Nelson-Becker, 2018). However, their level of engagement varies across cultural and national contexts. Complex life course trajectories related to spirituality and religion mean that these domains often interface with both challenges and a search for well-being. Individuals may align with spiritual and/or religious values to a greater or lesser extent at different periods in their lives becoming more spiritual/religious, less spiritual/religious, or differently so. These papers address diverse perspectives on spirituality, religion, and well-being using samples primarily from the UK, Europe, the US, and Canada. The first paper by Christina Victor sets context by comparing the role of religion, and spirituality in well-being across three separate older adult data sets, touching on loneliness and dementia. Holly Nelson-Becker discusses results from an online international survey of older persons who walked the ancient Camino de Santiago pilgrimage regarding their motivations and learning from the experience. Michael Thomas considers the complex role of spirituality and sexuality for older LGB couples who may choose to remain in or leave their religious faith as they integrate expanding views. Keith Anderson explores perceptions of belief changes among religious and spiritual older adults across the life course. Together, these papers will address benefit and harm from formal religious practice and the advancing roles of spirituality as well as nonspirituality (the “nones”) in global societies.

OLDER ADULTS WALKING THE CAMINO DE SANTIAGO PILGRIMAGE: MOTIVATIONS, TRANSFORMATIONS, AND SPIRITUAL PERSPECTIVES
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This mixed-method study describes reasons that older people chose to complete the Camino de Santiago pilgrimage route in Spain and their assessment of how they were changed by the experience. The study is framed in Maslow’s (1988) self-actualization and Tornstam’s (2005) concept of gerotranscendence. We analyzed a subset of 121 participants age 65 and over who completed an online survey. Motivation included five themes: gratitude and transitions, cultural or historical curiosity, relationships, challenge and adventure, and spirituality. Transformations since their return involved greater strength, self-understanding, peace, desire to live lightly and to integrate their experience. Older individuals who walked the Camino have done so for a variety of reasons. Spiritual reasons may be more difficult to disclose. Half responded in the open-ended question, but a later spirituality question added many more respondents. Older people envision many forms of benefit to walking the pilgrimage and find growth in the experience.

RELIGION, SPIRITUALITY, AND WELL-BEING: AN UNDEREXPLORED ASPECT OF GROWING OLDER IN THE UNITED KINGDOM?
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There is a rich literature from The United States looking at the importance of religion and spirituality in the lives of older adults where it is positively linked with wellbeing. Despite the increased interest in wellbeing in the UK comparatively little interest has been shown in the role of religion and spirituality in promoting wellbeing including quality of life, life satisfaction and loneliness. In this paper we explore these issues using three data sets: the European Social Survey (ESS), the English Longitudinal Study of Ageing (ELSA) and the IDEAL cohort of people with dementia and their carers to examine (a) the variation in religious practice by older adults, those aged 50+, across Europe; (b) the epidemiology of religious practice among older adults within England and (c) using both ELSA and IDEAL consider the relationship between religion and wellbeing in later life.

SPIRITUALITY AND SEXUALITY: NOT NECESSARILY A BINARY CHOICE FOR LGBTQ+ PEOPLE
Michael Thomas, Brunel University London, Uxbridge, England, United Kingdom

This paper reports on a qualitative study on the impact of marriage and civil partnerships for lesbian, gay and bisexual (LGB) couples. Drawing on data from 50 dyad interviews in the UK, US and Canada, the paper investigates the ways in which couples make sense of spirituality in the context of a stigmatised sexuality. For some, the task of arranging a wedding or civil partnership ceremony provided a powerful reminder of their exclusion from mainstream religious denominations. This sense of stigma (Goffman, 1963) was also present in later life, when the lack of social esteem granted to same-sex relationships gave rise to a sense of disenfranchised grief (Doka, 1989). Whereas some participants tended to frame sexuality and spirituality as a kind of binary choice, others resisted this marginalisation from religious and spiritual activities, even if this meant finding a personal sense of spirituality beyond the confines of organised religion.

SPIRITUAL AND RELIGIOUS JOURNEYS OVER THE LIFECOURSE: CHALLENGING STEREOTYPES
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Spiritual and religious beliefs often evolve across the lifecourse and tend to be influenced by experience, time, and maturity. Despite this evolution, stereotypes persist of older adults as being inflexible in their views and resistant to new or alternative beliefs. To explore this notion, researchers surveyed a convenience sample of 152 older adults (n = 152) who identified as spiritual/religious. Over three-quarters (77.0%) reported that their relationship with God or a higher power had grown closer over time. Most reported becoming “more liberal” (32.2%), “more conservative” (23.0%), or “more moderate” (17.8%) in religious perspective over time. Almost three-quarters of participants (73.7%) reported that they were “more accepting” of other religions, yet also “more certain” of their own beliefs (74.3%) in later life. These and other results challenge the stereotype of older
adults as “set in their ways”, even in terms of spiritual and religious beliefs.

