

and primarily focused on instrumental assistance. Gradually, emotional involvement grew within dyads and reciprocity emerged. Based on different dyadic perceptions, this study conceptualized four types of caring relationships: (a) parent-child alike, (b) mutually respectful, (c) solo performance, and (d) reasonably detached. The findings suggest that residents and nurse aides could have different views on caring relationships, which further influenced the relationship development. The four types of caring relationships shared some similar traits while differentiating from some of the common types of interactions found in the existing nursing evidence across the world. Chinese filial tradition also influenced the relationship dynamics.

PERCEPTIONS OF EMPOWERMENT AMONG HOME CARE AIDES

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Workforce issues in eldercare are of growing concern with the dramatic aging of our population and the growing need for personal care assistance. Due to difficult job conditions, recruitment and retention of direct care workers have presented challenges throughout the country both in facility-based and community-based care. The empowerment of workers has been theorized as one vehicle for improving job satisfaction among healthcare workers. Models of structural and psychological empowerment have been explored as factors to reduce job strain among healthcare workers in institutional settings, but have not been well examined in the home care setting. This paper will report on an exploratory study of perceptions of empowerment among home care aides (HCAs) in two states. In-person and telephone semi-structured interviews were conducted with 12 HCAs ranging in age from 20 to 64; eight were white and U.S. born and four were black and African born. All 12 study participants reported positive aspects of empowerment in their home care work (e.g., receiving information and good support, feeling competent, having an impact on their clients' lives, and finding the work meaningful), and most felt autonomous in their work and believed they had the resources they needed to do the job. Nonetheless, negative aspects of empowerment were also frequently described (e.g., poor support, constrained information and resources, limited autonomy due to regulations, and few opportunities for advancement). This paper will explore and interpret these seemingly contradictory findings, with a discussion of implications for recruitment and retention of this valuable workforce

SESSION 3350 (POSTER)

MEASUREMENT AND RESEARCH METHODS

PATH ANALYSIS OF EDUCATION AND DISEASE BURDEN IN DEMENTIA VULNERABILITY

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When considering the various extrinsic variables that may affect disease vulnerability, it is valuable to study temporal ordering of factors to identify areas for disease intervention efforts. This study sought to inform improvement of networks for the purposes of education and health by attempting to better define the causal ordering of ethnicity, age, gender, education, disease burden, and dementia diagnosis with the Aging, Demographics, and Memory Study, a sub-study of the Health and Retirement Study. Participants and/or proxies self-reported total number of chronic conditions, subsequently regarded as disease burden. Assessments occurred over four waves; participants were not reassessed after dementia diagnosis. The current study categorized participants as demented (n=414), identified in any wave, or normal (n=117), identified in the final wave. Cognitively-impaired-not-demented and deceased participants were not considered due to lack of diagnosis. Cross-sectional weighting was used. A path model was developed; ethnicity, age, and gender were antecedent to education, and education was casually ordered before disease burden, which was antecedent to dementia diagnosis. A series of logistic and linear regression analyses were conducted. Results revealed that being non-white ($\Sigma\beta=0.643$, all p 's<.001), of older age ($\Sigma\beta=0.250$, all p 's<.001), female ($\Sigma\beta=0.180$, all p 's<.001), and having increased disease burden ($\Sigma\beta=0.118$, p <.001) all demonstrated a positive total effect on dementia diagnosis. Conversely, more years of education ($\Sigma\beta=-0.245$, p <.001) had a negative total effect on diagnosis. The education to disease burden pathway was non-significant. Ultimately, these results may indicate a need for dementia interventions that target those with low education or high disease burden.

CHALLENGES AND IMPERFECT SOLUTIONS FOR COGNITIVE SCREENING WITH OLDER IMMIGRANTS

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Cultural diversity among older adults is increasing and with this comes challenges in health care needs, including the detection of cognitive impairment. Cognitive impairments manifests in many ways, with early symptoms often difficult to detect. Detecting cognitive dysfunction is typically facilitated with brief, portable screening tools. Scores on screening tools may be influenced by culture, education, and verbal abilities; in particular, these are acute issues for screening older immigrants from linguistically and culturally diverse backgrounds. The consequences of improper screening are high and, as such, finding practical, cost-effective solutions is of critical importance. In this project, we qualitatively examined the usability of different cognitive screening tools with the ultimate goal of improving the detection and classification of cognitive dysfunction among older adult immigrants. We extended our previous work by piloting adaptation guidelines for the Saint Louis University Mental Status (SLUMS) exam for use with linguistically and culturally diverse persons. We recruited 23 older immigrants (6 non-English speaking) and 14 U.S. born participants to explore the usability and test-retest reliability of the SLUMS exam administered with and without the adaptation guidelines. Our attempts to improve

the flexibility of the SLUMS exam did not achieve the level of success as anticipated. Although this pilot work had low power, when coupled with our past work on developing adaptation guidelines, sheds critical light on the layered complexity that arises at the intersections of education, culture, race, gender, socioeconomic status, and intercultural interactions and the resulting potential directions for future work will be discussed.

