (β = .11, p = .074; β = -.006, p = .915; β = -.007, p = .909; β = -.033, p = .579). When contact was entered at Block 2, it accounted for additional significant variance in mild refusal ($R^2_{ch.}$= .06, $F_{ch.}$ (2,300) =10.62, p = < .001). Specifically, both negative and positive contact accounted for significantly higher levels of mild refusal (β = .20, p = < .001; β = -.24, p = < .001). The addition of mediators (trust, independence, and perceptions of RACS) to the model in Block 3 also predicted additional variance in mild refusal ($R^2_{ch.}$= .37, $F_{ch.}$ (3,297) = 73.75, p = < .001). People who had more distrust,

perceived they would experience losses of independence, and held negative perceptions of RACS likewise reported higher levels of refusal (β = .09, p = .090; β = .46, p = < .001; β = .23, p = < .001. The mediational model was tested using Sobel's z. The results indicated that higher levels of distrust in RAC, perceived individual losses of independence in RAC, and negative perceptions of RACS mediated the relationship between contact and mild refusal (Sobel's z = 1.72, p = .086; z =3.16, p = .001; z = 3.13, p = .001). Specifically, Australians participants reported having more distrust of RAC, desired more independence than they perceived was available in RAC, and held negative evaluations of RACS, and through these three variables, reported higher levels of mild refusal.

Predicting the Extreme Refusal. A significant amount of the variance in extreme refusal was accounted for in Block 1, F (4,302) = 1.28, $R^2_{ch.}$= .02, p = .279. The USA participants reported higher levels of extreme refusal than did the Australian participants (β = -.20, p = .003), however, age, gender, education and income were unrelated to the levels of extreme refusal that participants reported (β = .031, p = .611; β = -.042, p = .468; β = .007, p = .898; β = .017, p = .769). When contact was entered at Block 2, it accounted for additional significant variance in extreme refusal ($R^2_{ch.}$=.09, $F_{ch.}$(2,299) =16.85, p = <.001). Specifically, the USA participants reported significantly higher levels of extreme refusal than did Australian participants (β = -.20, p = .002). The addition of mediators (trust, independence, and perceptions of RACS) to the model in Block 3 also predicted additional variance in extreme refusal ($R^2_{ch.}$= .27, $F_{ch.}$(3,296) = 45.63, p = < .001). People who had greater distrust of RAC, perceived losses of independence to be considerable, and held negative evaluations of RACS reported higher levels of refusal (β = .14, p = .029; β = .38, p = <.001; β = .16, p = .016). Sobel's z mediational model test results indicated that greater distrust in RAC, perceived losses of independence and negative evaluations of RACS reported predicted higher levels of extreme refusal (Sobel's z = 2.19, p =.029; z = 3.01, p = <.001; z = 2.20, p =.016). Specifically, Australians participants reported having more distrust of RAC, desired more independence than they perceived was available in RAC, and held negative evaluations of RACS, and through these three variables, reported higher levels of mild refusal.

Insert Figure 1 about here

Discussion

Negative attitudes towards RAC are prevalent and largely overlooked (Angus & Reeve, 2006; Berger, 2017). To date, studies have not examined whether contact with RAC is associated with individuals' positive or negative attitudes towards entering RAC in the future. This novel study adopted the contact hypothesis and investigated how contact may predict how people feel about

entering RAC (Allport, 1954). Results from this study revealed that public perceptions may predict attitudes and therefore behaviour intention towards RAC through simple contact.

The contact effects were as predicted and consistent with the contact hypothesis; negative contact was significantly associated with increased levels of refusal to enter RAC. This result is not surprising as the literature on contact and negative perceptions of RAC (Barlow et al., 2012; Higashi et al., 2012) suggests that individuals rate negative information to a greater extent than positive information (Baumeister et al., 2001a). Baumeister et al., (2001) suggests that processing negative information often attracts greater individual attention and cognitive load, which subsequently contributes to the final evaluation. Consequently, negative contact with RAC has a greater influence than positive contact.

