that may influence the association remain unexplored. This study examined the relation between experiencing the death of an immediate family member and heart rate variability (HRV) and whether the associations differed by sleep quality. The sample included respondents from the Midlife in the United States (MIDUS) Biomarker Project who reported losing an immediate family member – parents, spouse, siblings, or children – within a year before project (n = 94) and those who did not experience any deaths (n = 872). Results showed that the death of a family member was associated with worse HRV only among those who reported having a poor sleep quality and not for those with good sleep quality. These findings suggest that poor sleep quality may indicate psychophysiological vulnerability for those who experienced the death of an immediate family member.

PILEUP OF INSUFFICIENT SLEEP AND DAY-TO-DAY TRAJECTORIES OF AFFECTIVE AND PHYSICAL WELL-BEING

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This study examined whether and how pileup of insufficient sleep is associated with day-to-day trajectories of affective and physical well-being. Participants from the Midlife in the United States Study (N=1,795) provided diary data for eight days. Pileup of insufficient sleep was operationalized as the number of consecutive nights with <6 hours of sleep. Multilevel models evaluated the linear, quadratic, and cubic effects of pileup of insufficient sleep on daily well-being, adjusting for sociodemographic covariates. Daily negative affect increased and positive affect decreased in curvilinear fashion as the pileup of insufficient sleep increased. For example, daily negative affect increased, but the rate of increase decelerated as the pileup of insufficient sleep increased. In the days most distal to baseline, the rate of increase in negative affect accelerated again. Results were consistent for physical symptoms. Findings suggest that making efforts to break the vicious cycle of insufficient sleep may protect daily well-being.

ASSOCIATIONS OF DAILY SLEEP AND STRESS WITH RUMINATION: AN ECOLOGICAL MOMENTARY ASSESSMENT AND ACTIGRAPHY STUDY

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Unconstructive repetitive thoughts are indicative of rumination about daily experiences. Given that poor sleep is associated with greater reactivity to daily stressors, we examined joint associations of daily sleep and stress with daily rumination. 143 nurses completed 14 days of ecological momentary assessments (EMA) and actigraphy. After controlling for age, sex, education, income, inpatient vs. outpatient nurse, workday, and day vs. night shift, there were significant joint associations of sleep and stress with daily rumination. Daily rumination was lowest when lower (-1SD) stressor severity or stressor frequency was paired with longer (+1SD) EMA or actigraphy sleep duration. Daily rumination was highest when higher stressor frequency was paired with higher actigraphy wake after sleep onset (i.e., poorer sleep quality). Future studies should assess whether rumination about daily experiences is associated with quality of patient care provided by nurses in a hospital setting.

DAILY STRESS AND SLEEP ASSOCIATIONS VARY BY WORK SCHEDULE: A BETWEEN- AND WITHIN-PERSON ANALYSIS IN NURSES

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Nurses experience poor sleep and high stress due to demanding work environments. Night shift work may exacerbate stress-sleep associations. We examined bidirectional associations between daily stress and sleep, and moderation by shift worker status and daily work schedule. 392 nurses (92% female, mean age = 39.54) completed 14 days of sleep diaries and actigraphy, plus daily assessments of stress and work schedule upon awakening. Nurses were classified as recent night shift workers if they worked 1+ night during the past 14 days. Greater daily stress predicted shorter diary sleep duration and lower diary sleep efficiency. Shorter diary and actigraphy sleep duration and lower diary sleep efficiency predicted higher next-day stress. Compared to recent night workers, day workers had higher stress after nights with shorter sleep. Associations did not vary by daily work schedule. Sleep disturbances and stress may unfold in a toxic cycle and are prime intervention targets among nurses.

SUBJECTIVE AND PERSEVERATIVE COGNITION MEDIATE THE RELATIONSHIP BETWEEN SLEEP AND WORK IMPAIRMENT

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The study examined the mediating role of subjective and perseverative cognition on sleep and work impairment. Sixty nurses completed a background survey and 14-days of ecological momentary assessments (EMA) and sleep actigraphy. Each day, participants evaluated their subjective cognition (mental sharpness, memory, processing speed), perseverative cognition (rumination) and work impairment (how much did you cut back on normal paid work, how much did the quality of your work suffer). Multiple sleep characteristics were measured by EMA and actigraphy. Multilevel mediation models adjusted for sociodemographics and work shift. At the between-person and within-person levels, there were mediated associations of sleep quality and sufficiency (but not actigraphy-measured sleep) with work impairment through subjective and perseverative cognition. Better sleep quality or higher sleep sufficiency were associated with better subjective and perseverative cognition, which, in turn, were associated with less work impairment.

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Mild Cognitive Impairment

ACCEPTANCE OF TELE-TECHNOLOGY-BASED MIND-BODY CLASSES FOR INDIVIDUALS WITH MILD COGNITIVE IMPAIRMENT

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