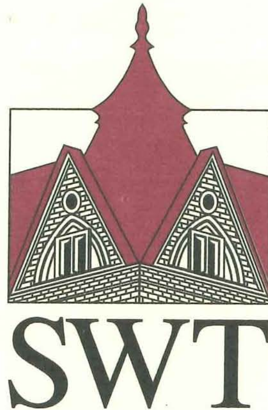

College of Health Professions

Texas Long Term Care Institute

Impact of the Eden Alternative™ on Texas Nursing Homes Residents' Quality of Life: A Psychosocial Perspective

Prepared by

Rich Wyllie, LMSW

January 2001

Southwest Texas State University

San Marcos, Texas

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ABSTRACT

What effect does the Eden Alternative™ have on the quality of life of nursing home residents? Recent studies on this innovative approach to changing nursing home culture have yielded promising results using medical and administrative indicators. However, these studies have limited outcomes on psychosocial issues that influence the quality of life for nursing home residents. The purpose of this study was to address this limitation by conducting a more in-depth evaluation of the effectiveness of the Eden Alternative™ on nursing home residents' quality of life using scientifically proven reliable and valid psychosocial instruments; the Life Satisfaction Index (LSI) and the Sheltered Care Environment Scale (SCES) were chosen to measure the psychosocial variables.

The evaluative research consisted of a two-year longitudinal study using a comparison pretest-posttest design. Three Texas nursing homes that initiated the Eden Alternative™ process were compared with two Texas nursing homes that did not initiate any aspect of the Eden Alternative™ model. The administration of questionnaires to residents, families, and staff were the primary means of data collection.

Results brought to light two major issues that impacted the quantitative and qualitative outcome data. First, certain challenges surfaced during implementation of the Eden Alternative™ process. Secondly, clinical significance was not supported by the data. A discussion of these issues as well as recommendations for future research is provided.

INTRODUCTION

Nursing homes perform the vital role of providing care and treatment to the frail elderly who are unable to remain independent, who require assistance with activities of daily living (ADLs), and who have needs based on medical and/or psychosocial problems. These institutions, however, have received negative publicity from the media. Nursing homes have gained a collective reputation with the general public that places them in a category no better than places where frail elders go to die (Thomas, 1996). Numerous articles continue to appear in the literature referencing problems associated with nursing homes and substandard medical care and treatment, unsanitary conditions, and apathetic staff (Hawes, 1991; Institute of Medicine (IOM), 1986; Thomas, 1996). The literature is replete with articles about the antiquated medical model of care that merely focuses on diagnosis and treatment of its long-term care residents (Hawes, 1991; Thomas, 1996).

Many elderly residents find themselves in a structured, sterile, congregate living environment, frightened, and often physically and psychologically debilitated. The quality of care and quality of life for these individuals is compromised because of long held traditional medical model practices which focus on medically oriented, routinized provisions of care and treatment. The goal of the medical model is to enable the resident to

maintain the maximum level of independence (Evashwick, 1996). But the question remains, what level of independence is possible for the nursing home resident using the medical model? According to Coons & Mace (1996), congregate living discourages privacy, often strips individuals of their independence, dignity, sense of mastery, and self-esteem. They also suggest that these losses may lead to fear, anger, withdrawal and depression.

According to William H. Thomas, M.D. (1999) the problem with quality of life in nursing homes is emptiness. Residents' lives are empty because the institutional culture and environment that they are relegated to prevents them from living a life that is full and fully human. Dr. William Thomas believes that residents are afflicted with what he calls the three plagues of the nursing home: loneliness, helplessness, and boredom (Thomas, 1994).

Today, pioneers in the field of gerontology are creating and developing innovative approaches to changing the culture of the entrenched medical model nursing home. One pioneer's quest to shift the paradigm from curing to caring and to respond to residents' feelings of loneliness, helplessness, and boredom is Dr. Thomas' innovative approach called the Eden Alternative™. The Eden Alternative™ process transforms the traditional nursing home culture into a "human habitat" restoring diversity, both socially and biologically, by creating an environment where individuals can interact spontaneously and continuously with plants, animals, and children.

