for training affects care intensity during Medicare home health. We examine 1,217 (weighted n=5,870,905) fee-for-service Medicare beneficiaries who participated in the National Health and Aging Trends Study (NHATS) between 2011-2015 and received Medicare-funded home health care within one year of survey. Using propensity score adjusted, multivariable logistic and negative binomial regression, we model the relationship between family caregiver need for activity-specific training and the number/type of visits received during Medicare home health. We found that older adults whose family caregiver required training on self-care tasks had greater odds of receiving any therapy visits (aOR: 1.70; 95% CI: 1.01, 2.86), aide visits (aOR: 2.12; 95% CI: 1.11, 4.05), or training visits (aOR: 1.49; 95% CI:1.01, 2.21). Older adults whose family caregiver required training on medication management had greater odds of receiving any nursing visits (aOR: 3.03; 95% CI: 1.06, 8.68) and incurred 1.06 (95% CI: 0.11, 2.01) additional nursing visits. Findings support the importance of connecting family caregivers to training resources. Additionally, findings suggest that home health providers should consider prioritizing training interventions which focus on caregiving activities most closely tied to resource utilization: self-care and medication management.

EXPLORING FORMAL CAREGIVER BURDEN WITHIN NURSING HOMES: AN INTEGRATIVE REVIEW
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The purpose of this integrative review was to explore formal caregiver burden in nursing homes among direct care nursing staff. The aim was to gain an understanding of the state of the science of formal caregiver burden, its measurement, and its effect on resident care. Based on PRISMA guidelines, a systematic search of CINAHL, PubMed, PsycINFO and Embase databases was conducted using terms from the definition of formal caregiver burden, three conceptual models, and the thesaurus feature of each database for years ranging from 1979-2019. Inclusion criteria consisted of peer-reviewed articles in English that focused on the key terms of formal caregiver burden among direct care nursing staff only in nursing home facilities. Out of 925 citations, 20 articles met criteria; 15 quantitative and 5 qualitative studies. Sample sizes ranged from 11-1283, number of facilities from 1-55, and bed size from 31-203. Psychometric measures used in the studies reported lower validity and reliability, a variety of conceptual definitions interchangeably, and primarily studied nursing assistants (n=19). Five studies included nurses as formal caregivers, and one studied only nurses. Variables used to identify burden were racial disparities (n=2), trauma experience (n=1), depression (n=4), distress (n=3), mental health (n=1), stress (n=2), health complaints (n=1), and alienation (n=1). Two studies evaluated the effect on resident care, one finding significant results of in-service training contributing to positive attitudes of formal caregivers toward confused residents. Current limitations in the understanding of formal caregiver burden limit the advancement of research.

FAMILY CAREGIVERS’ SELF-EFFICACY AND ITS RELATIONS TO WELL-BEING: GENDER AND AGE DIFFERENCES
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Family caregivers of older adults perceive their roles as beneficial as well as burdensome. They also report physical and psychological symptoms affecting their well-being. Research indicates that caregiver self-efficacy leads to positive outcomes such as decreased caregiver burden and stress. However, it is unclear how self-efficacy is related to their well-being, and how this association might differ by age and gender. We aim to explore the relationships between family caregiver self-efficacy and well-being, and determine if age or gender moderates these relationships. We analyzed responses of 2,652 family caregivers (68% female and 32% male; mean age=61.2) from the National Study of Caregiving (NSOC) III (2017) cross-sectional survey. We used three composite variables measuring self-efficacy: feeling confident, adjusting changes, and recovering quickly. We used five composite variables measuring well-being: pain, sleep problems, positive and negative affects, and depression/anxiety. We conducted a design-based weighted logistic regression analysis to examine the relationships among variables of interest. Results indicated that low self-efficacy was associated with increased pain, sleep problems, positive and negative affects, controlling for caregivers’ age, sex, and race/ethnicity. Examination of interactions indicated that the relationship between self-efficacy and pain and the relationship between self-efficacy and depression/anxiety were stronger in female caregivers, whereas age did not serve as a moderator in the relationship between self-efficacy and well-being. Our findings provide insight that can guide intervention development to improve family caregiver self-efficacy and well-being. Furthermore, future research may involve interventions with the consideration of family caregivers’ gender.

GENDER DIFFERENCES IN CAREGIVING OF OLDER ADULTS: A SYSTEMATIC REVIEW OF THE LITERATURE
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Caregivers of older adults with chronic illness provide essential care that benefits individuals and society. Many factors influence health outcomes related to the caregiving role. The purpose of this review is to explore how caregiver health outcomes may vary by gender. Data sources include CINAHL, Google Scholar, Google and PsychINFO. Eligible studies focused on gender-based differences in psychological and emotional outcomes of primary informal or familial caregivers (ie, spouses, children, grandchildren, nieces, nephews, neighbors, and friends) of an older adult with chronic illness. The Caregiver Identity Theory (CIT) guided this study. Twelve studies were eligible for this review. Consistent with the CIT, negative outcomes are associated with changing role identity throughout the care recipient’s disease progression, and these outcomes differ between genders. Women tended to experience higher overall burden, stress, anxiety, shame