Additionally, these preliminary results suggests that positive contact with RAC residents and staff can encourage participants to become less resistant towards entering RAC in the future. For example, contact with older people living in RAC might have the potential to make us more open to RAC through spending time with RAC residents and being exposed to individual aging concerns (Pettigrew, Christ, Wagner, & Stellmacher, 2007). These findings are consistent with Pettigrew et al. (2007)'s study that demonstrated how individuals' attitudes are influenced by the people we spent time with. However, results suggest that positive contact did not always lead to positive results. In fact, positive contact did not have the same strong association to levels of resistance as negative contact. For this reason, the mediating factors (trust, independence, perceptions of staff) provided further explanation of the relationship between contact and levels of resistance toward entering RAC in the future.

In this instance, levels of resistance (mild or extreme refusal) towards RAC are influenced by individuals' perceptions of trust, independence, and RAC staff. Participants who reported less trust in RAC had higher levels of refusal. Similarly, participants who reported negative contact perceived they would lose their independence when entering a RAC. Consequently, participants who had more desire for independence expressed higher levels of refusal. These findings are consistent with Brownie and colleagues (2014) that revealed individuals with a greater need for independence experienced greater anxiety towards entering a RAC. Highlighting the need to understand independence and develop models of care that facilitate independence in RAC.

Furthermore, these results suggest that refusal levels were closely associated with participants' contact with RAC staff. For example, participants who evaluated RAC residents and staff more favourably were less likely to report mild or extreme refusal to enter RAC in the future. This results suggests positive contact can indeed result in positive perceptions and impact levels of resistance. Therefore, it may be possible that positive contact could diminish negative attitudes and stereotypes, which shines a more positive light on working in RAC (Hoeve, Jansen & Roodbol,

2014). Overall, these findings suggest the complex relationship between contact and behavioural intentions of entering RAC because it accounts for how participants' perceptions of trust, independence and staff impact their levels of resistance towards RAC.

Although, negative and positive contact were strong predictors of levels of resistance towards RAC for both USA and Australian groups; there were cultural differences between USA and Australian participants. USA participants reported higher levels of refusal to enter RAC than Australian participants. This finding can be linked to widespread negative perceptions of USA's medicalised model of care (Henderson, 1995; Ryvicker, 2009). A medicalised model adopts a medical approach towards care, (Henderson, 1995a; Maddocks , 2014) which focus on provider-centred care rather than a person-centred care. Consequently, a medicalised model is associated with an increase in disruptive behaviours, diminished quality of life and greater health service demands (Bird, Llewellyn-Jones, Smithers & Korten, 2002). Hence, USA participants may have reported more extreme refusal to enter RAC, due to negative contact and unfavourable perceptions with the medicalised RAC model.

Limitations

Limitations of this study include the cross-sectional design and use of self-reporting measures. Firstly, the cross-sectional design revealed that positive and negative contact was both associated with levels of resistance (mild or extreme). Existing research has reported similar results (Barlow, Louis, & Hewstone, 2009). Therefore, these findings may explain the influence of personal experiences on perceptions of aging and RAC. Future studies could explore the constructs of resistance that these individuals' perceptions are based upon.

Another limitation is the use of self-reporting measures. Participants may have both over and under reported their behavioural intentions due to social desirability bias. However, the bidirectional relationship of results suggests that behavioural intentions not to enter RAC do exist irrespective of potential social biases. Future research could further investigate mechanisms that determine behaviour intentions (i.e. cultural or media) using quantitative questions.

