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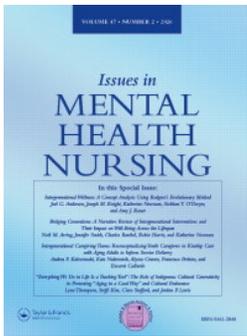
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# Understanding Care Worker Well-Being and Job Satisfaction: The Influence of Intergenerational Contact and Aging Anxiety

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## ABSTRACT

Research on contact between care workers and care home residents indicates that positive intergroup contact experiences by care workers are associated with their attitudes toward, and perceptions of, older people. Less is known about the implications of contact for care workers themselves. This study considers the potential impact of contact on care workers' anxieties about their own aging, and the implications of such anxiety for their subjective well-being and job satisfaction. One hundred and forty-four care workers from 18 UK residential care homes completed surveys about their experiences of contact, aging anxiety, well-being, and satisfaction. Consistent with expectations from intergroup contact theory, tests of indirect effects showed that care workers who experienced more positive contact were also less anxious about their own aging. Specifically, psychological concerns mediated the effects of contact on subjective well-being, whereas fear of old people mediated the effects of contact on job satisfaction. In contrast, exploratory analysis of the reverse sequence of mediation (anxiety affecting satisfaction or well-being *via* contact experiences) showed no statistical support. Implications for intergroup contact theory and practical implications for supporting care workers to have more positive contact and less aging anxiety are discussed.

## Introduction

The retention and commitment of care workers, including residential care staff, is becoming increasingly important in meeting the needs of an aging population. The present article reports an empirical study of the role of the quality of carers' contact with care residents on carers' job satisfaction and well-being. Many regions around the world are experiencing demographic changes driven by population aging. In the EU, the share of the population above 65 years old has increased from 19% in 2015 to 22% in 2024, while Japan has one of the world's largest senior populations with 30% aged 65 or older (World Bank, 2024). The World Health Organization predicts the proportion of the world's population over 60 years will nearly double from 12% to 22% between 2015 and 2050 (WHO, 2025). As populations age globally, the demand for formal (i.e., paid care) and informal care and support (i.e., unpaid care, help or support provided by family, friends, and social networks) is also increasing (Cattaneo et al., 2025). In England, the number of people expected to require publicly funded home care is projected to increase by 87% in 2040 compared with 2015 (Jitendra & Bokhari, 2024). Care workers' job satisfaction and well-being directly influence the quality, productivity, and sustainability of care provision, yet the sector is often challenged by high turnover, absenteeism, and burnout (Castle et al., 2006; Chou et al., 2002; Parsons et al., 2003).

## Care workers' job satisfaction and subjective well-being

Job satisfaction is defined as "the pleasurable emotional state resulting from the appraisal of one's job as achieving or facilitating the achievement of one's job values" (Locke, 1976, p. 1342) and it reflects the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs (Spector, 1997). Subjective well-being, on the other hand, encompasses the general cognitive appraisal and evaluation of life (life satisfaction) as well as emotional and affective responses (Diener, 2000). Importantly, both have been linked with organizational and care-related outcomes. Lower job satisfaction and lower subjective well-being are both associated with higher turnover intentions, more unreliable work ethic, and higher absenteeism (Castle et al., 2006; Parsons et al., 2003). These forms of lowered work engagement also have implications for residents, for example, their needs being neglected or relationships with care workers being disrupted. Job satisfaction is known to be associated with quality of care, resident satisfaction, and even aggression toward residents (Chou et al., 2002, 2003; Li et al., 2021; Parsons et al., 2003). Over and above the impact of care workers' job satisfaction and subjective well-being on those they care for, it is also important to consider the implications of care work on care workers themselves. Caring for older people within a care home is often considered to be a rewarding and meaningful,

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yet difficult work (Lampersberger et al., 2024), which is not particularly well paid, involves long hours and has a higher staff turnover than in other care settings (The National Care Forum, 2016). A qualitative study collecting nurses' experiences of caring for people aged 80 and above criticized their working conditions and described the work as exhausting, frustrating, or unsatisfactory (Lampersberger et al., 2024).

Given these implications of care-workers' well-being and job satisfaction, an important question, and a focus for the present research, is what might affect these two aspects of care workers' experiences. Generally, job satisfaction is known to be shaped by a range of factors, which cluster around individual differences, job characteristics, organizational and work climate factors, meso-level factors as well as exposure to emotional or physical hazards (Duffy et al., 2016; Hülshager & Schewe, 2011; Lent & Brown, 2006, Pugliesi, 1999). There are also general stable predictors of subjective well-being including domain satisfactions (such as health and marital satisfactions) and personality factors (Kozma et al., 2000).

### Intergenerational contact

Allport's (1954) "contact hypothesis" proposes that under conducive conditions, positive contact between groups should reduce prejudice, stereotyping, and discrimination between members of those groups and improve intergroup relations. Evidence in support of this theory is now very well established meta-analytically and includes research on intergenerational contact (Pettigrew & Tropp, 2006). Contact can be positive or negative, or a mixture. Positive contact experiences typically involve friendly, pleasant, or constructive contact, whereas negative experiences tend to involve conflicts, unpleasant or hostile contact, although these aspects may vary depending on the context (Drury et al., 2017).