It also shifts the hierarchical management practices of the medical model to a horizontal participatory approach that empowers staff members, those closest to the residents, to form self-directed work teams and to take responsibility for managing their own work schedules. Staffing self-management is an integral part of the Eden Alternative. Without it the change process cannot occur. With it staff members can gain the confidence, pride and responsibility to proactively participate in not only improving the lives of nursing home residents, but also improving and changing the environment in which they work. This transformation and continuing process of culture change is called "Edenizing."

Since the first Edenized nursing home, (Chase Memorial in New York in 1991), over 200 nursing homes across the country have been transformed. Media attention in the form of television, newspapers, and magazines has featured the Eden Alternative™, inviting numerous long-term care providers to embrace this concept. Yet even with its new found popularity, one major question has yet to be definitively answered: What effect has the Eden Alternative™ had on the quality of life of nursing home residents?

LITERATURE REVIEW

In recent years literature on improving long term care has focused on the relationship or distinction between two concepts; quality of care and quality of life. The literature is replete with definitions of quality of care. For example, quality of care represents the performance of specific activities in a manner that either increases or at least prevents the deterioration in health status that would have occurred as a function of a condition or disease (Brook & Kosecoff, 1988). Wyszewianski (1988) refers to quality of care as the actual determination of whether care is good or bad, appropriate or inappropriate, and well executed or poorly executed. Finally, Grossman & Weiner (1988) define quality of care as the effective provision of health care resources in appropriate quantity and duration to respond to actual need.

Quality of life, on the other hand, is a multidimensional concept that refers to an individual's state of complete physical, mental and social well-being (Abeles, Gift, & Ory, 1994). According to Kane (1999) dignity, privacy, a sense of identity, continuity with one's previous life, a sense of meaning, fulfillment, meaningful relationships and social participation, the chance to make a contribution, spiritual well-being, control and choice over one's life are all considerations in assessing one's quality of life. Clark & Bowling (1989) state that quality of life is not limited to functional ability, level of activity, mental state and longevity, but encompasses the concepts

of freedom, privacy, freedom of choice, respect for the individual, emotional well-being and maintenance of dignity. Nyman & Geyer (1989) broaden their definition of quality of life by including self-worth, self-esteem, and satisfaction. Teitelman and Priddy (1988) assert that life satisfaction, self-esteem, and physical health are all key dimensions of quality of life. Lawton (1997) identifies both objective and subjective dimensions in his conceptualization of quality of life - subjective: domain-specific perceived quality of life and general psychological well-being, and objective: behavioral competence and environmental quality. A study by Cohn & Sugar (1991) found that quality of life in the nursing home setting was related to the residents' subjective perception of their environment. Moos and Lemke (1996) purport that the social climate or atmosphere in nursing homes can have a direct impact on residents' perceptions of their quality of life.

The definitions of quality of life and quality of care are distinctive, yet interdependent and interrelational as is evidenced in the reported literature. The difficulty of operationalizing these concepts, however, especially quality of life, remains challenging for gerontological researchers.

Empirical research measuring quality of nursing home care and quality of life focuses mainly on the use of quantitative medical and administrative indicators. Quality of care is measured by the cleanliness of the environment, compliance with regulations, and the type of nursing and medical care provided (Doherty, 1989). Other measurements used to define

improved quality of long term care have included: the reduction of restraint use (Hill & Schirm, 1996; Karlsson, Bucht, Ericksson, & Sandman, 1996; Sundel, Garrett, & Horn, 1994), the decreased use of psychotropic medications (Avorn, Soumerai, Everett, Ross-Degnan, Beers, Sherman, Salem-Schatz & Fields, 1992; Garrard, Chen & Dowd, 1995; Lantz, Giambanco & Buchalter, 1996), and staff satisfaction and turnover rates (Banazak-Holl & Hines, 1996; Brannon & Smyer, 1994; Kruzich, 1995). This methodology of using medical criteria as a measurement of quality of care disregards the psychosocial aspects of the nursing home resident. This limited outcome data can compromise service delivery, quality of care and ultimately, nursing home residents' quality of life.

