

The impact of the Eden Alternative on hope

Hopelessness is a major problem in the psychological wellbeing of care home residents. This study aimed to determine if the Eden Alternative, a model designed to reduce loneliness, boredom and helplessness, could also combat hopelessness

When individuals enter care homes, they must deal with the loss of family, friends, identity, autonomy, body function, personal possessions and spiritual fulfilment. In the 1990s, a patient-centred model of elderly care known as the Eden Alternative (EA) (Thomas, 1996) emerged as a way of combating the 'three plagues' of loneliness, helplessness and boredom.

The EA goes beyond a person-centred approach by incorporating 10 principles: reducing suffering; promoting relationships with children and animals; companionship; opportunity to give as well as receive care; variety and spontaneity; meaningful activity such as caring for plants; making medical treatment the servant, not the master, of caring; placing decision-making into hands of older people; embracing continual human growth; and wise leadership that flows from relationships (EA, 2016). This approach improves quality of life because of culture change within the environment, which empowers older people and the staff who look after them.

The model asserts that life is worth living and older people can achieve meaningful goals, feel secure, have a sense of belonging and feel valued (Hurtley, 2007). Care home manager Raffel et al (2002) commented: 'Eden homes are filled with peace, serenity and belonging.' Another care home manager explained:

'We want to show others how companionship of animals, opportunity to care for other living things, variety and spontaneity can succeed where pills and therapies fail' (Thomas, 1996).

While care home residents demonstrate the three plagues, they also demonstrate behaviour of hopelessness such as: passivity; flat mood/affect with social withdrawal; decreased response to stimuli; sleep and appetite disturbances; and a lack of initiative with personal care (Herdman and Kimitsuru, 2014).

It was decided to carry out this study because hopelessness was observed among care home residents.

The research explores the effects of the EA on residents' perceived state of hopelessness.

Literature review

The literature review generally supported the EA. Multiple studies indicated that the EA reduces the three plagues (Hinman and Heyl, 2001; Barba et al, 2002; Monkhouse, 2003; Hurtley, 2007; Brownie, 2011). Bergman-Evans (2004) found that one year after the EA had been implemented, boredom and helplessness decreased and quality of life improved. Over a three-year period, requests for pain medications reduced, staff retention improved and there were fewer infections. Mackenzie (2003) reported increased personal satisfaction and independence. Robinson and Rosher (2006) found reduced depression and greater family satisfaction.

On the negative side, Andersen and Spiers (2015) found that, while employees were initially enthusiastic about implementing the EA, they later felt isolated from residents and colleagues. This was because each nurse was assigned the same residents to look after each day so they could get to know each other better. However, nurses felt isolated from other residents and colleagues working in a different

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part of the care home. Another study found that the EA had a negative impact on job satisfaction (Brownie and Nancarrow, 2013). Coleman et al (2002) found the EA was associated with increases in falls and nutritional problems.

There is evidence that the EA does reduce the three plagues. Hopelessness is linked to boredom, helplessness and loneliness as a precursor to, or consequence of, them. Although the literature review did not reveal studies on the impact of the EA on hopelessness, it did find studies that associated hopelessness with Alzheimer's disease, depression, myocardial infarction, cancer and spiritual distress (Abramson, 1989; Chimich and Nikolaichuk, 2004). Abramson (1989) found that hopelessness is a psychological response to physical illness. Hopelessness is related to physical disease and can lead to decreased functional status. Brownie (2011) found that the EA led to a reduction in the use of mind- and mood-altering drugs.

Methods

Study setting and design

This research used a comparative design to compare hope in residents at two privately owned nursing homes in the north central region of the US. One of the homes employed the EA philosophy; the other facility used the medical model. The two homes were similar in size, with 75–100 residents each.

