THE EDEN ALTERNATIVE IN NURSING HOMES; Hannah Despain

The Eden Alternative was founded by Dr. William H. Thomas and his wife, Judy in the 1990s, and was focused in alleviating the three plagues of a long term care facility, helplessness, loneliness and boredom. This model included incorporating plants, animals, children, and moving the decision making for patient care to frontline caregivers into the resident’s daily activities. The purpose of this paper is to determine the effectiveness or ineffectiveness of the Eden Alternative project by examining studies performed and articles written about its implementation.

The cumulative positive results of the Eden Alternative through the research of several articles and studies is that the residents have a more positive outlook about their environment, decrease in medication intake, decrease in staff turnover rates, change in decision-making power to frontline caregivers, decrease in helplessness and boredom, and increase in staff satisfaction and hope for changes in the manner of care to improve the lives of residents.

Some challenges or negative outcomes with the implementation of the Eden Alternative were educating the right amount of staff so implementation and continuation could take place with staff members and residents of the facility. Small subject size and short time period for the implementation of the new model were also challenges. To increase the reliability and validity of these studies, implementation procedures should be consistent with every facility and in all surveys.

It is important that as PTAs to utilize individualized treatments techniques that will assist the progression of the Eden Alternative model. Examples are giving a patient the choice of what time their therapy appointments are, utilizing the garden area, activity time with children, or animals during treatments. With the implementation of the Eden Alternative, treatments can be focused on the patients functional deficits related to the aging process instead of secondary problems like lack of motivation or poly-pharmacy.

The Eden Alternative allows a positive outlook on both the resident’s and the caregiver’s environment. The caregivers also have a sense of satisfaction with their job and duties performed to improve resident’s quality of life. Dr. Thomas said that “a nursing home should be a place for elders to go to continue living and growing rather than a place to wait to die”
The Eden Alternative in Nursing Homes
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Introduction

The Eden Alternative was founded by Dr. William H. Thomas and his wife, Judy, in 1991. What inspired him to form this project, was an elderly woman whom was in his care at a long term facility. She said to him after he had examined a rash on her arm one day, "Doctor, I'm so lonely!". Since then, Dr. Thomas has been hard at work, spreading the words of wisdom about the Eden Alternative to every state in the United States and even internationally in Canada, Australia, New Zealand, some European countries, Japan and South Africa [2]. Dr. Thomas’ focus is in alleviating the three plagues of a long term care facility, helplessness, loneliness and boredom. His focus includes incorporating plants, animals, regular visits by children, and moving the decision making for patient care to those who provide the direct care to those patients into the long term care facility’s daily activities [1, 2, 4, 5, 6, 7, 8, 9, 10, 11]. The purpose of this research paper is to determine the effectiveness or ineffectiveness of the Eden Alternative project by examining studies performed and articles written about its implementation.

Case Studies and Articles

The first bit of research was a periodical written back in 1995 just a few short years after the Eden Alternative project was initiated. In this article it describes the first skilled nursing facility that was “Edenized” in upstate New York, the Chase Memorial Nursing Home. Thomas noted that the hardest part of putting into practice the changes at this facility was “overhauling the organizational structure and modes of practice.” It also goes on to explain each change that was made at the facility and why they were important. The article concluded with the ten principles that underlie the Eden Alternative [10, Appendix A].

The results that were noted in this periodical included, middle management reduction, nurses and aides personally scheduling themselves and being a part of a team that made decisions about resident care, the number of administered medications had been reduced, there were fewer mortalities reported, infection rates dropped, and staff turnover rates fell. The administrator at Chase at the time, who allowed Thomas’s ideas to be executed, stated,

“We were a good home before, well respected, so we risked a lot. We committed ourselves to do all these crazy things that aren’t done in nursing homes. I was a little scared. Now I’m proud” [10].