Recently, qualitative gerontological research involving the biopsychosocial issues of quality of life has gained popularity. Proponents view this approach as a way of knowing and a way of documenting the aging experience and making its distinct contribution to the field (Gubrium, 1992). Qualitative research methods emphasize depth of understanding, attempt to tap the deeper meaning of human experience, and intend to generate theoretically rich observations (Rubin & Babbie, 1993). There remains, however, a reluctance on the part of many traditional researchers in the scientific community to engage in or lend credence to qualitative research due to its lack of objectivity and scientific rigor. On the basis of a review of

the literature, gerontological researchers are embracing qualitative research methodologies as a means of studying quality of life (Gubrium, 1992).

Qualitative research involving nursing home quality of life is making progress due in large part to the 1986 report of the Institute of Medicine (IOM). This report considered quality of care as one aspect of quality of life, and further defined quality of life as an individual's sense of well-being, level of satisfaction with life, and feeling of self-worth and self-esteem. The report concluded that fulfilling an individual's emotional and social needs is considered necessary for high quality of life and is an integral component of providing quality of care.

The term *psychosocial* is frequently used by professionals to describe this constellation of social and emotional needs and the attention given to them. Social need represents a desire for support from or interaction with other people and/or animals. A person's emotional or psychological needs are manifested through feelings of being worthwhile, productive, belonging, respected, autonomous, loved, and cared for. As a result of the IOM report, nursing home reform legislation in 1987 (Omnibus Budget Reconciliation Act of 1987 [OBRA], P.L. 100-203) made quality of life a component of national policy and strengthened federal requirements for psychosocial care in nursing homes (Vourlekis, Gelfand, Greene, 1992). OBRA identified activity programs as an important approach to improving residents' quality of life.

The findings of several empirical studies provide a clear justification for OBRA's mandate for activity programs that address the physical, mental, and psychosocial well-being of residents. The literature suggests that involvement in activities has a variety of positive effects: enhances adjustment to nursing home life (Voelkl & Mathieu, 1993); helps to promote social involvement, instills a sense of well-being and of control over the environment (Card, 1989; Rancourt, 1991); fosters perceptions of nursing home life as being comfortable, meaningful, and promoting contentment (Cohn & Sugar, 1991); and prevents residents' physical decline (Voelkl, Fires, & Galecki, 1995).

The gerontological literature is also abundant with studies involving the relationship between autonomy and quality of life. For example, research has linked personal control or autonomy to the concept of successful aging in particular (Rowe & Kahn, 1987) and more generally to positive health outcomes (Langer & Rodin, 1976; Rodin, 1986; Rodin & Langer, 1977). Nursing homes are challenged to find ways that permit more autonomy, independence, decision-making and privacy for residents (Forbes, Jackson, & Krauss, 1987). It is recommended that nursing home environments have an atmosphere that is supportive, comfortable, and homelike in order to promote the image of allowing the resident a choice over their surroundings and schedules (IOM, 1986). The IOM report also suggested that nursing home residents be treated with dignity and respect

and have opportunities to interact with the community inside and outside of the nursing home setting.

Social interaction, another psychosocial indicator of nursing home residents' quality of life, was studied by Winkler, Fairnie, MPhil, Gericevich, & Long (1989). The results of their study concluded that six weeks after the introduction of a resident animal (dog) to the nursing home environment, a significant increase in frequency of interactive behaviors was seen for both residents and staff. Another study measured the effectiveness of a primary care model of delivery consisting of permanent assignment of nursing aides, a team approach and enhanced communication. Conclusions were that this approach not only fosters enhanced socio-emotional interaction between individual residents and staff members, but also increased resident autonomy and independence in performing self-care activities (Teresi, et al., 1993). Finally, Banziger & Roush (1983) implemented a modification of the Rodin-Langer control-relevant intervention. The study examined the effects of responsibility and the opportunity to care for individually placed bird feeders upon a sample of nursing home residents. When compared to two other groups without the intervention, the responsibility/bird feeder group showed a significant pretest-posttest improvement on self-reported control, happiness, and social activity.