Recent work has focused on the potential for intergroup (specifically intergenerational) contact to improve attitudes toward older people by reducing stereotyping and prejudice. For example, research in the UK demonstrated that contact between care workers and care home residents is associated with care workers' levels of subtle prejudice toward care residents and older adults in general (Drury et al., 2017).

Intergroup contact theory often examines the role of intergroup anxiety (Stephan, 2014) as a mediator of the link between contact and prejudice. Positive intergenerational contact can reduce anxiety about intergenerational interaction, which in turn can reduce prejudice (Hutchison et al., 2010). A further anxiety mediator known to create a pathway between contact and prejudice is aging anxiety (Allan & Johnson, 2009; Drury et al., 2016). Aging anxiety refers to the combination of anticipation and concern arising from the aging process (Lasher & Faulkender, 1993).

Not only is there relatively little research applying intergroup contact theory to understand relationships between care workers and residents, but even less has examined the role that intergenerational contact plays in care worker's job satisfaction and well-being. A recent study (Lampersberger

et al., 2024) explored the impact of contact experiences between care workers and care receivers on care workers' attitudes toward caring for older people, including the extent to which care is perceived as challenging or rewarding and the extent to which they would continue to engage in education training relevant to care. Contact was associated with positive perspectives on caring for older people. This study suggests that care worker and care receiver relationships can influence how care workers feel about their profession but did not explore job satisfaction or well-being directly.

Related research offers further indirect insight into potential links between intergenerational relationships and job satisfaction. Friendly relationships between coworkers of different age groups are related to greater job satisfaction (Fasbender & Drury, 2022) as are positive intergenerational work climates that include an aspect of good quality contact (Fitzly et al., 2022). Moreover, a recent systematic review of the determinants of healthcare workers' job satisfaction in the Gulf Cooperation Council countries identified 17 predictors including relations with patients (Alkhateeb et al., 2025). Yet, there is limited evidence on the effects of positive intergenerational contact on younger adults' subjective well-being. One small field experiment found that both younger and older people who had participated in an intergenerational contact program showed higher well-being than those who had not (Kahlbaugh & Budnick, 2023).

An important factor, relevant to care work settings, is that care residents are generally more likely to be in the later stages of life and deaths are not uncommon. Thereby, contact with residents under these circumstances could increase care worker's focus on their own mortality (Martens et al., 2004; McKenzie et al., 2017). Theory and evidence from terror management theory indicates that aging anxiety may be affected by the salience of personal mortality. This study therefore pursues the question of whether the relationship between contact and each of job satisfaction and subjective well-being are mediated by aging anxiety.

### Aging anxiety

Age is a unique social category with movable boundaries that define when someone stops being young and starts being old (Abrams et al., 2011), and old age is a category that we move toward in line with our own aging. Thus, people are able to develop and hold attitudes toward other older people, which can be internalized and directed toward the self when they themselves become old (Levy, 2009; Swift et al., 2017). These attitudes can be expressed in terms of expectations and feelings about one's own aging and are often measured *via* aging anxiety.

Aging anxiety is a multifaceted construct which is independent of death anxiety or state-trait anxiety. It has commonly been measured using the Aging Anxiety Scale (AAS, Lasher & Faulkender, 1993), which captures various aspects of anxiety across four dimensions; physical, psychological, social, and transpersonal. The 20-item version captures these as four factors: fear of older people, psychological concerns, physical appearance concerns, and fear of

losses. We would expect these to have differing connections with intergenerational contact, job satisfaction, and well-being. First, we review evidence for associations between the global AAS measure and contact, job satisfaction, and subjective well-being, then we move on to review and theorize each sub-scale's hypothetical link with the study constructs.

Evidence shows that intergenerational contact, whether direct or indirect can reduce younger adults' aging anxiety. Such effects have been found, for example, from mentally simulating a positive direct intergenerational contact experience (Prior & Sargent-Cox, 2014), or a having a same-aged friend who has an intergenerational friend (Drury et al., 2016). Studies additionally show that lowered aging anxiety in turn reduces ageism (Allan & Johnson, 2009; Drury et al., 2016). We also note one study that found no association between aging anxiety and intergenerational contact (Bousfield & Hutchison, 2010). However, these studies predominantly involved college students rather than working adults or care workers, and focused on prejudicial attitudes and stereotypes rather than implications for younger people about themselves. The study by Prior and Sargent-Cox (2014) examined the effects of imagined contact, aging anxiety, and positive expectations about aging, and found it was significant only among male participants.

While we are not aware of studies focusing specifically on care workers' aging anxiety and job satisfaction or subjective well-being, relevant literature demonstrates that aging anxiety is linked to higher instances of depression and loneliness (Bergman & Segel-Karpas, 2021; Kim & Lee, 2007), psychological distress (Bodner et al., 2015), lower well-being, and life satisfaction (Chang, 2020; Faudzi et al., 2020). In the following section, we consider how each of the aging anxieties would be likely to relate to care workers' job satisfaction and to subjective well-being.