SESSION 6055 (SYMPOSIUM)

BRIDGING THE GAP IN QUALITY AMONG HIGH MEDICAID NURSING HOMES: THE ROLE OF MANAGEMENT AND COMMUNITY FACTORS
Chair: Robert Weech-Maldonado

Nursing home quality has been a matter of long-standing policy interest at the federal and state level, as it concerns the health and well-being of one of our most vulnerable populations. Mor et al. (2004) described the nursing home industry as a ‘two-tiered’ system, with the lower-tier nursing homes operating in a resource-constrained environment given their high proportion of Medicaid residents (85% or higher). Medicaid is the largest payer of nursing homes but its reimbursement rates typically lag Medicare as well as private pay. Lower tier facilities are characterized by lower professional staffing and occupancy rates, and worse quality. Such facilities have a higher proportion of minority residents and are generally located in communities with significant proportions of poor and minority residents, exacerbating the existing disparities in nursing home care. However, there are performance variations among high Medicaid nursing homes, with some facilities performing significantly better than others on both quality and financial performance. What may explain the superior performance of certain nursing homes that are operating in a similarly resource-constrained environment? Factors, such as management resources and environmental resource availability, may be the critically important differentiators. The purpose of this symposium is to examine the organizational/management and community factors that may be associated with high-performance among a similar group of resource-constrained nursing homes. Using survey, secondary, and qualitative data analysis, this symposium will explore the role that culture change, leadership style, human resource management practices, knowledge management, and community factors can have on nursing home performance.

CULTURE CHANGE AND QUALITY STAR RATINGS IN HIGH MEDICAID NURSING HOMES: DOES TIME OF ADOPTION MAKE A DIFFERENCE?
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Racial/ethnic disparities have been well documented in long-term care literature. Culture change is a movement to transition nursing homes to more home-like environments to improve the quality of care for all residents. The purpose of this study was to examine how the involvement of culture change initiatives among high Medicaid facilities was associated with nursing home quality. The study relied on both survey and secondary nursing home data for the years 2017-2018. The sample included high Medicaid facilities. The final model consisted of an ordinal logistic regression. High-Medicaid nursing homes with six or more years in culture change initiatives had higher odds of having a higher star rating, while facilities with one year or less had significantly lower odds of having a higher star rating. Culture change initiatives may require some time to effectively implement, but these initiatives are potential mechanisms to improve quality in high Medicaid nursing homes.

THE IMPACT OF LEADERSHIP STYLES ON QUALITY AND FINANCIAL PERFORMANCE IN HIGH MEDICAID NURSING HOMES
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This study examined the association between leadership styles (autocrat, consultative autocrat, consensus manager, and shareholder manager) and resident quality and financial performance in under-resourced nursing homes. Survey data from 391 Directors of Nursing were merged with secondary data from LTCFocus, Area Health Resource File, Medicare Cost Reports, and Nursing Home Compare. Two multivariate regressions were used to model the relationship between leadership styles and the dependent variables: nursing home star ratings (1-5) and operating margin. The independent variables were composite scores for leadership styles, while control variables included organizational and county-level factors. Results show that compared to autocratic leadership, the consultative autocrat (solicits feedback but has total authority) was associated with lower quality (p < 0.05), while the consensus manager (delegates authority to the group) was associated with lower profit margin (p < 0.05). Under-resourced facilities need to recognize trade-offs of different decision making styles for performance.

IS IT WHAT YOU HAVE OR WHAT YOU DO WITH IT? STAFFING, HUMAN RESOURCE MANAGEMENT, AND KNOWLEDGE MANAGEMENT PRACTICES
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Research in the nursing home industry shows more robust knowledge management activities are associated with the adoption of patient-centered, culture change initiatives among high Medicaid nursing homes. These findings are notable because they highlight the important role that knowledge management activities may play for improving quality of care in under-resourced nursing homes. They also raise important questions about the conditions that may support or hinder the use of these activities. Using survey responses from 393 nursing home administrators, we empirically examined whether two components of human resources – staffing levels and HRM practices – are associated with the level of knowledge management activities in high Medicaid census nursing homes. More robust HRM practices were associated with greater levels of knowledge management activities, as well as three separate domains of knowledge management.