

family caregivers. Future research on symptoms management strategies can focus on targeting multiple symptoms based on their co-occurrence.

TAILORED STRATEGIES AND SHARED DECISION-MAKING FOR CAREGIVERS MANAGING PATIENTS' PAIN: A WEB APP

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Family caregivers (FCs) are essential in helping manage pain for patients who receive hospice care at home, but an accessible resource to prepare FCs in pain management is lacking. This study aims to develop an accessible resource that aids FCs in pain management. First, we conducted two literature reviews and two secondary data analyses to investigate the challenges that FCs face when managing pain for patients. Based on the results, we identified 20 common challenges that prevent FCs from providing effective pain management. Second, we developed evidence-based content to address each identified challenge, and a library to provide FCs with pain education. Third, experts and clinicians (n=10) in hospice care validated the content, and FCs (n=10) gave feedback on how to improve the understandability of the content. Currently, we are converting the content to a web app prototype. The web app will consist of: (1) an assessment tool with questions to assess the FCs' challenges when managing patients' pain, (2) computer-generated strategies tailored to address the identified challenges, (3) discussion questions for FCs to use with their care team to prioritize goals of pain management, and (4) a library to enhance access to educational materials. This study presented the process of developing an evidence-based and user-centered web app. This study will advance the field of pain management in hospice care by providing accessible and evidence-based tools to support and engage FCs in pain management. Also, this web app will allow best practices to be quickly translated from research into practice.

THE BREAKING POINT: FAMILY DEMENTIA CAREGIVERS' RECOGNITION OF THE NEED TO INTERVENE

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Family dementia caregivers are an under-recognized and valuable geriatric workforce whose services have broad implications for health care systems. Family dementia caregivers may experience uncertainty, loss of role identity, involuntary role assumption, or undesirable life transitions. Subsequent unintentional mistreatment or abuse of their family care recipient may occur. Approximately 50% of caregivers admit to some form of mistreatment of their loved one who lives with dementia. Using Selzer's (1989)

life transition theory, this qualitative study explored family members' life transition process toward their new role identities as family dementia caregivers to better understand the personal and historical contexts of caregiving. Semi-structured interviews were conducted with 10 participants to answer the questions: "How does one acquire the role of primary family dementia caregiver?" and "How do personal and historical contexts inform the family dementia caregiver role?" Richness of data drove our sample size. Epistemological integrity ensured trustworthiness and rigor. A modification of Colaizzi's (1978) analytic method was used for interpretative phenomenological analysis. The emergent themes uncovered by participants' statements included: "It's my turn", "the breaking point", and "a fine line" with the subtheme "balancing dignity and safety". Participants described their introspective journeys toward a changed reality as family dementia caregivers. Our findings suggested the need for early recognition and vigilance to prevent the exploitation and mistreatment of those with dementia. Rural agriculture-based family caregivers in our study described unique and challenging characteristics. Further research is needed to explore the implications of these contextual nuances for rural agriculture-based family dementia caregivers.

UNDERSTANDING THE LINK BETWEEN FAMILY CAREGIVER QUALITY OF LIFE AND THE CARE PROVIDED TO OLDER PEOPLE WITH DEMENTIA

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Dementia is one of the most rapidly growing diseases in the United States. In 2018, the direct costs to American society of caring for older people with dementia was approximately \$277 billion. Primary informal caregivers are mainly responsible for the care of older people with dementia including Alzheimer's disease. Caregivers perform a myriad of duties ranging from shopping for their loved ones' groceries, helping with medications, and managing finances. The caregiving role becomes more demanding as the disease progresses over time, and studies have shown that the quality-of-life (QoL) experienced by caregivers of older adults who have dementia is lower than the QoL of caregivers for older people who do not have dementia. To the best of our knowledge, there has been no research conducted to investigate whether lower caregiver QoL affects the level or quality of care that caregivers provide to persons with dementia. In the current study, we interviewed family caregivers living in Rochester, New York to inquire about their quality of life and the care provided to older people living with dementia. Further, caregivers completed the 36-item Short Form Health Survey (SF-36) as well as a draft questionnaire for measuring the quality of care provided to older people living with dementia. Both quantitative and qualitative findings from this study reveals important relationships between family caregiver QoL and the care provided, including the impact of social support and financial well-being. The study findings could have significant impact, particularly for the provision of much needed support for family caregivers.