Ruckdeschel and Van Haitsma performed a longitudinal study (2001) that discussed the impact live-in animals and plants had nursing home residents. Even though this intervention was called the “Living Habitat,” it utilized some concepts from the Eden Alternative model. This intervention was applied to a 32-bed unit where numerous plants, two cats, a dog, and a parakeet to any resident who wanted one were tested. Not only were Thomas’s plagues of skilled nursing facilities tested, but this study also was determining the effectiveness of the plants and animals on residents’ satisfaction with care, overall quality of life, and social and emotional functioning [8].
Ruckdeschel’s and Van Haitsma’s results demonstrated that the residents who had a higher cognitive status and those that liked pets were more positively engaged with their environment, but, those who had a higher cognitive status reported that they felt like they had a decrease in sense of control after the plants and animals were implemented. When a dog, cat or bird was present, pleasure was greater for all those on the unit and reduction in anxiety was observed. Lastly, people who did not like animals, showed more confusion in the presence of an animal. Because of the small subject size, short time period, no control group, and the selling of the institute during the study, to improve reliability and validity of this study, it should be performed over again with adjustments made to improve it. Another limitation to this study was the lack of training to the employees about the “Living Habitat’s” purpose. The employees could have helped facilitate appropriate interactions with the animals and residents, especially those who were at a lower cognitive status and those who don’t like animals. This most important result that this study provided was that of individualized care [8].

Thomas and Johansson presented a journal article (2003) which discussed the Eden Alternative and the Green House Project and how the implementation of these projects in nursing homes allows a different perspective to be seen about the elderly and the prospect of getting old. Thomas relates a fable of large rocks, pebbles, sand and water in filling a basket. He relates the different aspects of life in a nursing home to these different items. The large rocks are the things we cannot change in life, the pebbles are activity programs, the grains of sand are the spontaneous moments in life, and the water is the relationships we have. Thomas states, “Every creature has a habitat in which it thrives, and one in which it withers. Human beings wither in institutions.” He also states, “The real impact of the Eden Alternative is not the “fur and feathers.” It’s the changed culture and environment that support the animals, the plants and the children [11].”

The result that Thomas and Johansson reported most about was a decrease in prescription medications, especially those that alter the mind and mood of patients. In Texas the results of five nursing homes who implemented the Eden Alternative were decrease in behavior incidents, decrease in Stage I and Stage II pressure sores, decrease in bedfast residents, decrease in employee injuries, decrease in restraints, decrease in staff absenteeism, and a census increase. They also spoke of how the Eden Alternative also in the long run saving the institution money if utilized properly. The journal article is concluded like this,

“My vision of the future is to replace the dead nursing home with eldergardens, distinguished by vitality, life, and a commitment to growth” [11].

Sampsell wrote an article (2003) that discussed the successes and the challenges of the Eden Alternative and also the people who help implement and carry out the focus of the model within the nursing homes. She focused on one large facility that has a 450-bed setting for long term care patients [9].

The successes she related are that the residents are more involved in and responsive to new activities, patient are participating more in their own care, and family members look forward to visiting the residents because they enjoy the homelike atmosphere as compared to the sterile long term care setting. Also she reported that the decision-making power is being transferred to the
frontline staff, like CNAs, to respond to residents’ needs and wants, leading to a significant decrease in staff turnover and increase in staff satisfaction [9].

One of the challenges faced at this facility was the facility’s large size; therefore education of a suitable number of staff members was never reached, so management of the model is difficult. Sampsell reports that utilizing and educating the professional nurse, is the key to the success of the model in any facility because they oversee the direct-care team member. Another challenge is the complaints from some of the staff about the extra work the animals required of them, leading to negative feelings toward the model. Selecting and caring for the appropriate animals was a challenge due to compatibility issues with particular residential areas. The residents also were not assisting in the care of the animals allowing them the opportunity to provide care for another life form to prevent helplessness from forming in their minds. Lastly, it was reported that the progress has been slow with encouraging and supporting resident participation in community activities outside of the nursing home [9].

The quasi-experimental study performed by Bergman-Evans (2004) was to “assess the impact of the Eden Alternative model on levels of loneliness, boredom, and helplessness of older residents for a long-term care facility.” A Background Data Sheet, the Geriatric Depression Scale and the UCLA Loneliness Scale were administered both at baseline and 1-year post implementation [1].