Architecturally, the two homes differed. The newly remodelled non-Eden home was aesthetically beautiful, with corridors extending spoke-like from the central nurses' station, and provided with attractive furniture. However, the hallway lighting was dim and residents' rooms were dark. Many residents appeared to be asleep in bed. There was no expectation that they would spend time outside their rooms, except for scheduled recreational activities and therapy appointments. In contrast, the Eden home was built in the 1950s and had one long hallway that was well lit and clean, with a nurses' station in the centre. The entrance of the Eden home displayed a beautiful birdcage and live plants. Staff called the people living there 'neighbours' rather than residents. In the EA home, there was an expectation, which was observed during data collection, that residents would be out of their rooms engaging in activities, helping others, conversing, interacting with animals and children, gardening and taking exercise.

Sample

The study used a convenience sample. In advance, the nursing home directors identified mentally competent residents, who expressed a willingness to participate in the study. Mental competence meant being able to make rational decisions (Pruchno et al, 1995), and having no legal guardian assigned. Residents of both facilities were

there because of long-term health conditions and a decreased ability to care for themselves.

Consent

The university's institutional review board (IRB No. F-15-17-Modified) provided permission to conduct the study, along with consent forms.

Research instrument

The original 12 indicators of hope, listed in the Nursing Outcome Taxonomy (Moorhead et al, 2013), formed the base for the questionnaire, with revisions following input from the Eden home managers. Nursing directors at both facilities approved the revised instrument. Following data collection, Cronbach's alpha was computed to assess the internal consistency of the hope items; it was 0.843.

The instrument used a Likert scale, testing the following outcome indicators of hope: quality of life; meaning to life; will to live; enjoyment; contentment; trust; peace, choices; optimism; companionship; faith; and reason to live. Together, these made up the overall hope score. The Likert-style responses were in the range of: never=1; sometimes=2; often=3; always=4. The possible overall hope score ranged from 12 to 48. Examples of statements were 'I feel at peace within myself' and 'I feel I have reasons to live'.

Data collection

During data collection, researchers visited potential participants, addressing them by their surname and title, asking if they would still like to participate in the study. Some potential non-Eden facility residents were in bed and appeared to be asleep, and were not included. All interviewees were awake, alert and able to maintain attention throughout the interview.

After gaining verbal agreement to participate in the study, the researcher gave participants a printed copy of the consent form, read it aloud then obtained a signature. The researcher then read the questionnaire verbatim, allowing residents ample time to respond. Interviews took approximately 20 minutes. Completed research surveys were stored in a secure location.

Results

Sample

The study took place in the US in a Midwestern city with approximately 100 000 residents. The sample was 22 residents from the Eden facility and 28 from the non-Eden facility. Ages ranged from 66.56 to 97.87 years at the Eden facility and from 62.21 to 103.44 years at the non-Eden facility. All residents were female, except one male. The average length of stay ranged from 0.23 to 5.76 years at the Eden facility and 0.30 to 4.64 years at the non-Eden facility. All residents were Caucasian; most were widows.

Table 1. Comparison of outcome indicators in Eden Alternative and non-Eden Alternative care homes

Variable	Eden Alternative		Non-Eden Alternative		Statistical analyses	
	M	SD	M	SD	t value	P value
Hope (overall)	3.50	0.67	3.16	0.49	-2.13	0.04*
Quality of life	3.41	0.75	2.65	0.98	3.16	0.003*
Will to live	3.74	0.59	3.29	0.99	1.98	0.05*
Enjoy life	3.33	0.88	3.04	1.09	1.07	0.29
Meaning	3.70	0.60	3.28	1.17	1.65	1.97
Contentment	3.22	0.93	2.70	1.18	1.56	0.13
Trust	3.22	0.93	3.19	0.80	0.13	0.90
Peace	3.44	0.75	3.23	0.76	1.03	0.31
Choices	3.52	0.70	2.96	0.92	2.94	0.016*
Optimism	3.23	0.70	3.24	0.97	-0.035	0.97
Companionship	3.67	0.68	3.19	0.98	2.05	0.05*
Faith	3.67	0.46	3.19	0.60	0.86	0.41
Reason to live	3.62	0.79	3.34	0.93	1.19	0.24

*P value is ≤ 0.05 , so these figures are statistically significant

Statistical analysis

Data analysis was carried out using the Statistical Package for the Social Sciences (SPSS). The independent t-test compared the Eden facility with the non-Eden facility. Statistical significance was set at $P=0.05$.