Emotional functioning has also been studied using depression as a psychosocial indicator for quality of life. Numerous studies report reductions

in nursing home residents' depressive symptoms by implementing the following interventions: group approach, art therapy, companion animals, and creating a more homelike environment (Coons & Mace, 1996; Dhooper, Green, Huff, & Austin-Murphy, 1993; Weiss, Schafer, & Berghorn, 1989; Hoffman, 1991; Kruczek, 1997). Moreover, the literature contains many studies supporting the inclusion of plants, animals, and children in the nursing home environment as a way to achieve psychosocial well-being (Haas, 1996; Haggard,1985; Hoffman, 1991; Thomas, 1996).

The aforementioned studies have addressed the psychosocial needs of nursing home residents using a unidimensional approach. A more encompassing multidimensional approach would be to investigate the interaction of factors impacting quality of care and quality of life in nursing home settings based on the ecological model of reciprocal interaction between a living organism and the environment and the organism's adaptation to the environment (Martin and O'Connor, 1989).

A recent ecological and humanistic approach to improving the quality of care and quality of life of nursing home residents is called the Eden Alternative™. This paradigm, developed by Dr. William Thomas in 1991, moves away from the traditional medical model of care that focuses on feeding, cleansing, and medicating routines toward a more holistic approach that addresses psychosocial problems of well-being. The goal of the Eden Alternative™ approach is to create a biologically, socially diverse enlivened

environment in the nursing home where living entities of animals, plants, children, residents, care teams, students, volunteers, religious organizations, and community groups can spontaneously interact (Thomas, 1994). To achieve this goal the Eden Alternative™ is guided by a set of principles. (Appendix A)

The empirical studies on the impact of the Eden Alternative™ on nursing home residents' quality of care and quality of life are limited, but have shown promising results. The initial research project, a three-year pilot study at Chase Memorial Nursing Home (Chase) by Dr. Thomas, showed a reduction in medical and administrative indicators, such as: a 50% decrease in the infection rate, a 71% drop in daily per resident drug costs, and a 26% decrease in nurse aide turnover (Thomas, 1994). In 1994, a coalition of three New York State Southern Tier nursing homes formed to replicate the Eden Alternative™ environment developed at Chase. This was a 3-year longitudinal study to measure the same medical indicators as the initial study and the influence of drug and social therapy interventions using The Nurses' Observation Scale for Inpatient Evaluation (NOSIE-30). This study also assessed the quality of life in an elderly nursing home population using The Life Satisfaction Index (LSI) and an Eden-specific Resident Satisfaction Questionnaire. Results of this study showed no significant changes over time with the medical and administrative outcome variables, including: falls, infections, mortality rates, staff turnover, prescriptions, and

prescription costs. However, results of the NOSIE-30 showed statistically significant improvements on five of seven factor scores ($p \leq 0.03$). According to Riesenberg (1996) decreases in manifest psychosis, irritability, psychomotor retardation, and depression were particularly noteworthy. Results from the LSI were disappointing as they revealed a consistent pattern of decreases in life satisfaction over time. (Riesenberg, 1996)

In 1996, the Texas Long Term Care Institute at Southwest Texas State University sought to replicate Dr. Thomas' initial study by conducting a two-year longitudinal study in another geographical location and with a larger sample. The Texas Eden Alternative™ Research Project investigated data on variables studied by Dr. Thomas and also investigated additional medical and administrative outcome variables.