### **Fear of old people**

Unlike the other aging anxieties, fear of old people does not immediately appear to concern own aging, but rather a discomfort and dislike of being around older people. Lasher and Faulkender (1993) hold that fear of old people is an indirect form of anxiety that arises as a defence to avoid interaction with older people who trigger reminders of one's own aging process and death. This argument is echoed by terror management theory, which posits that mortality salience (being reminded of one's own eventual demise) triggers ageism and avoidance of older adults to distance the self from death (Martens et al., 2005; Solomon et al., 2004). The contact literature asserts that positive contact, which is friendly and respectful, should reduce avoidance and distancing behaviors (Barlow et al., 2012). Thus, when care workers have more pleasant contact experiences those should reduce their fear of older people. Consistent with this expectation, in the general population, good quality intergenerational contact with older people at work and in everyday life is negatively related to fear of old people anxiety (Brunton & Scott, 2015; Lasher & Faulkender, 1993).

Hebson and colleagues' (2015) qualitative research indicated that UK care workers who had more enjoyable relationships with residents also reported being more satisfied with their work. Taken together, prior research suggests that those who experience less fear of old people should also find their work more satisfying. Thus, we hypothesize that there should be an indirect pathway from positive contact to higher job satisfaction *via* reduced fear of old people. It seems less likely that the same would be true for subjective well-being as fear of older people does not necessarily implicate feelings about oneself.

### **Physical appearance**

Concerns about bodily changes and declining attractiveness are measured by the AAS using items such as "when I look in the mirror, it bothers me to see how my looks have changed with age". This form of anxiety reflects negative comparisons with internalized social ideals of youth and beauty (Lasher & Faulkender, 1993). More positive contact with older people who are visibly frail could reduce body and self-image concerns by allying the sense that physical decline lessens one's worth as a person. However, it is also conceivable that less positive contact may highlight a contrast between one's own physical state and that of residents. Thus, although physical appearance concerns among care workers might affect their sense of well-being, it seems less self-evident that positivity of contact would have a strong impact these concerns. Empirical support for the association between contact and physical appearance is also mixed. One study found that good quality contact in the workplace (not care work specifically) is related to reduced physical appearance anxiety (Brunton & Scott, 2015), but other research finds no support for this relationship (Lasher & Faulkender, 1993). Higher frequency of contact is associated with increased physical appearance anxiety (Lasher & Faulkender, 1993), but it is not clear whether such frequency is confounded with the valence of contact. Other research has demonstrated a positive link between subjective well-being and self-rated physical attractiveness (Diener et al., 1995), suggesting for attractive people who may value their looks, a reduction in physical appearance anxiety may be important.

In respect of job satisfaction, there are no clear theoretical links with physical appearance anxiety, other than if a person's physical appearance is linked to their self-esteem, which has been shown to improve job satisfaction (Alavi & Askaripur, 2003). Overall, we have less confidence about the pathway from contact to physical appearance anxiety to job satisfaction and subjective well-being.

### **Psychological concerns**

Lasher and Faulkender (1993) argue that concerns associated with aging and loss of autonomy, as well as worry about lack of contentment and happiness in later life relate to psychological issues one must overcome to adjust well to growing older. Prior research indicates that good quality contact is related to less psychological concern anxieties in both the

workplace (Brunton & Scott, 2015) and wider contexts (Lasher & Faulkender, 1993). More positive contact is to also likely be more intimate and meaningful (Cameron et al., 2025; Marinucci et al., 2021) providing an opportunity for care workers to gain a deep perspective on residents' well-being. More positive contact with residents should reduce psychological concerns by providing reassurance that it is possible in older age to be well looked after and still able to experience a relatively good quality of life. Lowering of these concerns should also contribute to more positive well-being even if it does not strongly affect job satisfaction.

The psychological concerns component, more than any other, reflects concerns which are more internal and personal. Thus, we would expect a stronger relationship with care workers' subjective well-being—the personal assessment of their own happiness and contentment with life (Diener et al., 2003). Furthermore, the good quality contact and reduced psychological concerns map onto the basic psychological needs of relatedness and autonomy (Ryan & Deci, 2000) which are related to subjective well-being (Yu et al., 2018).

The psychological concerns aspect of aging anxiety could negatively impact subjective well-being through internalization processes. As described by stereotype embodiment theory and the risks of ageism model, people develop and hold attitudes about the aging process, which can be internalized and directed toward the self through mechanisms of relevance and salience (Levy, 2009; Swift et al., 2017). Research has shown that more negative views and perceptions of aging are associated with lower life-satisfaction, self-esteem, and a host of negative health outcomes (Rasool et al., 2025; Swift et al., 2017). However, it also might be difficult to reduce psychological concerns in care contexts that confirm negative stereotypes regarding loss of autonomy and decline. Contexts that confirm psychological concerns could also provide an additional threat to identity (Lamont et al., 2021) and connectedly subjective well-being.

### **Fear of losses**

Fear of losses, measured by items such as “I fear that when I am old all my friends will be gone” dwells on anticipated social, financial and health related losses and existential fears that aging is associated with reduced quality of life. It is more outward focused than psychological concerns. More positive intergenerational relationships could potentially normalize the aging process and lessen these existential fears of loss and decline. It could also nullify many elements of this anxiety, such as stereotypes that aging involves being without friends, losing respect of others or meaning in life (Lasher & Faulkender, 1993). Good quality contact in the general population is related to less fear of losses (Lasher & Faulkender, 1993), but this has not been found in workplace contexts (Brunton & Scott, 2015). While increased relatedness (Ryan & Deci, 2000) and the meaning in life characteristics of fear of losses anxiety should facilitate a relationship with subjective well-being, we are less confident in this

mediational pathway due to the unreliable empirical evidence between contact and fear of losses anxiety.

