**Table S1 – Characterisation of the reviewed studies**

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| Publica-tion number | Author, Date | Objectives of the study | Theoretical/Concep-tual framework of the study | Study design | Themes indicating ageism (qualitative studies); Operationalisation of ageism (quantitative studies) | LTC settings/ services | Study participants and sampling (sampling methods and sample size) | Methods of data collection | Methods of data analysis | Quality rating |
| 1 | Ayalon (2015) | To examine how older adults and their adult children perceive old age and the aging process | Nydegger on the individuals’ timetables  Ageism implicitly defined as negative stereotypes about older people and old age | Qualitative | Themes related to ageism: expectations for multiple losses that occur in old age; different views and definitions of old age as being composed of various dimensions including chronological age, mental age, physical age and appearance  “(…) the present study points to a prominent general view of old age as a sign of decline and decay. This negative view of old age was prominent among adult children as well as their older parents.” (p. 7) | Continuing care retirement communities (CCRCs)  (Israel) | Residents and their adult children  Sampling method not explicitly stated  (diversified by CCRC, age, sex, marital status, level of education and level of impairment; Dimension: 36 residents and 34 adult children) | Interviews | Constant compa-rison  Dyadic analysis | Meets 14 items out of 16 |
| 2 | Band-Winterstein (2013) | To describe and examine how ageism functions as a mechanism for promoting elder neglect in long-term care facilities | Theoretical framework not explicitly discussed  Ageism (Butler 1975; Palmore 1999; Levy 2001; Iversen, Larsen and Solem 2009);  Elder neglect | Qualitative (Phenome-nology) | Themes related to ageism: ageism and neglect as the everyday routine (being transparent; being invisible; being forgotten; perceiving older patients as no longer human; being treated as an object, in an automated fashion; lack of accurate medical diagnosis; using ageist language; using less expensive materials on older patients, because money is not wisely spent on older persons; older persons lose their sexuality, which justifies mixed communal showers; the older person is emotionally numb and this absence of feeling justifies the “passing from hand to hand” technique; the decisions about patients’ everyday functions are made solely by the staff and not by the patients) | Nursing homes for fully dependent older persons and care homes for the frail elderly  (Israel) | Professional nurses  Purposive sampling (diversified by sex, age, seniority and ethnicity; Dimension: 30) | In-depth semi-structured interviews | Phenome-nology | Meets 16 items out of 16 |
| 3 | Billings (2006) | To identify and describe the nature of any discriminatory practice in clinical setting and to provide recommendations based on the findings | Theoretical framework not explicitly discussed  Age discrimination (Department of Health 2001); Ageist practice (Tinker, 1996) | Qualitative | Evidence of ageism: insensitive treatment in relation to communication and attitude; excluding older people from conversations, sensitive or otherwise; shouting at older people; being patronising; little assessment of the preferred way that older people like to be addressed; not giving an older person enough privacy when helping them with activities such as toileting, washing or dressing; letting older people have a limited choice in things like when and what they eat, when they do to bed or have a bath; given to older people too many tablets and not reviewing them often enough; there was an assumption that older people are not sexually active | Multiple settings: Community, acute hospital and other settings  (England) | Professionals from health and social care sectors working with older persons  Purposive sampling (diversified by care profession; Dimension: 57) | Semi-structured interviews; Focus groups with a question-naire applied at the beginning | Semi-structured interviews and focus group data: Content analysis | Meets 16 items out of 16 |
