(SLUMS), and the Resident Satisfaction Index. Controlling for age, gender, and comorbidities, multivariate analyses of variance was performed to consider the impact of cognitive status on residents' satisfaction with health care services, physical environment, relationships with staff, and social activities. The majority of participants were female (71%), White (97%), mean age was 89 years old (SD=7.43), and mean SLUMS score was 15.90 (SD=4.74). On average, residents were highly satisfied with AL reporting a mean score of 19.17 (SD=3.15). There were no significant differences in residents' satisfaction scores (p>.05) between residents with dementia and without dementia across all subdomains of satisfaction: health care services, physical environment, relationships with staff, and social activities. There may have been some bias in results due to social desirability. Further research should explore additional aspects of residents' satisfaction with staff such as whether or not person-centered care is provided.

EXPECTATIONS REGARDING AGING AFTER RELOCATION TO AN ASSISTED LIVING COMMUNITY

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This study adds to the growing literature on attitudes toward aging in older adulthood by using a multidimensional measure to assess heterogeneous profiles of expectations regarding aging (ERA) in a sample of assisted living (AL) residents. The author analyzed secondary data from a cross-sectional quantitative study consisting of 202 residents of 21 ALs. Participants were mostly female (72%), white (90%), and widowed (59%); ages ranged from 51 to 100 (M = 83.05, SD = 10.32). Hierarchical Cluster Analysis identified four subgroups: (1) "healthy agers", n = 54, 27%, characterized by high physical, emotional, and cognitive ERA; (2) "cognitively intact", n = 41, 20%, characterized by low physical, low emotional, and high cognitive ERA; (3) "coping with decline", n = 56, 28%, characterized by moderate physical, high emotional, and low cognitive ERA; and (4) "unhealthy agers", n = 51, 25%, characterized by low physical, emotional, and cognitive ERA. Subgroups varied by mental health (healthy agers > unhealthy agers), cognitive ability (cognitively intact > coping with decline), and activity participation (coping with decline > unhealthy agers). Surprisingly, groups did not differ based on social support from co-residents, staff, or family. Results demonstrate that distinct subgroups of ERA exist among AL residents, supporting the utility of assessing ERA as a multidimensional construct in this setting. In addition, findings suggest that expecting to retain health and ability in at least one domain may protect against behavioral consequences of negative ERA. The author also discusses implications for future research and clinical practice in AL.

HOW TO ACHIEVE THE DESIRED OUTCOMES OF A COMPLEX INTERVENTION IN NURSING HOMES: A THEORY OF CHANGE

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Background Recent systematic reviews suggest the effectiveness of complex psychosocial interventions to reduce sleep disturbances in people with dementia (PwD) living in nursing homes. However, it is unclear how and under which circumstances these interventions work and which components and processes are crucial determinants for effectiveness. Objectives To develop a Theory of Change (ToC) that describes a causal chain for the reduction of sleep disturbances. Design and Methods The ToC approach is a participatory method in intervention development to generate knowledge about how, why, and under which circumstances interventions are effective. We conducted two expert workshops, a subsequent expert survey (n=12), a systematic literature review, and expert interviews (day and night nurses). Results Necessary preconditions for the reduction of sleep disturbances were identified on staff, management and cultural levels of nursing homes. Intermediate goals like "individual knowledge on PwD is available", "a specific institutional concept to promote sleep is implemented", "person-centred care is implemented" and "sleep preferences of PwD are fulfilled" were defined. The intermediate goals, interventions, promoting and inhibiting factors as well as rationales were sorted into a causal chain. All intermediate goals were rated as relevant or highly relevant based on the expert survey. Conclusions The ToC model displays how a complex psychosocial intervention is likely to be effective in reducing sleep disturbances and meeting sleep preferences of PwD in nursing homes. The model is the basis for the development and evaluation of a planned complex psychosocial intervention to prevent and reduce sleep disturbances in PwD.

INTERPERSONAL RELATIONSHIPS IN ASSISTED LIVING: FINDINGS FROM A SURVEY OF FAMILY MEMBERS AND STAFF

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In recent decades, assisted living facilities (ALFs) have grown dramatically as an alternative to nursing homes. Research in nursing homes has shed light on the nature of the relationships that exist between family members and staff. However, little is known about family-staff relations within ALFs. We present data from the first study to describe the prevalence of conflict and positive and negative family-staff interactions in ALFs and to examine whether positive and negative aspects of the relationship contribute to salient staff and family outcomes. We use data collected from 252 family members and 472 staff members across 20 ALFs from the Partners in Care in Assisted Living (PICAL) study. Participants completed measures including

interpersonal conflict, depression, perception of treatment, and stress-related to caregiving. Results showed that conflict among family and staff members is relatively low in ALFs. For staff, interpersonal conflict and treatment by family members significantly predicted burnout and depression. For families, only gender significantly predicted burden. Subgroup analyses, however, indicated that the effect of interpersonal conflict was significantly associated with perceived caregiver burden among family members whose relative has dementia. Despite the relatively harmonious relationships identified among family members and staff in ALFs, sources of conflict and negative interactions were identified, revealing the influence these relationships have on both family and staff outcomes. These findings can inform intervention efforts targeting family-staff interactions within ALFs.

