

# A culture change in aged care: The Eden Alternative™

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## KEY WORDS

The Eden Alternative™, ageing, aged care, culture change

## ABSTRACT

### Objective

The purpose of this article is to provide an overview of the values that The Eden Alternative™ represents. The benefits, challenges and potential risks, associated with implementing this model for culture change will also be discussed.

### Setting

Currently, 36 residential aged care facilities in Australia and New Zealand have implemented The Eden Alternative™. Alzheimer's Australia has recently adopted The Eden Alternative™ in two Western Australia respite centres to advance care practices.

### Primary argument

The Eden Alternative™ is a model for culture change in aged care that aims to enrich the lives of all who live and work in residential aged care facilities. Children, animals and plants enliven the environment and create an atmosphere reminiscent of home. The Eden Alternative™ promotes human growth in aged care environments and strives to empower and enable older people to fulfil their right to construct and pursue meaningful lives.

### Conclusions

In the United States of America (USA), The Eden Alternative™ is associated with numerous benefits, including reductions in the total number and type of medications used by residents, (i.e. a decline in mind and mood-altering drugs); reduced infection rates among residents; improved levels of sociability among residents; reduced levels of boredom and feelings of helplessness among residents, and improved staff retention rates. However, these findings need to be interpreted cautiously due to lack of information about, and limitations in, study designs. Further research is needed in Australia to establish the impact of this model for culture change on residents and nurses who live and work in these facilities.

## INTRODUCTION

Residential aged care services are an integral component of the accommodation and support systems available for frail elderly or disabled older people who are unable to live independently at home. As of June 2009 there were 2,783 residential aged care facilities (RACFs), providing a total of 211,345 places, offering low or high level care, and short-term respite care services (DoHA 2009). While only a small proportion (6%) of older persons reside in RACFs at a given point of time, the lifetime probability of a person entering a RACF is high: a person aged 70 has a 37% chance of needing high level aged care during his/her life (Rowland et al 2002). On average permanent residents spend about 148 weeks in RACFs (AIHW 2009).

By 2008 people aged 65 years and over constituted 13% of the population, representing a total of 2.8 million Australians (ABS 2009). In 2016 this figure is expected to increase to 16% of the population when the majority of the post-war 'baby boom' generation reaches retirement. It is estimated that by the year 2042 almost one quarter (24.2%) of the total population will be aged 65 years and over, by which time the requirement for aged care places is expected to have risen three-fold (Australian Government Productivity Commission 2008).

Population ageing has significant implications for the provision of aged care services; not least is the capacity of the workforce of aged care nurses to respond to the care needs of the projected number of older Australians. Registered nurses have been leaving the aged care sector in large numbers, citing job dissatisfaction, stressful work conditions, and an unsupportive workplace as reasons for leaving the sector (Moyle et al. 2003; Pearson and Nay 2002). Managers of RACFs consistently report problems with attracting and retaining younger nursing graduates (DEST 2002).

The aged care sector is also under pressure to provide a range of innovative and contemporary models of aged care that preserve an individual's sense of personal autonomy and decision-making. Older people (particularly baby boomers) have expressed a strong preference for alternative forms of aged care and accommodation, and a greater ability to exercise control over where they live and the nature and quality of services they will receive (Benevolent Society 2008; McCallum 2000). According to Kendig and Duckett (2001, p. 67) "ensuring consumer responsiveness and satisfaction is going to be an increasingly important component of the next generation of aged care policy".

Perhaps the greatest challenge facing the aged care sector is its capacity to ensure the right of all older people in RACFs to a fulfilling, purposeful life. The United Nations Principles for Older Persons (UN 2007) acknowledges that 'older persons should be able to pursue opportunities for the full development of their potential'. Aged care facilities focused on resident-directed care and improvement in quality of life of residents foster opportunities for older people to live up to their highest potential.