Research findings revealed promising trends both at the individual and cumulative facility levels. Individual homes showed significant decreases in behavioral incidents, pressure sores, restraints, resident complaints, polypharmacy, and skin infections as well as increases in ambulation. Cumulative findings reported an increase in census and staff self-scheduling and decreases in behavioral incidents, pressure sores, bedfast, restraints, and staff absenteeism. (Ransom, 2000) These findings are encouraging, but what is noteworthy, however, is the lack of psychosocial inquiry that is needed not only to measure nursing home residents' quality of life, but also to validate the overall effect of the Eden Alternative™.

The purpose of this pilot study was to expand on the limited outcome data by conducting a more in-depth evaluation of the effectiveness of the Eden Alternative™ on nursing home residents' quality of life using scientifically proven reliable and valid psychosocial instruments. The Life Satisfaction Index (LSI) and Sheltered Care Environment Scale (SCES) were chosen to measure the psychosocial variables of resident psychological well-being and resident, family, and staff perceptions of the nursing home's social environment. According to Neugarten, Havighurst, & Tobin (1961) the Life Satisfaction Index (LSI) has been successfully used with older populations to measure their psychological well-being. The Sheltered Care Environment Scale (SCES), developed by Moos (1994), is a component of the Multiphasic Environment Assessment Procedure. The SCES has proven useful in assessing a facility's social environment by asking residents and staff about the unusual patterns of behavior there.

METHODS

This investigator and a social work professor at Southwest Texas State University teamed and planned the methods and procedures for the research project. The research team selected two scientifically established psychosocial survey instruments and also designed three additional qualitative survey instruments for data collection.

Selection of Sample

A convenience sample was used to select the five participating nursing homes. Three Texas nursing homes initiating the implementation process of the Eden Alternative™ model in their respective facilities agreed to participate in the research study. Two Texas nursing homes not initiating the Eden Alternative™ model agreed to participate as control facilities.

As a stipulation for their participation, the five selected nursing homes requested that the names of their facilities remain confidential. Therefore, double letter designations were assigned to each facility. Facility CC and Facility RV represented the Control Group and Facility MP, Facility MSM, and Facility AV represented the Eden Group.

The selected homes represented a variety of organizational and demographic profiles. The participating facilities' administrators provided

the information presented in Table 1 during the first administration of the study period.