| 4 | Bodner et al. (2011) | To examine differences in ageist attitudes and  perceived quality of life between elderly persons who live in sheltered housing and those who live in the community | Intragenerational ageism (Bodner 2009)  Ageism (Butler 1995)\* | Quantitative | Ageism is operationalized in the instrument used to collect data, namely the Fabroni Scale of Ageism (1990)  Dimensions/factors of the scale: Antilocution (stereotypes and attitudes towards older people); Discrimination (attitudes and behaviour regarding social rights and social participation of older people); Avoidance (attitudes and behaviour regarding social contact with older people)  The study included only the ‘intergenerational factor’ (it corresponds mainly to the avoidance factor) | Day centres and  private sheltered  housing  (Israel) | Residents (sheltered housing); Community dwelling elders  Voluntary recruitment (diversified by age, sex, marital status and socioeconomic status; Dimension: 32 residents and 94 community dwelling elders) | Self-comple-tion question-naires | Multivariate analysis of covarian-ce  (MANCOVA)  Multiple linear regression analysis | Meets 16 items out of 16 |
| 5 | Condelius and Andersson (2015) | To explore the care  accessed by older people during the last phase of their  life from the perspective of the next of kin and to conceptually test the behavioural model of health services use | Aday and Andersen’s behavioural model of health services use  Ageism is implicitly defined as negative stereotypes about older people | Qualitative | Evidence of ageism: “The results also reveal ageist views among the next of kin, in that they perceive some conditions and complaints as natural part of ageing with further examinations or treatments being regarded as “pointless” or even “wasted”” (p. 11) | Nursing homes  (Sweden) | Next of kin of older persons  Sampling method not explicitly stated (diversified by nursing home, sex, age and kin relationship; Dimension: 14) | Semi-structured interviews | Content analysis | Meets 15 items out of 16 |
| 6 | Dobbs et al. (2008) | To examine stigma in Residential Care – Assisted Living (RC-AL) | Stigmatisation; Age Stratification Theories; Goffman on stigma and depersonalisation  Stigma (Dobbs et al. 2008)  Ageism (Butler 1975; Levy and Banaji 2002) | Qualitative (Ethnogra-phy) | Themes related to ageism: ageism in LTC (“looking after an old person can become rather tedious and often times distasteful”; professionals communicating with family members about decisions without the input from the elder; infantilized talk; making decisions without involving the elder; behaving as if the older person is invisible; staff not administrating certain procedures due to age bias; asking elders to do ‘childish games’ – like bouncing a ball on the floor) | Residential care or assisted living communities  (United States of America) | Residents; Professionals at various levels; Family members  Purposive sampling (diversified by setting, caregivers’ backg., residents’ backg. and age; Dimension: 153 residents, 80 staff, 76 fam. members) | Direct observa-tion; Semi-structured interviews | Ethnogra-phy | Meets 16 items out of 16 |
| 7 | Doyle (2014) | To study the impact of receiving community care at home from the older people perspectives | Medical gaze/“gaze of truth”; Foucault on power differentials  Ageism (Levy 2001) | Qualitative (Phenome-nology) | Evidence of ageism: rigid and rushed care routines, without focusing on the individual needs of the patient  “Participants shared instances of what they described as intimidation and poor care practices, which were examined as examples of active power differentials occurring between older people and their carers.  Participants were subjected to rigid care routines, with limitations to the tasks and time available to support each person broadly accepted as commonplace.” (pp. 328-329)  “Examples were also given of assessments undertaken of an older person’s needs by service providers without any consultation with that older person” (p. 329) | Older persons’ homes  (Australia) | Older persons  Snowball sampling (diversified in terms of age; Dimension: 12) | In-depth unstructu-red interviews | Interpreti-ve hermeneu-tic phenome-nology | Meets 16 items out of 16 |