Conclusion

RAC is strongly associated with negative perceptions and discrimination within the general public, (Ronald et al., 2016). These negative perceptions are heavily influenced by ageist attitudes, fears towards ageing and the media coverage of the RAC sector. Existing literature has examined why individuals express resistance towards ageing; however, studies have overlooked why individuals uphold positive or negative attitudes towards RAC. This study is the first to use the contact hypothesis, theory of predjuce to explore how contact with RAC residents and staff can impact individuals' formation of attitudes towards entering RAC. Results revealed individuals who experienced negative contact with RAC were more likely to report greater resistance towards

entering RAC in the future. However, this study identified additional factors such as trust, independence and negative perceptions of RAC staff mediated this relationship between contact and behavioural intentions towards entering RAC in the future. As a result, positive contact with RAC residents and staff were associated with reductions in negative perceptions of RAC staff; minimised feelings of independence loss; and strengthened trust with RAC residents, facilities and staff. In particular, perceptions of RAC staff directly and positively mediated the relationship between contact and levels of refusal to enter RAC. Therefore, positive contact with RAC residents and staff can help lessen the intensity levels of resistance. Practical implications include creating opportunities for the public to experience positive contact with RAC facilities and staff such as participation in community partnership programs/intergenerational programs.

Implications for Practice

- Individuals may become more open towards RAC when they develop trust in the RAC sector through positive contact with RAC facilities, residents and staff.
- It is important to recognise not all positive contact with RAC leads to advantageous outcomes because trust, independence and perceptions of RAC staff can contribute to individuals' perceptions towards RAC.
- The public can experience contact by participating in community partnership programs/intergenerational programs.

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Tables

Table 1.

Means, standard deviations and intercorrelations among variables

	Mean	SD	1	2	3	4	5	6	7	8	9	10	11	12
1. Country	1.41	0.49	1.00	-	-	-	-	-	-	-	-	-	-	-
2. Age	37.90	13.82	.41**	1.00	-	-	-	-	-	-	-	-	-	-
3. Gender	1.57	0.52	.35**	.28**	1.00	-	-	-	-	-	-	-	-	-
4. Income	2.23	1.6	.25**	.25**	.10	1.00	-	-	-	-	-	-	-	-
5. Education	3.72	1.31	.24**	.03	.10	.30**	1.00	-	-	-	-	-	-	-
6. Positive Contact	3.19	1.67	-.09	-.05	-.06	.09	-.11*	1.00	-	-	-	-	-	-
7. Negative Contact	2.27	1.32	-11	-.11*	-.10	-.01	-11	.37**	1.00	-	-	-	-	-
8. Trust	2.50	0.82	-.14**	-.01	.03	-.13*	-.07	-.14*	.30**	1.00	-	-	-	-
9. Independence	3.34	0.85	-.21**	-.03	-.00	-.10	.03	-.17**	.22**	.56**	1.00	-	-	-
10. Perceptions of RACS	3.17	0.85	-.18**	-.10	-.09	-.18**	-.06	-.20**	.25**	.61**	.63**	1.00	-	-
11. Mild Refusal	3.84	0.76	-.22**	.00	-.07	-.07	-.07	-.15**	.13*	.48**	.66**	.57**	1.00	-
12. Extreme Refusal	2.50	1.02	-.20**	-.08	-.11	-.05	-.03	-.15**	.20**	.48**	.59**	.52**	.54**	1.00

Note. * $p \leq .05$, ** $p \leq .01$

Table 2

Regression variables - Trust, independence and perceptions RAC staff (reported in unstandardized coefficients)