Organizational and Demographic Profile of Selected Nursing Homes

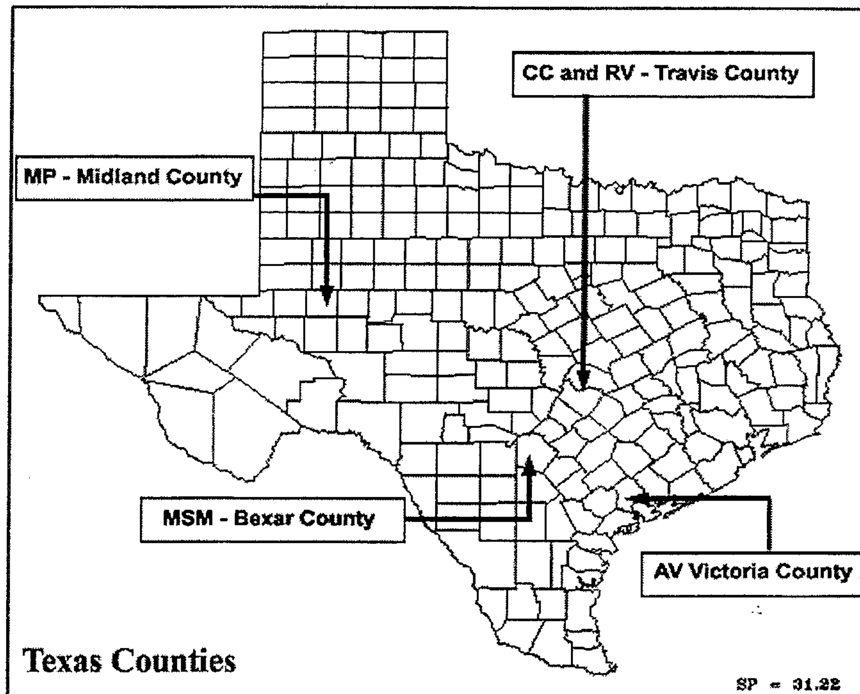
Table 1

Participating Nursing Home		**CC**	**RV**	**MP**	**MSM**	**AV**
Number of Employees		90	98	183	358	93
Number of CNAs on Day Shift		7	10	16	34	9
Annual Staff Turnover Rate		150%	30%	100%	46%	N/A *
Resident Gender	Male	22	16	20	58	30
	Female	89	89	100	232	67
Resident Ethnicity	White	83	99	120	246	42
	Black	22	0	0	4	25
	Hispanic	6	6	0	40	30
	Other	0	0	0	0	0
Resident Payer Mix	Medicare	12	3	0	11	5
	Medicaid	99	78	0	98	89
	PP/Other	0	22	120	160/21	3
Total Census		**111**	**105**	**120**	**290**	**97**
Ownership	Proprietary	X	X			X
	Non-Profit			X	X	
Family Nights or Councils?		Yes	Yes	No	Yes	No
Total Beds		120	118	156	304	119
Geographic Area		Central	Central	West	S. Central	South

* Not Available

Selected homes also covered a wide geographic range from far west Texas through central Texas to south Texas. The sites of the participating facilities are mapped in Figure 1.

Figure 1



Inclusion/Exclusion Criteria

Nursing home residents were included on the basis of facility social workers' assessment of the residents' cognitive ability to understand and complete questionnaires. Of the 127 residents eligible for inclusion, 100 individuals agreed to participate.

Measurement Instruments

The Life Satisfaction Index (LSI) (Appendix B) is a multidimensional validated geriatric quality of life tool encompassing five underlying dimensions of psychological well-being: zest (versus apathy), resolution and

fortitude, congruence between desired and achieved goals, positive self-concept, and mood tone. The scale, containing 20-items, is scored as agree and disagree and then summated to obtain a total life satisfaction score. The LSI has a capacity to record positive and negative change, an important criterion for an evaluation tool. Administration time of the LSI is 15-20 minutes (Neugarten, Havighurst, & Tobin, 1961).

The Sheltered Care Environment Scale (SCES) (Appendix C), a component of the Multiphasic Environment Assessment Procedure (MEAP), is composed of 63 Yes/No items that measure the social climate of residential care settings for older adults. As stated earlier, the SCES is used to measure residents' and staffs' perceptions of the facility or a particular program implementation such as the Eden Alternative. The seven subscales of the SCES measure three sets of dimensions. The first two subscales, cohesion and conflict, assess relationship dimensions. The next two subscales, independence and self-disclosure, tap personal growth or goal orientation dimensions. The last three subscales, organization, resident influence, and physical comfort, assess system maintenance and change dimensions. This instrument also measures families' perceptions of the social climate within the nursing home. Administration time of the SCES is 20-30 minutes (Moos & Lemke, 1996).

There were three qualitative survey instruments designed by the research team. The first instrument was a Nursing Home Resident

Questionnaire (Appendix D), which consisted of five open-ended questions. Three questions measured the residents' perception of their lives in a nursing home and the remaining two questions were Eden Specific, measuring residents' perceptions of the impact of the Eden Alternative™ in the nursing home.

The second instrument was an Eden Alternative™ Facility Administrator Exit Interview Questionnaire (Appendix E) designed to obtain responses from administrators regarding the progress of Eden implementation following each 6-month administration period. Inquiries included: implementation progress; barriers encountered during the process; how barriers are being resolved or addressed; and the overall staff/community response to the Eden Alternative™.

The third instrument, an Eden Alternative™ Behavioral Checklist (Appendix F), was designed to measure the administrative and physical progress of the implementation of the Eden Alternative™ principles. Examples of checklist items: plants, animals and children were present on a daily basis; staff were empowered to write their own schedules and were part of self-directed work teams.