In summary, we expect that care workers who experience more positive contact will also report greater job satisfaction and higher subjective well-being. We expect that these effects will be associated with differences in aging anxiety. Specifically, we expect job satisfaction to be associated most strongly with lowered fear of old people, and subjective well-being to be associated most strongly with lowered psychological concerns about aging.

## **Method**

### **Participants**

Cross-sectional data was collected in 2017 by the fourth author and colleagues at the Personal Social Services Research Unit, University of Kent, Canterbury, UK. Data was collected from 18 care homes across Kent, UK, resulting in a total sample of 144 care workers. The majority of participants were female (91%). Their ages were recorded in 5-year age bands, with the youngest reported to be under 20 years and the oldest over 65. Two participants preferred not to give their age. There was a relatively even spread across the age groups, with less in the extreme upper and lower age groups (under 20 and over 65); the average age group was 40–45 years old. Eighty-one percent of the sample were from a white British background. The two other groups that were of notable size came under Asian or Asian British (6%) and any other white background (6%). The length of time participants had been in post at their current workplace (tenure) ranged from 3 months to 504 months (42 years), with a mean of approximately 74.29 months (approximately 6 years) and standard deviation of 84.52 months (approximately 7 years).

### **Procedure**

Participants were invited to complete a paper questionnaire concerning their contact with care home residents plus their job satisfaction, subjective well-being, and aging anxieties. They were also asked to report demographic information including age, gender, ethnicity, and tenure. All participants were given an information sheet and consent form, distributed by the care home manager. The information sheet and consent form advised the participants what taking part in the research would involve, as well as making it clear that participation was voluntary. Each participant who returned a completed questionnaire was given a £10 voucher to thank them for their time. Ethical approval was granted by both the University Ethics Committee and the national Social Care Research Ethics Committee.

### **Measures**

#### **Contact**

Care workers' contact with care home residents was measured using two items, adapted from Dhont et al. (2010).

This measure was adapted to focus on frequency of positive and negative contact with elderly care home residents: “How often during work do you have positive experiences (friendly, pleasant or constructive contact) with elderly service users?” and “How often during work do you have negative experiences (conflicts, unpleasant or hostile contact) with elderly service users?”. Items were scored on a seven-point scale; 1 = *never* to 7 = *very often*. Using these measures of the frequency of negative and positive contact we also created a single contact valence score ranging from [-6 to 6] such that -6 indicated maximum negative contact combined with no positive contact and 6 indicated maximum positive contact combined with no negative contact.

### Aging anxiety

The Aging Anxiety Scale (Lasher & Faulkender, 1993) was used to measure the four subfactors of aging anxiety; fear of old people; physical appearance; psychological concerns and fear of losses. The original measure has 20 items, but due to an administrative error, one item was missed from the fear of older people scale when creating the questionnaire in the present study. Responses were recorded *via* a 5-point Likert scale ranging from 1 = *strongly disagree* to 5 = *strongly agree*. Items were recoded where necessary so that higher scores indicate greater aging anxiety.

**Fear of old people.** This subscale measured discomfort felt when being around those who represent the aging process, for example, “I enjoy being around older people” (reversed). It consisted of four items (an administrative error omitted one item) and was reliable, Cronbach’s  $\alpha = 0.89$ .

**Physical appearance.** This subscale measures feeling toward changes in appearance during the course of aging, for example, “When I look in the mirror, it bothers me to see how my looks have changed with age”. It consisted of five items and was reliable, Cronbach’s  $\alpha = 0.70$ .

**Psychological concerns.** This subscale measures attitudes toward subjective well-being in later life, for example, “I expect to feel good about life when I am old”. It consisted of 5 items and was reliable, Cronbach’s  $\alpha = .87$ .

**Fear of Losses.** This subscale measured anxiety associated with age-related loss, for example, “I fear that when I am old all my friends will be gone”. It consisted of 5 items and was reliable, Cronbach’s  $\alpha = 0.87$ .

### Job satisfaction

Job satisfaction was measured with a 6-item measure by Abrams et al. (Abrams et al., 1998). A sample item is “All in all, I am satisfied with my current job” rated on a scale of 1 = *very dissatisfied* to 5 = *very satisfied*. Higher scores indicated more job satisfaction and the scale was reliable, Cronbach’s  $\alpha = 0.95$ .

### Subjective well-being

Subjective well-being was measured by two items adapted from the Economic and Social Research Council’s report regarding measuring subjective well-being (Dolan et al., 2011).

The items were “Overall, how satisfied are you with your life?” and “Overall, how happy do you feel?”, each rated on a 5-point scale (1 = *very dissatisfied/unhappy*, 5 = *very satisfied/happy*). Pearson’s correlation,  $r(140) = 0.87$ ,  $p < 0.001$ , suggests that the two items create a reliable measure.

### Analytical approach

To test our hypotheses the following statistical approach was undertaken. First, we checked expected relationships between key variables using bivariate correlations. We then reviewed the relationships between demographic variables and key variables to identify any potential covariates. To understand which demographic variables may influence our mediated regression analyses and require inclusion as covariates, we ran two hierarchical regression analyses. We ran a separate analysis for each of the two dependent variables and each analysis contained two models. The first model included the demographic variables (which we had identified were related to key variables) as the predictor variables, with contact added in the second model. The aim here was to ascertain whether the potential covariates influenced the dependent variable and thus warranted inclusion in the mediation model. Finally, to test the indirect paths from contact to each of the two dependent variables, we ran two mediated regression path analyses. In these models, we included contact as the independent variable, each of the four aging anxiety subfactors as mediating variables, and one dependent variable.