	Block 1	**Block 2**	**Block 3**
Trust			
Country	-	-.07	-.09
Age	.00	.00	.00
Gender	.05	.06	.07
Education	-.03	-.03	-.02
Income	-.01	-.01	.01
Positive contact	-	-	-.05†
Negative contact	-	-	.12***
Trust	-	-	-
Independence	.31***	.30***	.27***
Perceptions of RACS	.39***	.39***	.35***
R^2_{ch}	.45***	.00	.04***
Independence			
Country	-	-.24**	-.25**
Age	-.00	.00	.00
Gender	.06	-.08	.11
Education	.05†	.06	.06**
Income	-.00	.00	.00
Positive contact	-	-	-.04
Negative contact	-	-	.04
Trust	.33***	.32***	.29***
Independence	-	-	-
Perceptions of RACS	.45***	.45***	.43***
R^2_{ch}	.47***	.01**	.00
Perceptions of RACS			
Country	-	-.05	.02
Age	-.00	-.00	-.00
Gender	-.11	-.13†	-.13
Education	-.02	-.01	-.02
Income	-.05	-.05†	-.05
Positive contact	-	-	-.06**
Negative contact	-	-	.05†
Trust	.38***	.38***	.35***
Independence	.41***	.42***	.39***
Perceptions of RACS	-	-	-

R^2_{ch}	.51***	.00	.01**
R^2_{adj}	.50***	.50**	.51**

Note. †p ≤ .10, * p≤ .05, **p ≤ .01, ***p ≤ .001.

Table 3

Regression variables – mild and extreme refusal (reported in unstandardized coefficients)

	Block 1	**Block 2**	**Block 3**
Mild refusal			
Country	-.42***	-.43***	-.16*
Age	-.00†	.01*	.00
Gender	.01	-.00	-.06
Education	-.00	-.01	-.04
Income	-.02	-.01	.03
Positive contact		-.11***	-.00
Negative contact		.12***	-.04
Trust			.09†
Independence			.41***
Perceptions of RACS			.21***
R^2_{ch}	.05***	.06***	.37***
Extreme refusal			
Country	-.41	-.42**	-.12
Age	.00	.00	-.00
Gender	-.09	-.08	-.15
Education	-.01	.00	-.02
Income	-.00	.01	.06
Positive contact		-.16***	-.04
Negative contact		.22***	.04
Trust			.17*
Independence			.45***
Perceptions of RACS			.19**
R^2_{ch}	.03**	.09***	.27***
R^2_{adj}	.00***	.12***	.39***

Note. †p ≤ .10, * p≤ .05, **p ≤ .01, ***p

Figure 1. Direct and indirect effects of contact status on resistance via Trust, Independence, and Perceptions of RAC Workers.

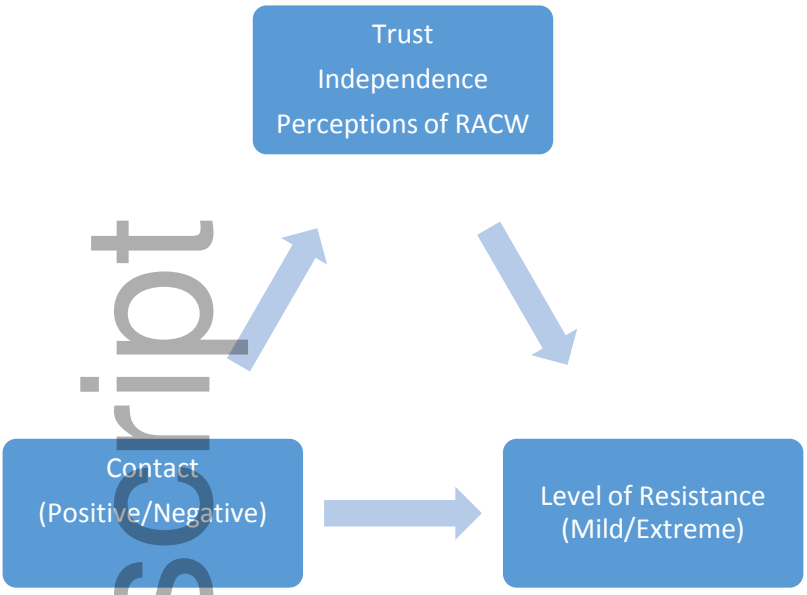

Figure 1. Direct and indirect effects of contact status on resistance via Trust, Independence, and Perceptions of RAC Workers.