

to MCI and from MCI to dementia. The overall results imply that socioeconomic advantage might be protective against rapid progression from mild to more severe neurocognitive disorders such as dementia in later life.

## Session 9150 (Poster)

### COVID-19 and Long-Term Supports and Services

#### BURNOUT, COMPASSION SATISFACTION, AND INTENT TO QUIT AMONG LONG-TERM CARE NURSING ASSISTANTS IN THE TIME OF COVID-19

Mallory Richert, *Xavier University, Cincinnati, Ohio, United States*

The COVID-19 pandemic has greatly exacerbated the stress and burden of those employed in long-term care (LTC) facilities due to staff shortages, increased risks on the job, and ever-changing COVID-19 protocol requirements. This study examines potential differences in pre-COVID-19 and current COVID-19 LTC facility employed nursing assistants on burnout, compassion satisfaction, job satisfaction, and intent to quit. The sample included 81 nursing assistants employed in LTC facilities across the United States, with data collected prior to ( $n=42$ ) and during COVID-19 related shutdowns ( $n=39$ ). Participants completed the Professional Quality of Life Scale 5 (ProQOL 5), a single-item self-report measure of job satisfaction, and a two-item self-report measure of intent to quit their current employment. Nursing assistants during COVID-19 reported a higher level of burnout and lower level of compassion satisfaction than nursing assistants Pre-COVID-19. However, there were no differences in job satisfaction or intent to quit. The results suggest there may be additional factors that influence an individual's decision to remain employed above and beyond the impacts of burnout and compassion satisfaction that may be unique to the caring professions. Future research might investigate factors that influence an individual's decision to remain employed as a nursing assistant during periods of increased stress and burnout. Additionally, the impact of COVID-19 related stress added to the already high levels of stress and burnout on nursing assistants calls for further attention and research devoted to psychological support of LTC staff during crisis and normal times.

#### CHALLENGES IN CARING FOR PEOPLE WITH DEMENTIA DURING COVID-19: FINDINGS FROM LONG-TERM CARE FACILITIES ACROSS JAPAN

Tomoko Ikeuchi,<sup>1</sup> Mizue Suzuki,<sup>2</sup> Kazunori Kikuchi,<sup>1</sup> Akiko Kan,<sup>1</sup> and Chiho Shimada,<sup>1</sup> *1. Tokyo Metropolitan Institute of Gerontology, Tokyo, Tokyo, Japan, 2. Hamamatsu University school of medicine, Hamamatsu, Shizuoka, Japan*

Long-term care facilities for older adults have been profoundly affected by the coronavirus disease 2019 (COVID-19) pandemic in Japan. This study investigated the challenges that care staff members faced by the height of the first wave (i.e., April 2020) and the height of the second wave (i.e., October 2020) of the pandemic at long-term care facilities in Japan. We mailed questionnaires in October 2020 to 5,895

care facilities throughout Japan. A total of 22.7% of the questionnaires were returned. Of those, 87.4% had at least one resident with dementia. Based on the results, 65.2% reported having restricted all visitors during the first wave. Although 42.8% reported continuing to restrict all visitors during the second wave, more than 54% allowed visitors while limiting the number of visitors or the time of each visit. Nearly 76% reported that restrictions on visitations may have exacerbated the behavioral and psychological symptoms of dementia (BPSD) among residents. In place of visitations, over 50% used video calls or phone calls to communicate with the family members, and 45.7% reported that the virtual visits were efficacious in alleviating the BPSD. However, more than 70% reported not having adequate Internet services and computer equipment at their facilities, and nearly 90% reported insufficient staffing. Our findings suggest that the pandemic may have pressed for a change of direction for dementia care with the introduction of virtual visitations and other initiatives. Nevertheless, facilities may face difficulties with implementing such changes due to inadequacies in the availability of resources.

#### DNR LINKED TO REDUCED DEPRESSIVE SYMPTOMS IN NURSING HOME RESIDENTS DURING COVID-19 ILLNESS

Wingyun Mak,<sup>1</sup> Orah Burack,<sup>1</sup> Joann Reinhardt,<sup>1</sup> Himali Weerahandi,<sup>2</sup> Benjamin Canter,<sup>3</sup> and Kenneth Boockvar,<sup>1</sup> *1. The New Jewish Home, New York, New York, United States, 2. NYU Grossman School of Medicine, New York, New York, United States, 3. The New Jewish Home, The New Jewish Home, New York, United States*

Prior work shows that older adults who establish future care plans have a lower risk of depression. Residents in long-term care may benefit from establishing a do-not-resuscitate (DNR) order when cardiopulmonary resuscitation is unlikely to provide medical benefit. The current study examines whether having a DNR order in place prior to COVID-19 diagnosis was associated with fewer depressive symptoms during the illness course. Residents at a NYC skilled nursing facility with a positive COVID-19 PCR test between 3/1/2020 – 6/1/2020 were included ( $N=338$ ). The Minimum Data Set (3.0) was used to examine residents' Patient Health Questionnaire-9 (PHQ-9) scores 1-30 days after diagnosis, functional status, cognition, age, and sex. A retrospective chart review was conducted to determine whether participants had an established DNR, DNI, and/or DNH order before developing COVID-19. Forty-eight percent, 46%, and 12% of participants had a DNR, DNI, or DNH order prior to COVID-19 illness, respectively. Average PHQ-9 score was 1.65 ( $SD=2.37$ ). A hierarchical regression showed that after controlling for age ( $\beta=-.13$ ,  $p=.06$ ), sex ( $\beta=.08$ ,  $p=.28$ ), cognition ( $\beta=.14$ ,  $p=.04$ ), and functional status ( $\beta=.23$ ,  $p=.001$ ;  $R^2=.10$ ,  $p=.001$ ), having a DNR ( $\beta=-.22$ ,  $p=.006$ ) order in place prior to COVID illness was associated with lower endorsement of depressive symptoms during illness ( $\Delta R^2=.04$ ,  $p=.01$ ). Results suggest that establishing a DNR in long-term care residents when appropriate may potentially buffer depressive symptoms during illness in nursing home residents regardless of their age, sex, cognitive abilities, and functional status. Future examination of the underlying mechanism is warranted.