### Results

All variables were coded such that greater scores indicated higher levels of the variable. To allow inclusion of the categorical demographic variables in our analysis gender was coded as 1 = male and 2 = female. Ethnicity was recoded as 0 = ethnic minority (non-white British) and 1 = ethnic majority (white British). Tenure was converted into months.

To compare the frequency of positive and negative contact care workers experienced with the care home residents, we used a paired sample *t* test with the 1-item positive and negative contact frequency measures. Care workers experienced a greater degree of positive contact ( $M = 6.19$ ,  $SD = 1.03$ ) compared to negative contact ( $M = 3.30$ ,  $SD = 1.64$ ),  $t(140) = 16.36$ ,  $p < 0.001$ , Cohen’s  $d = 2.10$ ). See Table 1 for correlations between all variables. As the single-item contact measures (positive and negative) had consistently opposite valence correlations with the anxiety variables and dependent variables, we combined these items to create a more efficient and parsimonious contact score (see methods section for details of calculation). This contact item was used in all subsequent analyses. As expected, contact was positively related to job satisfaction and subjective well-being but negatively related to each of the four anxiety subfactors. Further, in line with our expectations, fear of old people, psychological concerns, and fear of losses were each negatively related both to job satisfaction and subjective well-being. Physical appearance anxiety was negatively

**Table 1.** Means, standard deviations, and correlations between contact, aging anxiety, job satisfaction, subjective well-being, and demographics.

Measures	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Age group	–	.03	.32***	.43***	.07	.08	–0.04	.13	–0.21*	–0.16	–0.10	.01	.06
2. Gender		–	.09	.09	–0.03	–0.01	.03	–0.06	.12	–0.11	.04	.04	.08
3. Ethnicity			–	.07	–0.06	.02	.09	.17*	.05	.07	.08	–0.03	–0.13
4. Tenure				–	–0.07	–0.05	.06	.06	–0.05	–0.15	–0.18*	.10	.07
5. Contact (combined)					–	.65***	.89***	–0.37***	–0.18*	–0.30***	–0.21**	.19*	.29***
6. Pos Con single item						–	–0.20*	–0.37***	–0.18*	–0.25**	–0.16	.15	.29***
7. Neg Con single item							–	.24**	.12	.23**	.17*	–0.15	–0.18*
8. Fear of older people								–	.15	.26***	.11	–0.32***	–0.26**
9. Physical appearance									–	.40***	.28***	–0.15	–0.19*
10. Psychological concerns										–	.41***	–0.20**	–0.53***
11. Fear of losses											–	–0.19*	–0.27**
12. Job satisfaction												–	.28***
13. Subjective wellbeing													–
<i>M</i>	6.22	1.91	0.80	74.29	2.90	6.19	3.30	1.47	2.54	2.43	3.21	4.30	4.38
<i>SD</i>	2.84	0.29	0.40	84.52	2.10	1.03	1.64	0.51	0.76	0.61	0.85	0.72	0.79

Note.  $N = 144$ . \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < .001$ . Age group coded 1=under 20, 2=2–24, 3=25–29, 4=30–34, 5=35–39, 6=40–44, 7=45–49, 8=50–54, 9=55–59, 10=60–65, 11=over 65 years old. Gender; 1=male, 2=female, Ethnicity; 0=ethnic minority (non-White British), 1=ethnic majority (White British). Tenure=months in current post. Contact=frequency of relative negative to positive contact ranging from –6 to 6. Job satisfaction, subjective wellbeing and aging anxieties measured on 5-point scales.

related to subjective well-being but was not related to job satisfaction. Significant relationships between demographic variables and the key variables of the planned indirect analysis included a positive association between age and physical appearance anxiety, ethnicity and fear of old people anxiety, and tenure and fear of losses anxiety. Gender was not related to any of the mediation model variables. Thus, age, ethnicity, and tenure were retained as covariates in the next analysis.

### Is contact related to job satisfaction and subjective well-being?

#### Job satisfaction

Next, we tested the hypothesis that more positive contact valence would be associated with greater job satisfaction while controlling for age, ethnicity, and tenure. We ran a hierarchical multiple regression model entering age, ethnicity, and tenure in Model 1, adding contact valence in Model 2. Model 1 did not predict job satisfaction,  $F(3,133) = 0.78$ ,  $p = 0.505$ ,  $R^2 = 0.02$ , and neither did Model 2  $F(4,132) = 2.21$ ,  $p = 0.071$ ,  $R^2 = 0.06$ . However, the  $R^2$  change statistics indicated that adding contact valence to the Model 2 made a significant increase to predict job satisfaction compared Model 1,  $\Delta F(1,132) = 6.40$ ,  $p = 0.013$ . Furthermore, the beta coefficients of Model 2 suggested that none of the covariates predicted job satisfaction: age group ( $\beta = -0.06$ ,  $p = 0.541$ ), ethnicity ( $\beta = -0.03$ ,  $p = 0.724$ ), tenure ( $\beta = 0.16$ ,  $p = 0.088$ ) yet contact valence had a significant relationship with more job satisfaction ( $\beta = 0.22$ ,  $p = 0.013$ ).