| 8 | Dunworth and Kirwan (2012) | To explore the potential impact on professionals values due to different professional backgrounds of managers | Normative Ethical Theories - Consequentialism,  Deontology and Virtue Ethics  The authors do no present any definition of ageism | Quantitative | Ageism is operationalized in the instrument used to collect data, namely the Thompson List of Ageist Assumptions (Thompson 2006)  All the instrument’s statements measure negative stereotypes | Care homes: one managed by a care worker and one managed by a nurse  (Scotland) | Staff members (managers; long-term agency staff; external professionals that visited the home regularly  No sampling /full staff (diversified by sex, age, ethnicity, care profession; Dimension: 65) | Question-naire (including closed and open-ended questions) | Statistical analysis | Meets 13 items out of 16 |
| 9 | Gamliel (2000) | “(…) how a given environment may shape  residents' self-images and methods of coping with old age.” (p. 252) | Hazan’s continuum from integration to segregation (regarding the institutional context of services) and from humanization to dehumanization (regarding the institutional context of services)  Age discrimination (Butler and Lewis 1973)b | Qualitative (Ethnogra-phy) | Evidence of ageism: acceptance of old-age stigmas by old-age home residents (they internalize society's discrimination) | Sheltered housing; Old-age home  (Israel) | Residents  Sampling method not explicitly stated (characteristics of the study participants not explicitly stated) | Partici-pant  observa-tion  In-depth interviews | Ethnogra-phic analysis | Meets 13 items out of 16 |
| 10 | Lagacé et al. (2011) | To develop a better understanding regarding the interpersonal communication between frail elders and caregivers in the context of long-term caregiving | Communication Accommodation Theory  Ageism (Butler 1969); Implicit ageism (Levy and Banaji 2002);  Categories of communication | Mixed | Ageism is operationalized in the instrument used to collect data, namely the Fraboni Scale of Ageism (1990), validated to French by Boudjemad and Gana (2009)  Dimensions/factors of the scale: Antilocution (stereotypes and attitudes towards older people); Discrimination (attitudes and behaviour regarding social rights and social participation of older people); Avoidance (attitudes and behaviour regarding social contact with older people)  Evidence of ageism (semi-structured interviews): infantilizing gestures in the communication; not being listened; not feeling recognized as a person | Long-term residential facilities  (Canada) | Residents; Staff members (care workers and nurses or auxiliary nurses)  Voluntary recruitment (diversified by facility, sex, age, marital status, duration of residency, care profession, duration of work; Dimension: 12 residents and 11 caregivers) | Semi-structured interviews  Questionnaires | Semi-structured data: “emergent themes” (Miles and Huberman, 2003 )  Question-naires data: statistical analysis | Meets 16 items out of 16 |
| 11 | Lagacé et al. (2012) | To develop a better understanding of how institutionali-sed elders assess communica-tion with caregivers and to determine the  impacts of ageist perceptions, as well as coping strategies to deal with it | Communication Accommodation  Theory  Ageism (Butler 1969; Palmore 2001; Levy and Banaji 2002) | Qualitative | Evidence of ageism: identified ageist language and attitudes in regards to daily interactions with caregivers (controlling language and attitudes; infantile patterns of communication); being left with almost no choices in terms of daily chores and activities; not listened to or simply ignored; rigid and constraining routine. | Long-term residential facilities  (Canada) | Residents  Voluntary recruitment (diversified by facility, sex, age, marital status, duration of residency; Dimension: 33) | Qualitati-ve interviews | A combination of qualitative and quantitati-ve techniques (not explicitly identified) | Meets 14 items out of 16 |
| 12 | MacDonald and Butler (2007) | “To explore the experiences of elderly women living in long-term care with UI [Urinary Incontinence]” (p. 14) | Theoretical framework not explicitly discussed  Ageism (Ward 2000)a | Qualitative | Themes related to ageism: marginalizing elderly women (interactions with staff, which were perceived by women to devalue their contributions  to self-care; “(…) lack of decision-making power and control these women had related to their incontinence care; a lack of choice about types of products worn, toileting times, and changing of their incontinence products; ageist language) | Nursing home  (Canada) | Residents  Convenience sampling (diversified by age; Dimension: 6) | Semi-structured interviews | Thematic analysis | Meets 16 items out of 16 |