## BACKGROUND TO THE EDEN ALTERNATIVE™

RACFs have traditionally been viewed as places of long-term treatment and therapy dominated by the medical model that values efficiency, consistency and hierarchy of decision-making (Roshier and Robinson 2005). Since the 1990s some RACFs have abandoned this medical approach to aged care and replaced it with a more humanistic model. The movement away from an institutional model of aged care to one that accepts resident-directed care as the guiding or defining standard of practice is part of a culture change that is positively impacting the provision of aged care services in Australia and around the world. The Eden Alternative™ is one example of a culture change model that aims to promote autonomy and self-determination, and emotional and social wellbeing, as attainable goals for aged care residents. The Eden Alternative™ is affiliated with the USA Eden Alternative through licensing arrangements, and indirectly to other similar organisations established throughout the world. (When 'The Eden Alternative™' is used in this article it refers to the model for culture change outlined in the ten principles.)

Dr William Thomas, the USA geriatrician who founded The Eden Alternative™ in 1991 aspired to create a human habitat to eliminate loneliness, helplessness and boredom from the lives of residents in aged care facilities, which he argued were the ‘plagues of ageing’ that account for the bulk of their suffering. He believed that “every creature has a habitat in which it thrives, and one in which it withers. Human beings wither in institutions” (Thomas and Johansson 2003, p.282). Dr Thomas wanted to transform long-term care and enliven the environment with children, animals and plants to create an atmosphere reminiscent of home. He developed an approach, based on ten principles (table 1) to enhance the quality of life aged care residents by incorporating companionship, a sense of purpose, variety and spontaneity into their day-to-day experience.

The Eden Alternative™ is a not-for-profit organisation based on a philosophy of developmental ageing that recognises late life as an active phase in the ageing trajectory, in which individuals should have access to, and opportunities for, ongoing learning and personal growth and development (Thomas and Johansson 2003). This approach aims to create an environment in which older people are given opportunities to construct and pursue meaningful lives.

The Eden Alternative™ acknowledges the right of older people to a ‘life worth living’ (Thomas 1996).

**Table 1: The ten Eden Alternative principles**

- |                                                                                          |
|------------------------------------------------------------------------------------------|
| 1. Loneliness, helplessness and boredom are the plagues of the human spirit              |
| 2. Close and continuing contact with children, animals and plants builds a human habitat |
| 3. Loving companionship is the antidote to loneliness                                    |
| 4. Giving and receiving care are the antidotes to helplessness                           |
| 5. Variety and spontaneity are the antidotes to boredom                                  |
| 6. Meaning is essential to human life                                                    |
| 7. Medical treatment is a partner in care, not its master                                |
| 8. Wisdom grows with honouring and respecting elders                                     |
| 9. Growth is not separate from life                                                      |
| 10. Wise leadership is the lifeblood of thriving                                         |

### **EDEN IN THE USA AND INTERNATIONALLY**

The Eden Alternative™ has become well-established in the USA, and since its inception almost 20 years ago at least 200 American aged care facilities have adopted The Eden Alternative™. The Eden Alternative™ has also spread globally, with Eden Alternative facilities in the United Kingdom and Ireland; European countries, including Germany, Austria and Switzerland; Scandinavian countries, including Sweden, Denmark, Finland, and Norway; Japan, and other countries.

### **EDEN IN AUSTRALIA AND NEW ZEALAND**

There are 36 RACFs (comprising religious, charitable and community-based not-for-profit groups and for-profit organisations) across Australia and New Zealand actively engaged in implementing The Eden Alternative™. Recently Alzheimer’s Australia implemented The Eden Alternative™ in two Western Australia respite facilities to improve the quality of life of people with dementia and their carers (Alzheimer’s Australia 2004).

