In the United States, Certified Nursing Assistants (CNAs) are critical in providing direct care to nursing home residents with dementia, which includes the challenging task of feeding residents. Guided by the Social Ecological Model (SEM), this qualitative study aimed to gain an in-depth understanding of organizational and policy constructs that CNAs encounter when feeding residents with dementia. Using purposive sampling, nine semi-structured focus groups were conducted with 53 CNAs. Each participant had at least one year of experience working as a CNA with older adults. Focus groups were audio recorded and transcribed verbatim. Data were analyzed using the directed content analysis. Factors that emerged were organized into organizational and policy categories within the SEM levels. CNAs identified organizational barriers such as exclusion from the interdisciplinary team, inability to meet resident needs and wants due to budgetary constraints, and inadequate staffing to function efficiently. Organizational facilitators included teamwork, interdisciplinary assistance, and varying dining styles and meal times to accommodate resident needs. Policy-related barriers included funding concerns, staffing ratios, and frustration with unrealistic regulations and state inspections. These results suggest that organizational and policy factors have a large influence on the ease of feeding nursing home residents with dementia. Involving CNAs in interdisciplinary collaboration, resident-centered accommodations, and subtler state inspection behaviors could improve the mealtime experience for both residents and CNAs. Careful attention to these factors may enhance facilitators and minimize barriers to improve the feeding experience of CNAs and residents with dementia.

OLDER ITALIANS’ VIEWS OF AND EXPERIENCES WITH IMMIGRANT CAREWORKERS
Katia Vecchione,¹ and Anne Barrett,² 1. University of Trento, Trento, Italy, 2. Florida State University, Tallahassee, Florida, United States

Population aging has led, in many countries, to new care arrangements to meet the growing need. In Italy, with the second oldest population in the world, family members, especially women, provide the majority of care; however, paid immigrants are increasingly filling in where families cannot. Known as “badanti,” most of these careworkers are middle-aged women from Eastern Europe. Although some research examines this phenomenon, it focuses exclusively on careworkers – not those receiving their care. Addressing this gap, my paper examines older Italians’ attitudes toward and experiences with immigrant careworkers, using interviews with 20 nursing home residents and 20 senior center participants. Analyses reveal polarized views of “badanti,” with more positive views found among those with personal experience receiving their care. I find that negative attitudes are shaped by three broader cultural discourses about aging, as well as immigration. Attitudes are influenced by views of independence and autonomy -- core values perceived to be threatened by badanti. Relatedly, attitudes are influenced by the centrality of space and home, which again are viewed as challenged by badanti’s presence. Negative views of badanti also are shaped by dominant discourses regarding immigrants, who are viewed as threats to security, particularly regarding one’s belongings. Such beliefs and values influence older adults’ willingness to accept help from careworkers and its effectiveness – knowledge of which can help create better care scenarios.

THE SHARED MEANING OF COMPASSION FATIGUE AMONG REGISTERED NURSES WORKING IN SKILLED NURSING FACILITIES
Marlene Steinheiser¹, 1. Infusion Nurses Society, Norwood, Massachusetts, United States

The purpose of this hermeneutic interpretive phenomenology study was to describe the shared meaning of compassion fatigue (CF) among registered nurses (RNs) who work in skilled nursing facilities (SNFs). The specific aims were to describe: 1) contributors (triggers, situation, or patient characteristics) that cause symptoms of compassion fatigue, 2) associated physical and emotional symptoms, and 3) the short-term outcomes of unresolved compassion fatigue impacting nurses and patient care. CF can negatively impact patient outcomes, is associated with decreased quality of patient care, and can be a reason why nurses leave the profession. Eight participants were interviewed three times each, while concurrent data analysis helped to formulate mutual understanding of the phenomenon and informed subsequent interviews. Self-reflection, journaling, record keeping, and use of direct quotes enhanced trustworthiness. Four shared meanings were abstracted: 1) I feel conflicted and that causes my CF; 2) physical and emotional manifestations of CF; 3) CF is infused in every aspect of my life; 4) we are trying to cope with CF. The participants shared their central desire to make a difference in the lives of their patients, which was of paramount importance. When participants felt they were unable to make the desired difference, they began to develop symptoms of CF. Symptoms were compounded when they experienced frequent patient deaths. A resiliency program specifically addressing the needs of SNF nurses, incorporating individuals and their organizations, could positively impact the nurses’ professional quality of life. Future research is needed to better understand CF and interventions specific to SNF nurses.

CARING RELATIONSHIP DEVELOPMENT IN THE NURSING HOME IN SHANGHAI: A DYADIC QUALITATIVE STUDY
Lin Chen,¹ Minzhi Ye,² and Qiang Zhu¹, 1. Fudan University, Shanghai, China, 2. Benjamin Rose Institute on Aging, Cleveland, Ohio, United States, 3. Fudan University, Shanghai, China, China

Caring relationships between older residents and nurse aides are fundamental in terms of service delivery in nursing homes. However, little is known for the nuanced dynamics of this relationship in China. The purpose of this study is to explore how caring relationships develop between older residents and nurse aides in the nursing home setting in urban China. Informed by the dyadic perspective, this study illustrates the development process and relational nuances by simultaneously eliciting residents’ and nurse aides’ perceptions. This qualitative study purposively sampled 20 matched resident-nurse aide dyads (N= 40) in a government-sponsored nursing home in Shanghai. Participants participated in semi-structured, in-depth interviews from January to June 2017. Thematic analysis was performed. The findings reveal that the caring relationship began with nursing home assignment
and primarily focused on instrumental assistance. Gradually, emotional involvement grew within dyads and reciprocity emerged. Based on different dyadic perceptions, this study conceptualized four types of caring relationships: (a) parent-child alike, (b) mutually respectful, (c) solo performance, and (d) reasonably detached. The findings suggest that residents and nurse aides could have different views on caring relationships, which further influenced the relationship development. The four types of caring relationships shared some similar traits while differentiating from some of the common types of interactions found in the existing nursing evidence across the world. Chinese filial tradition also influenced the relationship dynamics.

