

about half of those with hearing loss reported hearing aid use. Individuals with mild or severe hearing loss appear to be at increased risk for psychosocial and health-related outcomes; hearing aid use appears to mitigate these associations. Conclusions: Further studies should attempt to better understand the relationship between hearing loss, psychosocial outcomes, and the role that hearing aid use plays in these relationships.

RELATIONSHIP CLOSENESS BETWEEN PARENT AND YOUNG-ADULT CHILDREN BY GEOGRAPHIC DISTANCE

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The presence of family members in geographically close distance may function as location-specific resources that pool immediate and constant support for aging population. However, how geographic distance between parents and their children is associated with relationship quality is less known. Using mother-children pairs from the National Longitudinal Survey of Youth 1979 (NLSY79) and the NLSY79 Children and Young Adults (n=3,596), the current study examined how geographic distance between mothers (mean age=51) and young-adult children (mean age=27) was associated with relationship closeness. Pooled fixed-effects models were stratified by initial distance between mothers and children: living within 10 miles, living in 10–100 miles, or living 100+ miles away. Two questions (asked children) were used to measure relationship closeness: “who would you turn to for help with emotional or personal problem” (1=biological mother, 0=others) and “how close do you feel to mother?” (1=very close, 0=fairly or not very close). These responses were summed to create an indicator of overall closeness where 0=not close, 2=very close ($\alpha=.82$). Results showed that controlling for mothers’ life events (divorce/separation/death of spouse/employment/general health), moving farther was linked to improved relationship closeness ($b=0.07$, $p<.01$) among those whose children lived within 10 miles; among those whose children lived 100+ miles away, moving closer was marginally associated with improved relationship closeness ($b=0.07$, $p\leq .10$). Those whose children lived within 10–100 miles reported improved relationship closeness when they moved closer ($b=0.16$, $p<.001$) or farther ($b=0.18$, $p<.001$). Findings suggest that having geographic distance may help improve relationship closeness between parents and children.

RELIGIOUS COMMITMENT MEDIATES HOSPICE NURSES’ SOCIAL POLITICAL IDEOLOGY AND ATTITUDES TOWARD EUTHANASIA

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Medical aid in dying is currently legal in five states, with other states considering legislation. While hospice organizations officially oppose medical aid in dying, individual nurses’ attitudes vary. Previous research has linked both religiosity and conservative social political ideology to attitudes toward euthanasia (ATE). The purpose of the study

was to investigate religious commitment as a mediator between social political ideology and ATE among hospice nurses. Participants consisted of hospice nurses (N = 90) who completed an online survey containing the Religious Commitment Inventory, the Attitudes Towards Euthanasia Scale, and a single self-report item concerning participants’ social political ideology. Conservative social political ideology and religious commitment were associated with more negative ATE. Religious commitment partially mediated the relationship between conservative social political ideology and overall ATE and fully mediated the relationship between conservative social political ideology and attitudes toward active euthanasia. Among hospice nurses, religious commitment may explain the relationship between conservative social political ideology and ATE, and this appears to be particularly true for active euthanasia methods, which would include medical aid in dying. These results suggest that religious commitment may drive hospice nurses’ political views regarding medical aid in dying.

SCREENING OLDER ADULTS FOR DEPRESSION: THE RELATIONSHIP AMONG DISCIPLINE, BARRIERS, ATTITUDES, NORMS, AND CONTROL

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229 graduate students in medicine (n = 83), psychology (n = 51), nursing (n = 49), and social work (n = 46) completed a clinical decision-making survey featuring a cross-sectional design with experimental manipulation of vignettes. A 4-way mixed ANOVA explored the effects of clinical discipline (between subjects) and time pressure, patient difficulty, and level of symptoms (within subjects) on likelihood of screening and likelihood of referral of an older adult. The Theory of Planned Behavior factors attitudes, norms, and perceived behavioral control were used as potential covariates. Participants were presented with 8 vignettes in random order which fully crossed the within-subjects factors. Respondents rated their likelihood of screening for depression or referring to another provider. For likelihood of screening, there were significant main effects of time pressure and level of symptoms. There was a significant 3-way interaction between discipline, patient difficulty, and symptom level driven by social work students. Time pressure, patient difficulty, and level of symptoms all had an effect on likelihood of referral to another health professional. The clinical disciplines differed in their ratings of attitudes, norms, and perceived behavioral control of screening for depression. The study holds implications for identifying and addressing gaps in education and training on depression and how to screen for it, as well as how to minimize the effects of potential barriers. The TPB serves as a good framework for understanding the likelihood of screening, with attitudes and norms being the strongest contributors across all disciplines.