JOB SATISFACTION IN THE LONG-TERM CARE WORKFORCE: HOW AGEISM PLAYS A ROLE

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Prior research has demonstrated that ageism, specifically negative attitudes and behaviors about growing old, can be barriers to delivering high-quality long-term care (LTC), but little is known about how ageism may be related to job satisfaction – an important driver of workforce retention in LTC. Hence, the purpose of this study was to examine the role of ageism in job satisfaction in LTC. Our cross-sectional study used data collected from 265 staff members of aging services organizations (e.g. nursing homes, assisted living) representing the continuum of job types in LTC. The study examined the relationship between ageist attitudes (i.e. internalized and relational aging anxiety; affinity for older persons) and ageist behaviors, and job satisfaction when controlling for socio-demographic (i.e. age; gender; ethnicity) and employment-related variables (i.e. years of employment; advanced training in gerontology; direct care vs. managerial position). Results of a regression analysis showed that lower internalized aging anxiety and higher affinity for older people were significantly associated with higher levels of job satisfaction. Findings suggest addressing ageism to improve job satisfaction in LTC and provide some evidence for incorporating ageism screening and training into recruitment and onboarding of staff to enhance job satisfaction and to mitigate turnover.

NURSING HOME STAFF'S PERCEPTIONS OF HEALTHCARE DECISION MAKING FOR UNBEFRIENDED RESIDENTS

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'Unbefriended' adults are those who lack decision-making capacity and have no surrogates or advance care plans. Little data exist on nursing homes (NHs)' healthcare decision-making practices for unbefriended residents. This study aimed to describe NH staff's perceptions of healthcare decision making on behalf of unbefriended residents. Sixty-six staff including administrators, physicians, nurses, and social workers from three NHs in one geographic area of Georgia, USA participated in a 31-item survey. Their responses were analyzed using descriptive statistics and conventional content analysis. Of 66 participants, eleven had been involved in healthcare decision-making for unbefriended residents. The most common decision was do-not-resuscitate orders. Decisions primarily were made by relying on the resident's primary care physician and/or discussing within a facility interdisciplinary team. Key considerations in the decision-making process included "evidence that the resident would not have wanted further treatment" and the perception that "further treatment would not be in the resident's best interest". Compared with decision making for residents with surrogates, participants perceived decision making for unbefriended residents to be equally-more difficult. Key barriers to making decisions included uncertainty regarding what the resident would have wanted in the given situation and concerns regarding the ethically and legally right course of action. Facilitators (reported by 52 participants) included some information/knowledge about the resident, an understanding regarding decision-making-related law/policy, and facility-level support. The findings highlight the complexity and difficulty of healthcare decision making for unbefriended residents and suggest more discussions among all key stakeholders to develop practical strategies to support decision-making practices in NHs.

ORGANIZATIONAL FACTORS ASSOCIATED WITH RETENTION OF CERTIFIED NURSING ASSISTANTS AND DIRECT CARE WORKERS

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Low retention of certified nursing assistants (CNAs) and direct care workers (DCWs) continues to be an unresolved problem for nursing homes (NH) and assisted living (AL) settings. While numerous studies have examined predictors of CNA retention in NHs, little attention has been paid to differences between settings of long-term care. To inform practice and policy related to growth in the AL industry, this study compares the predictors of CNA and DCW retention rates. The 2017 Ohio Biennial Survey of Long-Term Care Facilities provides facility-level information from 968 NHs (91% response rate) and 708 ALs (88% response rate). Using regression analysis, we compare the factors that predict retention rates among providers with complete data on retention and controls. The same covariates relating to structural and financial characteristics, as well as staffing, management, and a number of retention best practices are used. Average DCW and CNA retention rates were 66% and 61% in ALs and NHs, respectively, with some settings reporting very low (and even 0%) retention over a year. AL and NH providers rated the problem's severity highest (6 out of 10) compared to retaining other licensed nurses. Similar and different predictors were found across financial, environmental, and managerial practices