PERCEPTIONS OF EMPOWERMENT AMONG HOME CARE AIDES
Sandra S. Butler,1 and Nancy Kusmaul2. 1. University of Maine, Orono, Maine, United States, 2. University of Maryland, Baltimore County, Baltimore, Maryland, United States

Workforce issues in eldercare are of growing concern with the dramatic aging of our population and the growing need for personal care assistance. Due to difficult job conditions, recruitment and retention of direct care workers have presented challenges throughout the country both in facility-based and community-based care. The empowerment of workers has been theorized as one vehicle for improving job satisfaction among healthcare workers. Models of structural and psychological empowerment have been explored as factors to reduce job strain among healthcare workers in institutional settings, but have not been well examined in the home care setting. This paper will report on an exploratory study of perceptions of empowerment among home care aides (HCAs) in two states. In-person and telephone semi-structured interviews were conducted with 12 HCAs ranging in age from 20 to 64; eight were white and U.S. born and four were black and African born. All 12 study participants reported positive aspects of empowerment in their home care work (e.g., receiving information and good support, feeling competent, having an impact on their clients’ lives, and finding the work meaningful), and most felt autonomous in their work and believed they had the resources they needed to do the job. Nonetheless, negative aspects of empowerment were also frequently described (e.g., poor support, constrained information and resources, limited autonomy due to regulations, and few opportunities for advancement). This paper will explore and interpret these seemingly contradictory findings, with a discussion of implications for recruitment and retention of this valuable workforce.

SESSION 3350 (POSTER)

MEASUREMENT AND RESEARCH METHODS
PATH ANALYSIS OF EDUCATION AND DISEASE BURDEN IN DEMENTIA VULNERABILITY
Sarah B. Hubner,1 Hyeon Jung Kim,1 and Julie Blaskewicz Boron1. 1. University of Nebraska at Omaha, Omaha, Nebraska, United States

When considering the various extrinsic variables that may affect disease vulnerability, it is valuable to study temporal ordering of factors to identify areas for disease intervention efforts. This study sought to inform improvement of networks for the purposes of education and health by attempting to better define the causal ordering of ethnicity, age, gender, education, disease burden, and dementia diagnosis with the Aging, Demographics, and Memory Study, a sub-study of the Health and Retirement Study. Participants and/or proxies self-reported total number of chronic conditions, subsequently regarded as disease burden. Assessments occurred over four waves; participants were not reassessed after dementia diagnosis. The current study categorized participants as demented (n=414), identified in any wave, or normal (n=117), identified in the final wave. Cognitively-impaired-not-demented and deceased participants were not considered due to lack of diagnosis. Cross-sectional weighting was used. A path model was developed; ethnicity, age, and gender were antecedent to education, and education was casually ordered before disease burden, which was antecedent to dementia diagnosis. A series of logistic and linear regression analyses were conducted. Results revealed that being non-white (β=0.643, all p’s<.001), of older age (β=0.250, all p’s<.001), female (β=0.180, all p’s<.001), and having increased disease burden (β=0.118, p<.001) all demonstrated a positive total effect on dementia diagnosis. Conversely, more years of education (β=-0.245, p<.001) had a negative total effect on diagnosis. The education to disease burden pathway was non-significant. Ultimately, these results may indicate a need for dementia interventions that target those with low education or high disease burden.

CHALLENGES AND IMPERFECT SOLUTIONS FOR COGNITIVE SCREENING WITH OLDER IMMIGRANTS
Lisa Willoughby,1 Chuleeporn Pusopa,1 Sattha Prakobchaisri,1 Paweena Meekanon,1 Spondita Goswami,1 Hisako Matsuo,1 and Theodore K. Malmstrom1. 1. Saint Louis University, St. Louis, Missouri, United States

Cultural diversity among older adults is increasing and with this comes challenges in health care needs, including the detection of cognitive impairment. Cognitive impairments manifests in many ways, with early symptoms often difficult to detect. Detecting cognitive dysfunction is typically facilitated with brief, portable screening tools. Scores on screening tools may be influenced by culture, education, and verbal abilities; in particular, these are acute issues for screening older immigrants from linguistically and culturally diverse backgrounds. The consequences of improper screening are high and, as such, finding practical, cost-effective solutions is of critical importance. In this project, we qualitatively examined the usability of different cognitive screening tools with the ultimate goal of improving the detection and classification of cognitive dysfunction among older adult immigrants. We extended our previous work by piloting adaptation guidelines for the Saint Louis University Mental Status (SLUMS) exam for use with linguistically and culturally diverse persons. We recruited 23 older immigrants (6 non-English speaking) and 14 U.S. born participants to explore the usability and test-retest reliability of the SLUMS exam administered with and without the adaptation guidelines. Our attempts to improve...