### **BENEFITS ASSOCIATED WITH THE EDEN ALTERNATIVE™**

Robust, independent evaluation of this philosophy and model for culture change has not been a priority of Eden Alternative facilities. The purported benefits associated with The Eden Alternative™ have in general, been informed by data gleaned from residents’ records, quality indicators, staff observations and staff reports. Studies using this approach to data collection have shown that The Eden Alternative™ is associated with numerous benefits, including reductions in the total number and type of medications used by residents, (i.e. a decline in mind and mood-altering drugs); reduced infection rates among residents; improved levels of

sociability among residents; reduced levels of boredom and feelings of helplessness among residents, and improved staff retention rates (Bergman-Evans 2004; Sampsell 2003; Hamilton and Tesh 2002; Thomas and Stermer 1999; Thomas 1996, 1994).

In 2004, seven facilities in Michigan (USA) that had adopted The Eden Alternative™ reported an average staff turnover reduction from 72% to as low as 9%, the average being 15% (Steiner et al 2004). Another benefit to emerge from these facilities was fewer complaints about the quality of care from residents, staff and family. One study, conducted between 1996 and 1998, of Eden Alternative homes in Texas, found a 60% decrease in behavioural incidents, 57% decrease in pressure sores, 18% decrease in use of restraints, and 48% decrease in staff absenteeism (Ransom 1998). It is important to note that this study did not provide information about the study design.

Few empirical studies, comparing Eden Alternative facilities to traditional (or standard) aged care facilities have been conducted. One study funded by the New York State Health Department found that compared with a traditional nursing home, the Eden Alternative facility recorded a 50% decrease in infection rate, 71% drop in daily drug costs per resident, and a 26% decrease in nursing staff turnover, over a three-year period (Thomas 1996). Information about the method used to obtain the sample and to collect and analyse the data was also lacking in this study.

Another study (Bergman-Evans 2004) used the Geriatric Depression Scale and the UCLA Loneliness Scale (both validated instruments) to assess levels of loneliness, boredom and helplessness in Eden Alternative residents compared with a standard nursing home of comparable residents in terms of health, psychological and cognitive profile. There were statistically significant improvements in levels of boredom (33%→23%) and feelings of helplessness (38%→24%) in the Eden Alternative facility, one year after residents were admitted, compared with the control group (54%→61% and 54%→61%, respectively). There was a non-significant reduction in feelings of loneliness in the Eden Alternative residents. The proportion of residents who rated their health as very good to excellent increased in the Eden Alternative facility (19%→40%) compared with the control group (15%→23%) one year later.

Conflicting findings about the benefits to residents and staff in Eden Alternative facilities do exist. Coleman et al (2002) found that the introduction of The Eden Alternative™ was actually associated with adverse outcomes for residents in an Eden Alternative facility, compared with residents in a traditional nursing home. This study found that residents in the Eden Alternative facility had a higher rate of falls (31% compared with 17%, within a 30 day period), compared with the control. In this study the residents in the Eden Alternative facility were on average younger than those in the control facility (82.6 years of age compared with 88 years of age), with fewer impediments in relation to functional status (according to scores on an Activity of Daily Living scale). Quite possibly, the higher rate of falls in the Eden Alternative facility might reflect the increased risk of accidents and injuries among ambulatory, independent residents compared with the frailer, more sedentary residents in the control group. Whereas both facilities experienced staffing problems, the turnover of nursing staff was higher in the Eden Alternative facility, than in the control facility. Without information about the process used to induct, educate and support staff to implement the principles in the Eden Alternative, the reason for the higher staff turnover is unclear.

Much less is known about the benefits associated with the implementation of The Eden Alternative™ in Australia. One Australian RACF that implemented The Eden Alternative™ in 2000 observed major improvements to residents' happiness and independence (MacKenzie 2003). Residents in this facility reported higher levels of personal satisfaction because they were encouraged to take more responsibility for their own health care needs and wellbeing. Interestingly, many of the personal care staff in this facility pursued further qualifications and academic training in nursing and other health professionals, because they had developed a strong passion for working in the aged care sector.