#### Subjective well-being

We ran a similar hierarchical regression to test the relationship between contact valence and subjective well-being. In

this case, again Model 1 did not predict subjective well-being,  $F(3,132) = 1.39$ ,  $p = 0.248$ ,  $R^2 = 0.03$ , but Model 2 was significant  $F(4,131) = 4.05$ ,  $p = 0.004$ ,  $R^2 = 0.11$ , with a significant  $R^2$  change statistic  $\Delta F(1,131) = 11.69$ ,  $p < 0.001$ . Similarly, the beta coefficients for all covariates were non-significant in Model 2; age group ( $\beta = 0.04$ ,  $p = 0.696$ ), ethnicity ( $\beta = -0.15$ ,  $p = 0.103$ ), tenure ( $\beta = 0.09$ ,  $p = 0.320$ ), and contact valence were significantly associated with greater subjective well-being ( $\beta = 0.29$ ,  $p < 0.001$ ).

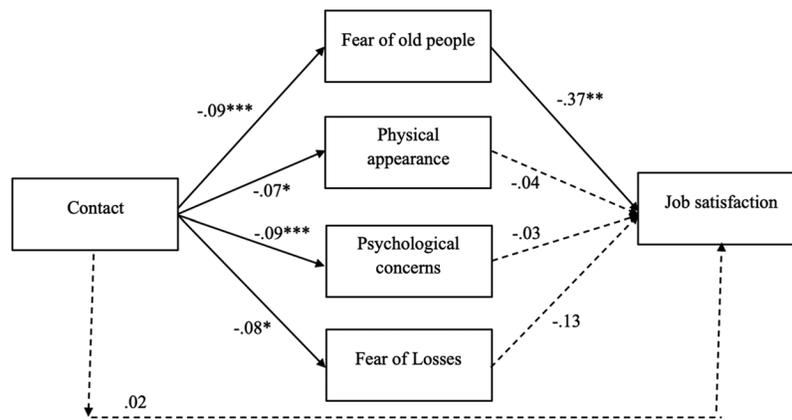
Collectively, these analyses support our hypotheses that a greater degree of positive to negative contact valence experienced between care workers and care home residents is associated with care workers' increased job satisfaction and subjective well-being. As the covariates were not associated with dependent variables, these were dropped in subsequent analyses.

### The mediating role of aging anxieties

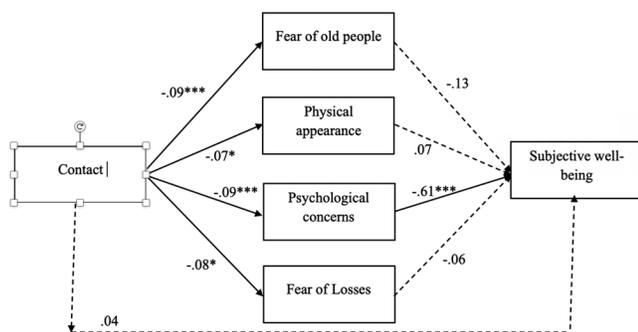
To analyze the indirect effects of contact on job satisfaction and subjective well-being *via* aging anxieties we used SPSS with the PROCESS macro (Hayes, 2018), model 4 with 5000 bootstraps. In the first model (see Figure 1), contact was the independent variable, the four aging anxiety subfactors were parallel mediator variables and job satisfaction was the dependent variable. The same design was used for the second model (see Figure 2), but the dependent variable was subjective well-being. This analytical approach was chosen as it allows us to test the degree to which contact is related to greater well-being *via* a reduction in aging anxieties.

#### Job satisfaction

There was a significant positive total effect 0.07, ( $SE = 0.03$ ),  $p = 0.021$ , a non-significant direct effect of contact, 0.02,



**Figure 1.** Indirect effect of contact on job satisfaction via aging anxieties.  
Note:  $N=140$ . \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ . Solid lines = significant, dashed lines = non-significant.



**Figure 2.** Indirect effect of contact on subjective well-being via aging anxieties.  
Note:  $N=139$ . \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ . Solid lines = significant, dashed lines = non-significant.

( $SE=0.03$ ),  $p=0.558$  and a significant positive total indirect relationship between contact and job satisfaction *via* the four subfactors of aging anxiety 0.05, ( $SE=0.02$ ), 95% CIs [0.02, 0.09]. Inspection of the specific mediation paths revealed a significant positive indirect relationship between contact and job satisfaction *via* fear of old people 0.03, ( $SE=0.01$ ), 95% CIs [0.01, 0.06], whereas there were non-significant coefficients for physical appearance 0.003, ( $SE=0.01$ ), 95% CIs [-0.01, 0.01], psychological concerns -0.002, ( $SE=0.01$ ), 95% CIs [-0.02, 0.02], and fear of losses 0.01, ( $SE=0.01$ ), 95% CIs [-0.002, 0.03].