| 13 | Natan et al. (2013) | To explore the relationship between nurses assessment of pain and their characteristics and knowledge, and to examine the variables associated with ageist attitudes | Reasons for the fear of older adults  Chronic pain  Ageism (Butler 1975); Positive ageism (Palmore 1999) | Quantitative | Ageism is operationalized in the instrument used to collect data, namely the Attitudes Towards Older People Scale (Kogan 1961)  This scale is not organized by factors/dimensions; The instrument’s statements measure explicit stereotypes and prejudices, both positive and negative | Multiple long-term  residential facilities  (Israel) | Registered nurses  Voluntary recruitment (diversified by age, sex, country of origin, marital status, level of education, duration of nursing career; Dimension: 104) | Question-naires | Statistical analysis | Meets 16 items out of 16 |
| 14 | Petersen & Warburton (2012) | “(…) how are specialized spaces for older people conceived by policy makers, developers and providers?” (p. 63) | Henri Lefebvre on social space  Ageism is implicitly defined as negative stereotypes about older people and old age, as well as spatial age-based segregation at micro-level and meso-level | Qualitative | Evidence of ageism: older people are dependent and needing care; older people are marketable and ageless (the developers use successful aging as a marketing strategy); older people inhabit large separate spaces; residential complexes are segregated within  “Findings suggest that there are links between their practice, the standing and growth of large residential complexes, and ageism.” (p. 81) | Residential complexes (nursing homes and retirement villages)  (Australia) | Architects; Town planners; Developers; Providers (providers belonging to for-profit and not-for-profit  sectors)  Purposive sampling regarding participants in the interviews (charact. of the study part. not explicitly stated) | Semi-structured interviews  Field notes  Published docum-ents | Discourse analysis | Meets 15 items out of 16 |
| 15 | Reyna et al. (2007) | To test two models of stereotype reduction with care providers at residential  homes for older adults | Theoretical framework not explicitly discussed  Ageism (Butler 1987; Grant 1996) | Quantitative | Ageism is operationalized in the instrument used to collect data, namely the Aging Semantic Differential Scale (Rosencranz and McNevin 1969)  Dimensions/factors of the scale: Instrumental/Ineffective (level of effective goal orientation, adaptability and energy output); Autonomous/Dependent (level of dependency upon others, personal autonomy); Personal acceptability/ Unacceptability (level of social interaction) | Residential care facilities  (Australia) | Care staff (nurses, other staff and volunteers)  Sampling method not explicitly stated (diversified by setting, age, sex, ethnicity, level of schooling, duration of work; Dimension: 225) | Question-naires | Statistical analysis | Meets 14 items out of 16 |
| 16 | Roth et al. (2012) | “(…) explores a clash between incoming baby boomers and older res­idents in an active adult retirement community (AARC). We examine issues of social identity and attitudes as these groups encounter each other.” (p. 1) | Ageism (Butler 1969; Cuddy, Norton, Norton and Fiske 2005)  P. C.. Luken on age-based stigma | Qualitative (Ethnogra-phy) | Themes related to ageism: significant cultural and attitudinal differences between boomers and older residents (the boomers avoid to be with the residents, they have a club only for them) | Active adult retirement communities (AARCs)  (USA) | Residents (boomers and established residents), fam­ily members, staff and administrators  Purposive sampling (diversified by age, ethnicity, family structure, physical health, and gender; Dimension: 35 residents, 5 family members, 9 staff and administrators) | Partici-pant observa-tion  In-depth interviews | Inducti-vely derived codes | Meets 15 items out of 16 |