The results of this study revealed that there were significant differences between the control and experimental groups on levels of boredom and helplessness. Those who had the Eden Alternative model implemented for 1 year reported a significant decrease in boredom and helplessness but no change in loneliness, whereas the control group increased in both categories. Also it was noted that the experimental group had increased number of medications as did the control group. The experimental group also had more of an increase in diagnoses than the increase for the control group. Though there was quite a large increase in the self-health rating in the experimental group, the control only had a modest increase [1].

The research article by Rosher and Robinson (2005) I found very fascinating because of the approach that was taken with it. Their study determined the impact the Eden Alternative model had on student attitudes toward elders living in nursing homes. This study followed a 150-bed nursing home over a period of 2 years after the implementation of the Eden Alternative. The attitudes of the 3 different students, Internal Medicine, Registered nursing, and licensed practical nursing, were determined by obtaining informed consent and then having the student complete Part A of the Health Professionals Beliefs and Opinions about Elders form (HPBOE). It was also tested to see if the students would choose a skilled nursing facility as a career after graduation [7].

The results for this study indicated that after 2 years of the Eden Alternative model being in place, the score on the HPBOE was significantly more positive. Also reported was that the students definitely enjoyed working with the elders more after the model was in place than before and that the number of I.M. residents to choose this career did not change, but there was a large increase in the number of nursing student with increased interest. This study demonstrates the positive learning environment that the Eden Alternative model plays for students [7].
The last article to be presented is about the prospect for introducing the Eden Alternative to Japan [Otsuka et al. 2010]. This study was performed to identify the perceptions of care workers and nurses regarding the lives of older adults in care facilities. In Japan there are regulations about the number of care workers to patients in facilities for the elders (FE) and because of the great demand for the increasing number of residents in these facilities there is a high turnover rate. Five Fes were selected for this study and each had similar characteristics of environment, size, number of residents, and care provider-resident ratio. Again a survey was filled out by the care providers to assess their opinion regarding the older adults [5].

The results stated that the most of those who responded to the survey sometimes thought the older adults in the facility experienced feelings of loneliness, boredom, and helplessness, 1/3 did not know if the residents could make their own decisions, and more than ½ were not sure of the resident’s aspirations. Opinions about having animals in the facility were equally divided between agree, disagree, and not applicable. The majority of the care providers agreed to have plants in the facility and more than ½ welcomed visits from children. Another result was that more than ½ of the care givers stated that they sometimes wanted changes in the manner of care that would improve the life of residents and more than 88% always or sometimes had a positive view of the value of their work. A little more than ½ did not think they would want to live in the facility where they worked and expressed that their opinions sometimes differed from those of their superiors and coworkers, but many stated they sometimes had opportunities to discuss any problems they faced[5].

**Discussion**

So what effect does knowing all this information have on physical therapist assistants (PTA)? It is important that as the positive outcomes of these studies are seen, and as part of the care providers of these patients, to individualize treatments techniques that will assist the progression of the Eden Alternative model [8]. For some examples, giving patients a choice of what time their therapy appointments are so they feel as if they have some control over their schedule [9], utilizing the garden area to assist in functional treatments for balance and posture, have a treatment time occur during an activity to utilize the extra hands of maybe some children, or maybe incorporate cognitive recall of proper grooming techniques of the animals into treatments.

Recall in two of the previously mentioned articles [10, 11], the amount of medications that patients were prescribed and taking was reduced after the implementation of the Eden Alternative. This is important, because instead of treating side effects of poly-pharmacy, treatments can be focused on the patients deficits related to the aging process.

Another outcome to take into account is the positive outlook on the environment and self-health [1, 8, 9]. As patients are more positive and have a desire to take charge of their health again and getting themselves ready, the job of the PTA is easier, due to focusing more on treatment and less of the motivation of patients.

The Eden Alternative allows a positive outlook not only from the patient’s perspective on life but on the caregivers to the patients and the caregivers about their job satisfaction [5, 7, 9, 10, 11].
This applies to PTAs in that when you get satisfaction from your job, you begin to treat the patients to allow them the same satisfaction you have. This allows for a positive environment for healing, instead of the sterile hospital environment most nursing homes have [9].