### Subjective well-being

There was a significant positive total effect of contact on subjective well-being 0.11, ( $SE=0.03$ ),  $p<0.001$ , while the direct effect was non-significant 0.04, ( $SE=0.03$ ),  $p=0.177$ . There was a significant positive total indirect relationship between contact and subjective well-being *via* the four subfactors of aging anxiety 0.07, ( $SE=0.02$ ), 95% CIs [0.03, 0.12]. The indirect relationship between contact and subjective well-being was significant *via* psychological concerns 0.05 ( $SE=0.02$ ), 95% CIs [0.02, 0.11], and non-significant for physical appearance -0.01, ( $SE=0.01$ ), 95% CIs [-0.02, 0.01], fear of old people 0.01, ( $SE=0.01$ ), 95% CIs [-0.01, 0.04], and fear of losses 0.01, ( $SE=0.01$ ), 95% CIs [-0.01, 0.02].

### Reverse models

While our hypotheses are grounded in theory, our mediation analysis of the cross-sectional data cannot provide conclusive evidence of the causal link between contact and each of job satisfaction and subjective well-being. Therefore, to strengthen our insights we tested two corresponding reverse models. First to explore the potential influence of fear of old people on contact then job satisfaction, fear of older people was entered as the independent variable, contact was the mediator, the other aging anxieties were covariates, and job satisfaction was the dependent variable. The indirect effect of fear of old people on job satisfaction *via* contact was not significant -0.02, ( $SE=0.04$ ), 95% CIs [-0.10, 0.05]. In a second model, we entered psychological concerns as the independent variable, contact as the mediator variable, the other aging anxieties were covariates and subjective well-being as the dependent variable. These indirect effects were similarly non-significant, -0.02, ( $SE=0.03$ ), 95% CIs [-0.09, 0.02]. The outcomes of these two models allow us to have more confidence in the causal influence of care workers' contact.

### Discussion

This study revealed significant correlations between care workers' contact with care residents and their fear of old people and psychological concerns, and also smaller correlations with fear of losses and anxiety over physical appearance. These suggest intergenerational contact in a care context has the potential to influence all types of aging anxiety. These findings echo evidence from more general populations on the implications of intergenerational contact in society and in the workplace (Brunton & Scott, 2015; Lasher & Faulkender, 1993). We also observed that job satisfaction was significantly related to fear of old people, and to a lesser degree with psychological concerns and fear of losses, but not with anxiety over physical appearance. In summary, correlations involving aging anxiety in our sample of care workers were consistent with patterns found in more general populations. The goal of this research was to investigate the ways in which aging anxiety may mediate the connection between the positivity of care workers' contact and their job

satisfaction and subjective well-being. The mediation model tests revealed that contact reduced all four anxieties. However, different forms of anxiety mediated between contact and the two outcomes. Specifically, only fear of old people mediated the path to job satisfaction, and only psychological concerns mediated the path to subjective well-being.

The overarching finding that positive intergenerational contact can reduce care workers' aging anxiety extends the current knowledge of this link previously demonstrated with student samples (Allan & Johnson, 2009; Drury et al., 2016), to younger people actively participating in contact through their care provision to older adults. This is an important finding given that mortality salience is likely to be higher for young people taking part in intergenerational contact within the context of care work (Martens et al., 2005; Solomon et al., 2004). It suggests that despite working in a context with daily reminders of the challenges of aging, levels of aging anxiety can be reduced through positive interactions with older care home residents.

Much prior research has treated aging anxiety as a unitary construct, whereas our findings show that its different subcomponents may have different implications for other outcomes. We did find that care workers' positive contact is independently related to all four subfactors of aging anxiety, but the present evidence that discerns some specificity in which forms of anxiety related to different outcomes is novel and illuminating.

### Job satisfaction

Finding that positive intergenerational contact has a relationship with job satisfaction (*via* anxiety) extends the current understanding of contact effects beyond a research concern that has largely focused on stereotypes, prejudice, and expectations about aging (Allan & Johnson, 2009; Drury et al., 2016; Prior & Sargent-Cox, 2014). In the context of care work, this finding is important because it bears on the likely motivation and retention of care workers, whereas prior research showed that positive intergenerational contact is associated with more favorable attitudes towards caring for older adults and engaging with relevant education and training (Lampersberger et al., 2024). It has not directly examined care workers' job satisfaction. The present evidence is consistent with other more general evidence that good quality contact can affect job satisfaction in the wider workplace (Alkhateeb et al., 2025; Fasbender & Drury, 2022; Firzly et al., 2022) and demonstrates how this manifests for care workers specifically.

As previously outlined, anxious fear of old people reflects concerns and discomfort about interacting with older people. As predicted, positive contact alleviates these concerns reducing the need to avoid older people (Barlow et al., 2012) and potentially the uncomfortable reminders they may trigger about one's own aging (Martens et al., 2005; Solomon et al., 2004). In this way, we can infer from the present evidence that contact may help to counteract a focus on mortality (Solomon et al., 2004). Reducing discomfort felt by

care workers during their regular interactions with those they care for appears to lead to a sense of achievement in relation to the job's values and an overall positive appraisal of their own work.

### Subjective well-being

Identification of a link between reduced aging anxiety and subjective well-being complements current understanding of the wide influence reduced aging anxiety has upon a range of health and well-being factors (Bergman & Segel-Karpas, 2021; Bodner et al., 2015; Chang, 2020; Faudzi et al., 2020; Kim & Lee, 2007). This study provides an important insight that it is specifically the lowering of psychological concerns that bears most directly on care workers' well-being.