| 17 | Roth et al. (2015) | “(…) examine lived experience of transition from community living  into an AL and explore social relationships as they are affected by the physical environment, including levels within settings” (p.3) | Fisher on the stigmatizing effects of “leveling” residents of long-term care facilities according to health and cognitive functioning  Ageism (Greenberg, Schimel and Martens 2002; Hagestad and Uhlenberg 2005) | Qualitative (Ethnogra-phy) | Evidence of ageism: residents and staff use labels to different units/levels of care; the floors distinguished by the level of care | Multi-level senior housing (MSH): includes independent living, assisted  Living, nursing home and dementia care units  (USA) | Residents, fam­ily members, staff and administrators  Purposive sampling (diversified in terms of MSH unit, ethnicity and health condition; Dimension: 157 residents, 78 family members, 132 staff members and administrators) | Partici-pant observa-tion  Semi-structured interviews | Approach developed by Miles  & Huberman(1994) | Meets 14 items out of 16 |
| 18 | Taverna et al. (2014) | To study the effect of residents’ autonomy on their ability to perform oral hygiene | The Greenhouse concept and The Eden Alternative  Ageism (Bytheway 2005) | Mixed | “They treat me better because I’m older.” “Thus [positive] ageism was an important component of respectful relationships and facilitated task completion” (p. 56).  The themes of structured interview were not explicitly discussed | Residential LTC facility  (United States of America) | Residents; Care workers  Convenience sampling (Dimension: 12 residents and 7 staff) | Structured interviews  Open ended narrative interviews | Narrative interviews data: construc-tivist approach  Structured interviews data: statistical analysis | Meets 16 items out of 16 |
| 19 | Wells et al. (2004) | To examine the prevalence of negative attitudes toward older adults and to examine the factors that may relate with it | Theoretical framework not explicitly discussed  Ageism implicitly defined as negative stereotypes about older adults | Quantitative | Ageism is operationalized in the instruments used to collect data, namely Facts on Aging Quiz (Palmore 1977, 1998) and Reactions on Ageing Questionnaire (Gething 1996)  The Facts on Aging Quiz is not organized by factors/dimension; The instrument’s statements measure right and wrong knowledge about older people and ageing, as well as positive and negative stereotypes about older people  The Reactions on Ageing Questionnaire is organized in three factors: fear of frailty, tedium (in later life) and loss (in later life) | Multiple settings: home and community care services;  aged care assessment centre;  residential aged care  (Australia) | Nurses; GPs; Direct care professionals; Other care professionals; Other professionals  Sampling method not explicitly stated (diversified by setting, care profession; Dimension: 205 nurses and 298 GPs) | Question-naires | Statistical analysis | Meets 15 items out of 16 |
| 20 | Zimmerman et al. (2014) | “To determine the extent to which structures and processes of care in multilevel settings (independent living, assisted living, and nursing homes) result in stigma in assisted living and nursing homes.” (p. 1) | Donabedian’s framework of health care quality  Ageism is implicitly defined as negative stereotypes about older people and old age | Qualitative (Ethnogra-phy) | Themes related to ageism: Physical environment (environmental press [ex.: not repairing a bathroom nearby because of budget restrictions]; not using social space for engagement [ex.: sticking all the elders in the front and leave them there]); using labels to describe different types of residents; multi-level settings (not minimizing “us” versus “them” [ex.: elders who are relatively autonomous and elders who are dependent]); independence (not supporting autonomy [eg.: discouraging older people from doing certain tasks]); respect (not valuing the resident [ex.: feeling like a prisoner]); privacy (not providing privacy); care provision (not taking the focus off of decline [eg.: reinforcing dependence and decay]; constant supervision) | Multilevel  settings (1 includes independent living and assisted living; 2 includes independent living and assisted living and nursing home; 2 includes assisted living and nursing home) | Residents; Staff members; Family members  Purposive sampling (diversified by setting, age, sex and ethnicity; Dimension: 113 residents, 101 staff members, 40 family members) | Ethnogra-phic in-depth interviews  Partici-pant observa-tion | Ethnogra-phic analysis | Meets 14 items out of 16 |

a This definition corresponds to the definition developed by Butler (1975).

b We assume that this publication used the definition of ageism proposed by Butler in 1969, given that the second definition of Butler was published in 1975.