**Conclusion**

The results received from the previous studies determine that the Eden Alternative assists in improving the quality of care given and received by residents in nursing homes. Some of the repetitive outcomes noted were, residents having a more positive outlook about their environment, decrease in medication intake, decrease in staff turnover rates, change in decision-making power to frontline caregivers, decrease in helplessness and boredom, and increase in staff satisfaction and hope for changes in the manner of care to improve the lives of residents. Dr. Thomas said this, “a nursing home should be a place for elders to go to continue living and growing rather than a place to wait to die” [7]. PTAs can assist in this philosophy in incorporating enjoyable activities into treatments for the patients, utilizing the changes applied through the Eden Alternative.
Annotated Bibliography


   This article tests the three plagues of the Eden Alternative that Dr. Thomas was trying to prevent in implementing the model. The outcomes found in this study were pertinent in knowing if the Eden Alternative was actually affecting what Dr. Thomas wanted it to affect.


   This website provided me with most of the information about the Eden Alternative and what it is all about. I utilized the information from this site the most to construct my introduction for the research paper.


   This thesis had a lot of important information that pertained to the Eden Alternative and its implementations, but because it was not peer-reviewed, therefore the information was not utilized in this research paper.


   This short little article contained good information about the first site in the Department of Veterans Affairs to achieve Eden Alternative registration. The outcomes it provided were similar to those stated in some of the other studies followed in this research project, therefore I did not restate the information separately.


   This study performed was another article focusing on the attitudes of the caregivers in the facility and determining if the Eden Alternative should be implemented due to the circumstances in this particular facility. The outcomes help support that implementing the Eden Alternative improves the outlook for not only the patients but the caregivers as well.

This video clip is of the co-founder of the Eden Alternative, Dr. William H. Thomas, speaking about how he received the inspiration for this project and some of the focuses this project has when applying the principles to nursing homes.


This article demonstrates the importance of the Eden Alternative and the effect it can have on students learning at a facility and the chance of them working in a similar facility after graduation. The outcomes prove that the interventions applied through the Eden Alternative have a positive outcome for students and how they think about the elderly population.


This study allowed insight to a different intervention, the “Living Habitat,” that borrowed aspects of the Eden Alternative to determine effectiveness of certain parts of it, especially those of live-in plants and animals. Though this was not directly related to the Eden Alternative the results either confirmed or denied other results discussed in the paper.


This article assisted in providing some of the challenges that are faced while implementing the Eden Alternative into new facilities. All the other articles focused on the results, but I liked how this article told exactly the setbacks encountered at this facility when utilizing the new aspects of the Eden Alternative.


This periodical provided information on the first skilled nursing facility that implemented the ideas of the Eden Alternative. This was important to include because further research on the Eden Alternative has proven some same but also different outcomes.


This journal article provided a firsthand account from Dr. Thomas on why he started the Eden Alternative and his thoughts about the implementation of this project in nursing homes allows a different perspective to be seen about the elderly and the prospect of getting old. He relates stories, fables and examples that you as a reader can relate to and the verbiage he uses is very easy to understand. This journal article also provides outcomes from his own personal experiences with the Eden Alternative and the outcomes from 5 nursing homes in Texas.
Appendix A

1. The three plagues of loneliness, helplessness, and boredom account for the bulk of suffering among our Elders.

2. An Elder-centered community commits to creating a human habitat where life revolves around close and continuing contact with plants, animals, and children. It is these relationships that provide the young and old alike with a pathway to a life worth living.

3. Loving companionship is the antidote to loneliness. Elders deserve easy access to human and animal companionship.

4. An Elder-centered community creates opportunity to give as well as receive care. This is the antidote to helplessness.

5. An Elder-centered community imbues daily life with variety and spontaneity by creating an environment in which unexpected and unpredictable interactions and happenings can take place. This is the antidote to boredom.

6. Meaningless activity corrodes the human spirit. The opportunity to do things that we find meaningful is essential to human health.

7. Medical treatment should be the servant of genuine human caring, never its master.

8. An Elder-centered community honors its Elders by de-emphasizing top-down bureaucratic authority, seeking instead to place the maximum possible decision-making authority into the hands of the Elders or into the hands of those closest to them.


10. Wise leadership is the lifeblood of any struggle against the three plagues. For it, there can be no substitute.