The overall hope mean score at the Eden facility was 3.50 and that at the non-Eden facility was 3.16; the difference was significant (t value -2.13 ; $P=0.04$). Four of the 12 individual outcome indicators were significantly different, favouring the Eden facility. The four items were 'quality of life' (t value 3.16, $P=0.0030$), 'will to live' (t value 1.98, $P=0.05$), 'choices', (t value 2.94, $P=0.016$) and 'companionship' (t value 2.05, $p=0.05$) (Table 1).

Discussion

The hypothesis proposing that residents of the EA homes would feel more hope than residents of the non-Eden care

homes was upheld. This is consistent with Haugen (2014), who found that hope was 'significantly influenced by caregivers' way of interaction', paralleling the EA philosophy of person-centred caring with compassionate interactions.

In addition to the overall hope score being significant, there were significant differences in four of the 12 individual outcome indicators, favouring the Eden facility. One significant outcome indicator was 'greater expectations of quality of life'. This finding is consistent with Burack et al's (2012) findings; that person-centred care promotes quality of life. Another significant indicator was 'will to live', which is consistent with what Touhy (2001) found—that there is a link between hope and spirituality. The outcome indicator of 'companionship' reflects the Eden principle of 'loving companionship being the antidote to loneliness' (Eden, 2016).

Key points

- Nursing home residents display hopelessness, which is a strong predictor of adverse health outcomes
- In addition to reducing helplessness, loneliness and boredom, the Eden Alternative promotes hope among people living in nursing homes
- Additional rigorous clinical research on the effect of the Eden Alternative on hope is necessary

There were no significant differences for the other eight hope indicators. Perhaps this is because, while the EA addresses ways to combat the three plagues, it does not specifically address these characteristics of hopelessness (Herdman and Kamitsuru, 2014).

Limitations

Despite the positive findings of this project, there are several limitations. It was not feasible to control for variables such as medical condition, length of stay, architecture and demographic differences between participants. Because most participants were female, it is difficult to generalise results to a male population. Age was controlled for, as all participants were elderly and in the final stage of life. Ego integrity vs despair (Erikson, 1993) and legal competence were controlled for, as care home managers assisted with the selection of potential participants, who were not in advanced stages of dementia and had been determined to be legally competent by their physicians.

Conclusion

Although Andersen and Spiers (2015) found a decline in staff interest upon implementation of the Eden philosophy, this is contrary to researcher observations at the Eden home. The staff appeared joyful, caring and compassionate towards residents and the team. The Eden director reported a decrease in staff turnover and absenteeism since the EA had been implemented.

Although Coleman et al (2002) found falls and nutrition problems in an Eden home, it would seem logical for active older people to be more prone to falling than those who are sitting or in bed all day. Nutritional issues may stem from poor food choices made by residents who are encouraged to select what they want to eat. However, these are issues of concern, which require further research.

The study supports the use of the EA because it promotes

hope. Further suggestions for the EA would be to include addressing the characteristics of hopelessness (Herdman and Kamitsuru, 2014). This study should stimulate future research and clinical work regarding psychological outcomes of care home residents exposed to the EA. **NRC**

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CPD reflective questions

- Think about how you could increase hope among care residents.
- How could aspects of the Eden philosophy be implemented in care homes, such as helping residents achieve meaningful goals, feel secure, have a sense of belonging and feel valued?
- How can nurses minimise the three plagues of helplessness, boredom and loneliness among care home residents?