## CHALLENGES AND POTENTIAL RISKS ASSOCIATED WITH THE EDEN ALTERNATIVE™

The implementation of The Eden Alternative™ is not without its difficulties. The Eden Alternative™ challenges traditional models of care and management because it is based on a whole-of-facility management system. It aims to empower the staff and place decision-making authority as close to the resident as possible. It ‘flattens’ the nursing organisation hierarchy and promotes a decentralised team method of care delivery that puts residents at the centre of the facility (Keane 2004; Barba et al 2002).

The integration of children, animals and plants in aged care facilities is associated with some risk of harm and injury to residents. Active, boisterous children might agitate some residents and the presence of toys and children’s games could pose a hazard and obstacle to safe ambulation of residents. Allergies to pets and plants (although rare) is another risk associated with this approach to environmental enhancement. Staff in Eden Alternative facilities need to ensure that residents are questioned about reactions to environmental antigens to identify those at risk of allergies. Consideration for residents with an aversion to or fear of animals also needs to be taken into account when facilities adopt The Eden Alternative™.

The successful implementation of this model requires good leadership and effective, stable management; strong teamwork; efficient communication systems; an investment in staff training and education about this philosophy; the capacity to provide appropriate care of pets and plants; a commitment to a person-centred care; and above all, a shared belief that older people are entitled to pursue opportunities for the full development of their potential (Steiner et al 2004; Barba et al 2002).

## IMPLICATIONS FOR FUTURE RESEARCH

Facilities that focus on building rewarding and collegiate workplaces that empower nurses and allow them to provide person-centred care positively contribute to the retention of nurses in the aged care sector (Cameron and Brownie 2010; Moyle et al 2003). Given that these are the same workplace features that characterise Eden Alternative facilities, an evaluation of the impact of this philosophy on nursing staff retention rates might assist efforts to recruit and retain more nurses in the aged care sector. To date no data exists about the experiences of Australian nurses or other health professionals working in these facilities.

The Eden Alternative organisation needs to develop a systematic approach, incorporating validated instruments, to evaluate the impact of this philosophy on the psychological and physical health profile of residents, compared with residents in traditional aged care facilities. Verifying the claim that the use of medication, in particular psychotropic drugs, is reduced in Eden Alternative facilities has important implications for the pharmaceutical costs associated with aged care.

## CONCLUSION

The Eden Alternative™ is an approach to aged care intended to combat the plagues of ageing –loneliness, helplessness, and boredom - by incorporating companionship, a sense of purpose, variety and spontaneity into the day-to-day experience of aged care residents. This philosophy and model for culture change has been adopted by aged care facilities throughout the world, including 36 facilities in Australia and New Zealand. The locus of decision-making is with the resident, which ensures the right of each resident to pursue opportunities for the full development of their potential. The Eden Alternative™ is associated with reductions in medication usage, reduced infection rates, improved levels of sociability, reduced levels of boredom and helplessness among residents, and improved staff retention rates. An evaluation of The Eden Alternative™ in Australian facilities is needed to establish the benefits and challenges associated with this philosophy and model for culture change in aged care.