MEASUREMENT EQUIVALENCE OF THE POSITIVE AND NEGATIVE AFFECT SCHEDULE BETWEEN YOUNG-MIDDLE-AGED AND OLDER ADULTS

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A Short form of the Positive and Negative Affect Schedule (PANAS-SF) has been widely used to measure of affect in diverse cultural groups. Limited studies have been evaluated the measurement equivalence test of PANAS-SF in diverse age groups. This study examined whether parameters in the measurement model (two-factor model: positive and negative affect) is equivalent across the two age generations (young-middle aged: <65 years [n=1,122]; older adults : ≥65 years [n=1,817]). The sample was obtained from the 2012 Health and Retirement Study and Multiple Group Analysis was performed. The five items of determined, enthusiastic, inspired, alert, and excited reflected positive affect; and the five items of afraid, upset, scared, nervous, and distressed reflected negative affect. The configural model reported acceptable fit ($\chi^2 = 904.98$ [df = 64, $p < .001$], $X^2/df = 14.14$, CFI = .93, GFI = .94, RMSEA = .06 [90% CI = .06 - .07]). When all factor loadings were constrained, it indicated measurement non-invariance status between young-middle aged and older adults ($\Delta\chi^2 = 56.03$, $\Delta df = 8$, $p < .001$, CFI = .93, $\Delta CFI = .004$). Given findings of non-invariance on the full constrained model, the invariance test of each factor loading was performed additionally. Majority of negative items (Afraid, upset, scared, and nervous) and several positive items (determined and excited) were nonequivalent between the two groups. Variances in the measure between two age groups raise a number of issues for future research on affect assessment, suggesting cautious using of PANAS-SF in older adults.

AGING, TASK DIFFICULTY, AND EFFORT: A META-ANALYSIS

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Tasks of increasing difficulty require increasing levels of cognitive engagement from participants. The costs associated with cognitive engagement rise with age in response to normative cognitive decline. Additionally, previous studies have shown an interaction between age and task difficulty, with age differences in effort expenditure increasing along with task demands. Motivational accounts of effort allocation predict the opposite relationship, where increased task difficulty in the face of declining cognitive abilities result in disengagement among older adults, comparatively lowering their effort expenditure relative to younger adults that remain committed to the task. The current

study quantitatively reviews the available literature on age and effort expenditure across tasks of increasing difficulty. An initial meta-analysis found no age differences in effort across task difficulty, but inspection of the significantly heterogeneous effect sizes indicated that measurement domain might account for some of the variance found between the effect sizes. A second, post-hoc meta-analysis was conducted, recoding effect sizes giving preference to subjective measures. Subsequent moderator variable analyses found that the combined effect of age and domain of effort measurement explained a sufficient portion of the variance across effect sizes. When using physiological measures, effort was not found to differ across task difficulty for either age group. Alternatively, when measured subjectively, effort was reported to greatly increase (>1 standard deviation) with difficulty, with a larger increase in younger adults. Results are discussed in terms of effort mobilization across adulthood and the importance of measurement domain in the interpretation of results.

REACTIVITY TO THE MEASUREMENT OF PSYCHOLOGICAL WELL-BEING IN OLDER ADULTS

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Although it is known that measurement reactivity can yield medium-sized effects (Cohen's $d = .50$) on anxiety, its effects on psychological well-being (PWB) measures (e.g., purpose in life, personal growth) are unknown. The aim of this study was to evaluate reactivity to the measurement of PWB in older adults. Ninety-four adults aged 60 ≥ years (mean = 75) were recruited from a fitness center, retirement home and community center in Indiana. All participants received a questionnaire via postal mail at baseline (T1) and 2-3 weeks later (T2). Using block randomization (block size = 16), older adults were randomly allocated (1:1 ratio) to one of two conditions: PWB measures assessed at T1 and T2; and PWB measures were at T2 only. Purpose in life and personal growth were assessed using Ryff's PWB scales. Multiple imputation analysis was conducted to account for attrition at T2 (18%), and all participants were analyzed according to the condition they were originally assigned. ANCOVA, controlling for recruitment sites, revealed that purpose in life ($p = .03$), but not personal growth ($p = .08$), T2 scores were on average lower when PWB was measured twice compared to those when PWB was measured once. The detected difference in purpose in life T2 scores was of medium size (d [95%CI] = $-.50$ [-.95, -.04]). This finding suggests that initial or later scores might be biased – a problematic finding because if ignored, measurement reactivity has the potential to affect conclusions drawn from gerontological research that focuses on PWB.

DEVELOPMENT AND VALIDATION OF THE TESTAMENTARY CAPACITY MEASURE AMONG OLDER ADULTS AND PATIENTS WITH DEMENTIA

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