This also provides a broader picture of the reach of contact on personal happiness beyond effects created *via* bespoke intergenerational programs (Kahlbaugh & Budnick, 2023). Enjoying good quality relationships with residents and getting to know them on an individual level is likely to have reduced care workers' psychological concerns about aging and enabled them to have a more positive perspective on happiness and independence that can be enjoyed during later life. In turn, the application of this optimistic outlook to their own aging journey should encourage a positive appraisal of life in the present and provide self-continuity—a key determinant of well-being in lifespan psychology (Diener, 2000).

This finding is in line with stereotype embodiment (Levy, 2009) and the risks of ageism model (Swift et al., 2017) and extends these theories by enhancing our understanding of how to reduce psychological concerns. Previous research using survey and experimental designs has shown that more negative implicit and explicit perceptions of aging are associated with lower life-satisfaction, self-esteem, reduced will-to-live, and a host of negative health outcomes (Rasool et al., 2025; Swift et al., 2017). The present findings show that more positive contact is likely to reduce psychological concerns regarding aging. Therefore, positive contact may act as a social resource that reduces anxiety *via* a reduction in psychological concerns, to positively impact subjective wellbeing. This research underscores that contact influences not only the perception of others' aging (i.e., older people), but also perceptions of one's own aging trajectory.

Importantly, where care workers are experiencing low job satisfaction it might be addressed by considering how their contact experiences are affecting their fear of older people, whereas if they are in psychological distress, employers may need to consider how their contact experiences are affecting their psychological concerns.

### Limitations and future directions

In addition to offering important new insights, we acknowledge limitations to the research and interpretation of the findings. Some of the staff were aged a little over 65 years. Although subjective age is indeed highly context dependent (i.e., in contrasting from residents they were likely to view

themselves as relatively young), we cannot be sure that they viewed the care home residents as coming from a different age group. However, given that the median age of care home residents in the UK was 86 years and 5 months at the time of the research (Office for National Statistics (ONS), 2023) it seems reasonable to expect that care workers of all ages perceived a noticeable age gap between themselves and residents. Nonetheless, future studies should ask care workers which age group they consider themselves a member of and also the age range of the residents they care for so that an intergroup context can be verified.

The correlational nature of our design limits our ability to infer causality. We cannot conclude beyond doubt, that positive contact leads to job satisfaction and subjective well-being *via* the anxiety subfactors identified. However, our study is built on sound theory and prior research which establishes this directionality of effects (Dhont et al., 2012; Pettigrew & Tropp, 2006). Additionally, experimental research demonstrates that imagined intergenerational contact has an impact on expectations of aging (Prior & Sargent-Cox, 2014). Finally, we also found that alternative models where anxiety predicts outcomes *via* contact, were not supported statistically.

### Practical implications

The findings suggest that more positive intergenerational contact can reduce fear of old people and reduce psychological concerns of aging, which positively impact job satisfaction and subjective wellbeing (respectively). Therefore, embedding more opportunities for positive intergenerational contact could help care workers feel more confident and comfortable when working with older care receivers and more content about their own aging. In this way, intergenerational contact initiatives that promote more positive contact can potentially yield benefits well beyond the reduction of agist prejudices against older people. Indeed, they can bring improvements to three different parties in the care context: improving the job satisfaction and well-being of care staff, improving the experiences of care residents and improving the organizational effectiveness of care home organizations as a whole, by reducing turnover and staff ill health (Parsons et al., 2003). By adding to the potential benefits of contact, the present findings also lend support to policies that value and facilitate positive intergenerational contact; policy-makers could integrate these insights into staff well-being strategies, training accreditation, or national care workforce frameworks.

Our findings also suggest that there could be other ways to address aging anxiety such as embedding emotional literacy in training which might then yield positive outcomes for job satisfaction and subjective well-being. For instance, helping staff explore and reframe fears about older people as well as address emotions, concerns, and anxieties around happiness and contentment in later life, should be particularly useful to strengthen job satisfaction and well-being. Supervisory models can incorporate discussions about emotional reactions to aging and care work, supporting employees in managing stress and anxiety linked to exposure to

older age and decline. This is especially relevant in long-term care settings, where workers face emotionally demanding circumstances (Pugliesi, 1999).

### Conclusion

Our research identifies two distinct psychological pathways, fear of older people and psychological concerns, through which positive intergenerational contact may enhance job satisfaction and well-being of care workers, respectively. This evidence extends intergroup contact theory and literature on aging anxiety to organizational outcomes and connects with the well-being literature. It suggests that workplace interventions that enable more meaningful, high-quality contact with older adults (e.g., friendly, pleasant or constructive contact) compared to low-quality contact (i.e., unpleasant, conflicting or hostile) can reduce both fear of old people and psychological concerns anxieties. This, in turn, supports greater job satisfaction and subjective well-being, which should contribute to a more resilient and compassionate care workforce.

### Author contributions

CRedit: **Lisbeth Drury**: Conceptualization, Data curation, Formal analysis, Methodology, Visualization, Writing – original draft, Writing – review & editing; **Dominic Abrams**: Conceptualization, Data curation, Formal analysis, Methodology, Supervision, Writing – original draft, Writing – review & editing; **Hannah J. Swift**: Conceptualization, Investigation, Methodology, Project administration, Supervision, Writing – original draft, Writing – review & editing; **Sinead Palmer**: Conceptualization, Data curation, Funding acquisition, Investigation, Methodology, Project administration, Writing – original draft.

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The authors report there are no competing interests to declare.

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