## REFERENCES

- ABS. 2009. *Population by age and sex, regions of Australia, 2008*. Australian Bureau of Statistics. Canberra.
- AIHW. 2009. *Residential aged care in Australia 2007-08: A statistical overview*. Australian Institute of Health and Welfare. Canberra.
- Alzheimer's Australia, WA. Eden Alternative 2004. Available from <http://www.alzheimers.asn.au/index.php?page=viewStory&id=8209>.
- Australian Government Productivity Commission. 2008. *Trends in Aged Care Services: some implications*. edited by A.G.P. Commission. Canberra: Commonwealth of Australia.
- Barba, B.E., A.S. Tesh, and N.F. Courts. 2002. Promoting thriving in nursing homes: The Eden Alternative. *Journal of Gerontological Nursing*, 28(3):7-13.
- Benevolent Society. 2008. Baby boomers want alternatives to a future in nursing homes. [http://www.bensoc.org.au/director/newsandevents/mediareleases.cfm?item\\_id=FDED3B07DDFF3EB367B514F453C86210](http://www.bensoc.org.au/director/newsandevents/mediareleases.cfm?item_id=FDED3B07DDFF3EB367B514F453C86210).
- Bergman-Evans, B. 2004. Beyond the basics. Effects of the Eden Alternative model on quality of life issues. *Journal of Gerontological Nursing*, 30(6):27-34.
- Cameron, F., and S. Brownie. 2010. Enhancing resilience in registered aged care nurses. *Australasian Journal on Ageing*, 29(2):66-71.
- Coleman MT, Looney S, O'Brien J, Ziegler C, Pastorino CA and Turner C 2002. The Eden Alternative: Findings after 1 year of implementation. *The Journals of Gerontology: Medical Sciences*, 57A(7):M422-M7.
- DEST. 2002. *Commonwealth Australian aged care nursing: a critical review of education, training, recruitment and retention in residential and community settings*. Commonwealth Department of Education, Science and Training.
- DoHA. 2009. *Report on the Operation of the Aged Care Act 1997*. Department of Health and Ageing. Canberra: Australian Government.
- Hamilton, N, and A.S. Tesh. 2002. The North Carolina Eden Coalition. Facilitating environmental transformation. *Journal of Gerontological Nursing*, 28(3):35-40.
- Keane, B. 2004. Building the new culture of ageing - one leader at a time. *Nursing Homes*, 53(8):44-46.
- Kendig, H., and S. Duckett. 2001. *Australian directions in aged care: The generation of policies for generations of older people*. In Commissioned Paper Series 2001/05: Australian Health Policy Institute.
- MacKenzie, S. 2003. *Implementing the Eden Alternative in Australia*. In Culture change in long-term care. New York: Haworth Press.
- McCallum, A. 2000. *What will we do with the baby boomers?* In Population Globalisation: Australia in the 21<sup>st</sup> century. Melbourne: Australian Population Association.
- Moyle, W., J. Skinner, G. Rowe, and C. Gork. 2003. Views of job satisfaction and dissatisfaction in Australian long-term care. *Journal of Clinical Nursing*, 12:168-176.
- UN. 2007. *Principles for Older Persons*. In Programme on ageing. United Nations.
- Pearson, A., and R. Nay. 2002. *Australian aged care nursing: a critical review of education, training, recruitment and retention in residential and community settings*. edited by S. a. T. Commonwealth Department of Education. Canberra.: Commonwealth of Australia.
- Ransom, S. 1998. The Eden Alternative: Creating human habits in Texas nursing homes. *Texas Journal on Aging*, 1(1):8-13.
- Rosher, R.B, and S. Robinson. 2005. Impact of the Eden Alternative on family satisfaction. *Journal of the American Medical Directors Association*, 6:189-193.
- Rowland, F., Z. Liu, and P. Braun. 2002. The probability of using an aged care come over a lifetime (1999-00). *Australasian Journal on Ageing*, 21(3):117-122.
- Sampsell, B.G. 2003. The promise, practice, and problems of the Eden Alternative. *Nursing Homes*, 52(12):41-44.
- Steiner, J.L., C. Eppelheimer, and M. De Vries. 2004. Successful Edenization through education. *Nursing Homes*, 53(3):46-49.
- Thomas, W. 1994. *The Eden Alternative: Nature, hope and nursing homes*. Sherburne, New York: Eden Alternative Foundation.
- Thomas, W. 1996. *Life worth living*. Massachusetts: VanderWyk & Burnham.
- Thomas, W., and C. Johansson. 2003. Elderhood in Eden. *Topics in Geriatric Rehabilitation*, 19(4):282-290.
- Thomas, W., and M. Stermer. 1999. Eden Alternative for the future. *Balance*, 3(4):14-17.