

resident empowerment. Culture change initiatives have been associated with fewer health-related deficiency citations and better psychosocial outcomes. Knowledge management, defined as the process of creating or locating knowledge, and managing the dissemination of knowledge within and between organizations, has been shown to be associated with the adoption of innovations such as culture change initiatives. This study examines the relationship between knowledge management activities of high Medicaid census (70% or higher) nursing homes (NHs) and the adoption of culture change initiatives. This study used facility survey data from approximately 324 nursing home administrators (30% response rate) from 2017- 2018, merged with data from LTCFocus, Area Health Resource File, and Medicare Cost Reports. Binary logistic regression models revealed that the probability of adopting a culture change initiative was 0.12 higher for facilities reporting a one-unit higher level of knowledge management activities. Additional interaction analysis revealed that knowledge management activities were associated with a greater likelihood of adopting a culture change initiative for NHs where the director had been in his/her position fewer years. Similarly, higher levels of overall knowledge management activities were significantly associated with greater adoption of culture change initiatives at intermediate levels of nurse retention. Results suggest that knowledge management activities may help high Medicaid NHs acquire and mobilize informational resources in ways that can support the adoption of patient-centered initiatives. These activities may be particularly effective in nursing homes with leadership and nursing staff instability.

THE NATURE OF PEER WORKPLACE INCIVILITY AND BULLYING AMONG RESIDENTIAL CARE AIDES IN LONG-TERM CARE

Heather A. Cooke,¹ Kaitlin Murray,² Jennifer Baumbusch,¹ and Lisa Kelly³, 1. *University of British Columbia, Vancouver, British Columbia, Canada*, 2. *Simon Fraser University, Vancouver, British Columbia, Canada*, 3. *Sienna Senior Living, Vancouver, British Columbia, Canada*

Residential care aides (RCAs; unregulated workers also known as certified nursing assistants or personal care assistants) provide much of the hands-on care in long-term residential care (LTRC). While many RCAs report being exposed to violent or aggressive acts from residents, we know little about their exposure to incivility and bullying from their colleagues. This is a significant knowledge gap as increased workplace incivility and bullying is associated with specific gender-dominated fields, hierarchical and stressful work environments, and low job autonomy, all of which characterize LTRC. Drawing on data from a critical ethnography examining workplace incivility and bullying among RCAs in a rural, not-for-profit care home, this presentation explores the types of incivility and bullying encountered by RCAs, and the contextual factors impacting their experiences with such behaviors. To date, more than 50 hours of participant observation, and 20 in-depth interviews with RCAs, licensed practical nurses, support staff, and management have been conducted. Findings illustrate the pervasiveness of incivility; while bullying acts (repeated, hostile behaviors intended to

undermine, humiliate or injure) were rare, incivility (low-intensity acts with an ambiguous intent to harm) was an almost daily occurrence. Commonly-occurring behaviors included ignoring and refusing co-worker's requests for help, social exclusion, acting impatient with, blaming and criticizing co-workers, and insisting on getting one's own way. Chronic staffing shortages, staffing arrangements, and workload issues exacerbated RCAs' experiences. Findings provide an important first step in understanding the nature of workplace incivility and bullying in LTRC.

THE RELATIONSHIP BETWEEN ORGANIZATIONAL CULTURE AND FINANCIAL PERFORMANCE AMONG HIGH-MEDICAID NURSING HOMES

Robert Weech-Maldonado,¹ Akbar Ghiasi,¹ Ganisher K. Davlyatov,¹ Justin C. Lord,² and Jane Banaszak-Holl³, 1. *University of Alabama at Birmingham, Birmingham, Alabama, United States*, 2. *Louisiana State University at Shreveport, Shreveport, United States*, 3. *Monash University, Melbourne, Victoria, Australia*

This study examines the relationship between organizational culture and financial performance of high Medicaid census (70% or higher) nursing homes (NHs). Based on the Competing Values Framework, there are four types of organizational culture: clan culture (friendly working environment); adhocracy culture (dynamic/creative working environment); market culture (results-based organization); and hierarchy culture (formalized/structured work environment). This study used facility survey data from approximately 324 nursing home administrators (30% response rate) from 2017- 2018, merged with secondary data from LTCFocus, Area Health Resource File, and Medicare Cost Reports. The dependent variable consisted of the operating margin, while the independent variable comprised type of organizational culture. Control variables were organizational (ownership, chain affiliation, size, occupancy rate, and payer mix), and county-level factors (Medicare Advantage penetration, income, education, unemployment rate, poverty, and competition). Multivariable regression was used to model the relationship between organizational culture type and financial performance. Regression results show that compared to a market culture, a hierarchy culture was associated with an 11.8 % lower operating margin, a clan culture with a 10.6% lower operating margin, and a non-dominant culture with 11.4% lower operating margin. Organizational culture is associated with financial performance among high Medicaid facilities, with market cultures outperforming other organizational cultures. Given increasing competition in the nursing home market and declining resources for high Medicaid nursing homes, facilities with a more external orientation and focus on results may be able to perform better financially. Future research should examine the effect of organizational culture on quality of care.

SUPPORTING NURSING HOME STAFF THROUGH PERSON-CENTERED CARE PRACTICES

Diana White,¹ Sarah Dys,² Jaclyn Winfree,¹ Serena Hasworth,¹ and Ozcan Tunalilar¹, 1. *Institute on Aging, Portland, Oregon, United States*, 2. *Portland State University, Portland, Oregon, United States*