SPIRITUALITY, HUMOR, AND RESILIENCE AFTER NATURAL AND TECHNOLOGICAL DISASTERS

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Multiple exposures to disaster are associated with high levels of stress and with long-term consequences for survivors. Older adults are likely to have experienced multiple disasters, although little is known about coping and resilience in multiple disaster contexts. In this study, we focused on spiritual and secular coping resources in post-disaster resilience. Participants (N = 219, M age = 58.21 years, SD = 16.44 years, age range: 18 to 91 years) were Louisianans exposed to the 2005 Hurricanes Katrina and Rita and the 2010 Deepwater Horizon oil spill. Psychosocial predictors of central interest were: (a) spiritual support and (b) coping through humor, and both were hypothesized to be associated with resilience. Covariates included group, gender, education, income, social engagement, charitable work done for others, and lifetime trauma. Logistic regression analyses confirmed that spiritual support (OR = 1.11, $p \leq 0.01$) and use of coping through humor (OR = 1.17, $p \leq 0.01$) were independently and positively associated with resilience. Disruption in charitable work done for others in a typical year before the hurricanes (OR = 0.49, $p \leq 0.05$) and income of less than \$2,000 per month were negatively associated with resilience (OR = 0.47, $p \leq 0.05$). These data show that spirituality, humor, disruptions in charitable work, and low income were all independently associated with resilience in the years after consecutive disasters. Recognizing which coping resources bolster resilience rather than harm is important for improving quality of life in disaster survivors, including older adults.

THE ASSOCIATION BETWEEN LONELINESS AND ELDER ABUSE: FINDINGS FROM A COMMUNITY-DWELLING CHINESE AGING POPULATION

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Elder abuse (EA) is a pervasive human rights issue that affects 2 million older adults in the U.S. However, little has been done to examine the etiology between victim's psychological distress and specific subtypes of abuse, impeding development of effective intervention and prevention strategies. The study examines the associations between self-perceived loneliness and five EA subtypes among a U.S. Chinese older population. Data were from a representative sample of 3,157 community-dwelling older adults of the Population Study of Chinese Elderly in Chicago (PINE). We tested the associations using multiple logistic regression models to control for potential confounding factors. Dependent variables are EA measured by 56 items in aspects of psychological abuse, physical abuse, sexual abuse, financial exploitation, and caregiver neglect. Independent variable is loneliness measured by a validated 3-item R-UCLA scale. Older adults who has felt lonely were more likely to be victims of any EA (odds ratio [OR]:2.06 [1.68, 2.53]). Specifically, the presence of loneliness was associated with increased risks of psychological abuse (OR: 2.61 [2.00, 3.39]), financial exploitation (OR: 1.46 [1.11, 1.92]), and caregiver neglect (OR: 1.67 [1.12, 2.50]), whereas no significant associations were found between loneliness with physical and sexual abuse. The results reinforced the complexity of EA and differences among its subtypes, which call for more longitudinal and close examinations of the etiology of EA subtypes to devise targeted prevention and intervention strategies.

THE EFFECT OF SIMILARITY IN GENDER ROLE ATTITUDE ON MARITAL SATISFACTION AMONG MIDDLE-AGED COUPLES

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Are similar spouses happier? This study aimed to examine the effect of similarity in gender role attitude on marital satisfaction among middle-aged couples. For the analyses, the Third National Survey of Korean Families was utilized and the sample was 1,053 couples aged 40 to 60. The dependent variables were husbands' and wives' perceived marital satisfaction and the independent variable was similarity in gender role attitude between husband and wife. Covariates were age, education level, employment status, and number of years since marriage. Latent Profile Analysis was applied to identify the patterns of gender role attitude for each gender with Mplus 7.3. Using the results, similarity in gender role attitude was generated by dummy-coding the coincidence of the pattern between husband and wife. Then, using STATA/SE 13.0, Seemingly Unrelated Regression was applied to analyze the effects of similarity in gender role attitude on husbands' and wives' marital satisfaction. The results indicated that similarity in gender role attitude had a significant effect on wives' marital satisfaction ($b=.12, p<.05$); wives who had similar gender role attitudes to their husbands were more satisfied with the marital relationship. However, the effect of similarity in gender role attitude on marital satisfaction was not significant for husbands. This study may provide insights to discussions about ways to better promote and understand marital quality in later life. Future studies are needed to explore significant predictors of marital satisfaction for middle-aged husbands and to investigate the effects of similarity in gender role attitude on other couple-related outcomes.

THE EFFECTS OF AMOUNT OF ACTIVITIES, ENJOYMENT, MEANINGFULNESS, ROLES AND FRAILTY ON OLD ADULTS' QUALITY OF LIFE

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Background: The association between participation in activities and the improvement of the elders' quality of life(Qol) are well researched. However, little known about what factors in activity participation can optimize their Qol on different domains(physical, psychological, social and environment). The study is aiming at investigating those potential factors. Methods: The study involved 355 community-dwelling old adults aged 60 above. They were interviewed four times a day for one week by phone and each time maximum three activities they did were recorded. In addition, the roles they took in the past week were reported and their Qol was assessed by WHOQOL. The ANOVA and regression approaches were used to investigate the relations between those factors and Qol. Results: The amount of activities did not have a correlation with their Qol on physical, psychological, social and environment domains respectively($r=.008, p=.886$; $r=-.037, p<.490$; $r=-.007, p<.893$; $r=-.054, p<.309$). Enjoyment was a predictor of psychological($B=2.62, p<0.003$) and environment($B=3.04, p<.000$) domains. Activity meaningfulness associated with social domain positively($B=2.207, p<.009$). The number of roles had an inverted U shape relation with the social domain($p<.002$). People with more roles(No. of roles >4)