

Veterans with Depression and NCI who received technology enhanced services were rated by staff on observed agitation behaviors prior and following clinical encounters. In addition, a subset of 17 Veterans also provided subjective unit of distress (SUD's) ratings based on the Brief Interview for Mental Status inclusion criteria. Paired sample T-Tests were completed to assess if technology-enhanced interventions resulted in average reductions of clinician rated observations of Veteran agitation behaviors. Significant differences were found in observations of Veteran facial tension ($t(27)=3.722, p=.001$), agitated body movement ($t(14)=2.020, p=.053$), and threatening posture ($t(27)=2.243, p=.044$). Evaluation of a subset of those residents who also provided SUD's ratings show a significant change in self-reported distress after intervention ($t(16)=4.3, p=.001$). Effect size for this difference was large ($d=1.042$). These results suggest that mobile technologies can help reduce agitation and Veteran self-reported distress among older Veterans with Depression and superimposed Neurocognitive Impairments.

TECHNOLOGY-ENHANCED PSYCHOTHERAPY IMPROVES LIFE SATISFACTION AMONG OLDER ADULT VETERANS IN LONG-TERM CARE

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To buffer the risk of declining life satisfaction among a Veteran cohort residing within a Veteran's Affairs long term care facility, a new model of care called Individualized Non-Pharmacological Services Integrating Geriatric Health and Technology (INSIGHT) therapy was developed and evaluated. Consistent with the INSIGHT therapy model, traditional psychotherapy interventions including reminiscence, behavioral activation, and relaxation exercises were modified such that they could be delivered on a digital platform. A paired sample T-test was performed to identify the effects INSIGHT Therapy had on Veteran satisfaction with life. Findings indicated that Veteran life satisfaction ratings the month prior ($M=19.6522$) to the initiation of INSIGHT intervention and the month following three months of INSIGHT intervention ($M=22.4783$) show that the satisfaction with life increased among residents ($t(22)=-2.334, p=.028$). Effect size = 0.489. These results suggest that INSIGHT therapy interventions help to contribute to an increase in life satisfaction among an older adult Veteran cohort residing within a Veteran's Affairs long term care facility.

NURSING HOME ADMINISTRATOR STRESS, SATISFACTION, AND INTENTIONS TO LEAVE

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Previous studies reported that high Nursing Home Administrator (NHA) turnover correlates with low staff morale and poorer care outcomes. The purpose of this study was to assess how NHA job satisfaction (JS) (in five subscales: job content, coworkers, work demands, work load, work skills, and rewards) interacts with role conflict and ambiguity, autonomy, work conflict, and influence and to estimate the odds of having NHA's intent to quit by degree of job satisfaction. A total 208

responses were collected from the online survey in 2017 among NHAs currently working in nursing homes in 5 states. We analyzed the data using descriptive statistics and ordinal logistic regression models. The findings suggested that NHAs were generally satisfied in all JS subscales and expressed moderately high levels of autonomy, neutral levels of work conflict, role conflict and role ambiguity. NHAs with good coworker relations (adjusted odds ratio [AOR]=0.67), fair job demands (AOR=0.68) and rewards (AOR=0.8), were less likely to harbor quitting intents. Interestingly, NHAs reporting higher job skills were more likely to consider leaving nursing homes (AOR=1.46). Overall, study findings are consistent with previous JS research with the exception that higher perceived skill efficacy was found to be associated with greater likelihood of quitting in the near future. This suggests perhaps that more highly skilled NHAs may now have less tolerance for work discomfort. These findings are presented in the context of earlier studies on NHA turnover as well as likely implications of changing market conditions.

THE STRUCTURE OF CARE MANAGERS' PRACTICE RESPECTING THE AUTONOMY OF THE FRAIL ELDERLY IN JAPAN

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The objectives of current study are to clarify the structure of practice respecting the autonomy of the frail elderly under the Long-Term Care Insurance system in Japan and to discuss the related factors to the practice. The mailed self-administered questionnaire survey was conducted on 1398 care managers who working in In-Home Long-Term Care Support Providers in A City in Osaka with the condition that "office with multiple care managers engaged and one care manager with more than 5 years' experience". The response rate was 51.0% (713 persons) and no missing data 615 (44.0%) was analyzed. Analysis was carried out using Mplus.ver8. The structure of practice respecting the autonomy of the frail elderly and the related factors were examined as a causal model using structural equation modeling. As the result, it was confirmed the goodness of fit to the data (RMSEA=0.049, CFI=0.927). By the confirmatory factor analysis, the care manager's practice respecting the autonomy of the elderly was confirmed associating with three-factors structure; (1) data collection and assessment, (2) strength perspective and (3) professional relationship. Furthermore the practice was significantly affected by self-esteem of care-managers performance ($\beta=0.494$) and self-reflection to own work ($\beta=0.269$). In conclusion, the current study supported the hypothetical consideration in which self-esteem and self-reflection in care manager's practice significantly affected the practice respecting the autonomy of the frail elderly.

GENDER DIFFERENCES IN NURSING HOME RESIDENT QUALITY OF LIFE: WHY WOMEN DO BETTER

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Despite research documenting gender differences in numerous outcomes in later life, we know little about gender differences in quality of life (QoL) for older adults who