Evaluation

The initial administration of the five instruments constituted a baseline for both groups. Following the second administration and a review of the Eden Alternative™ Facility Administrator Exit Interview Questionnaires, it was

determined that Facility AV had discontinued its implementation of the Eden Alternative™ model and had no future plans to reimplement. However, the facility expressed a willingness to continue its participation in the study. After consultation, the research team elected to keep Facility AV in the study but to evaluate it as a control facility.

Procedure for Administering Questionnaires

Resident Questionnaires

Residents who were considered by the facility social worker to be capable of understanding and answering the questions were administered the applicable questionnaires face-to-face by the primary and secondary investigators. Resident responses to the questions were appropriately marked on the answer sheets by the interviewing investigator.

Staff Questionnaires

The day shift Certified Nursing Aides (CNAs) from each facility were used as the sample for data collection of the Staff Questionnaires because, according to the participating facility social workers, much of the daily activity in the nursing home occurs during the day shift period. All CNAs were given the SCES questionnaires and self-addressed stamped return envelopes by the facility social worker to be completed and mailed back to the Institute at their convenience.

Family Questionnaires

The families of the participating residents were mailed the SCES questionnaire along with a self-addressed stamped return envelope by the facility social worker to maintain confidentiality. Completed questionnaires were to be returned to the Institute at families' earliest convenience.

Research Design

The research (program evaluation) was a two-year longitudinal study using a comparison group pretest-posttest design. Three (3) Texas nursing homes beginning the Eden Alternative™ process were compared with two (2) Texas nursing homes not initiating any of the Eden Alternative™ Principles. The initial measurement constituted a baseline for both groups. Subsequent measurements were collected in six-month intervals for a 2-year period. The evaluation time frame was selected because the implementation of the Eden Alternative™ Principles is a continuous process that can take three or four years. In addition, Edenizing requires ongoing commitment, education, and training of facility administration, staff, residents and families.

Data Analysis

The data were analyzed, quantified and tabulated. All analyses were conducted at the cumulative facility levels only. Descriptive outcomes (minimum, maximum, mean, and standard deviation were obtained for each

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Data Analysis

The data were analyzed, quantified and tabulated. All analyses were conducted at the cumulative facility levels only. Descriptive outcomes (minimum, maximum, mean, and standard deviation were obtained for each

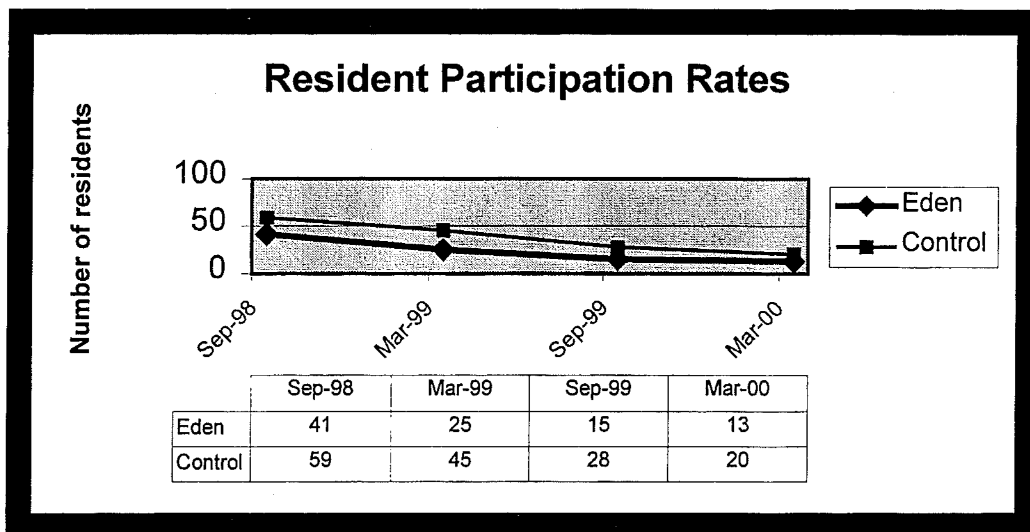
variable. Mean comparisons between and among the Control and Eden facilities for each dependent variable were achieved through analysis of variance (ANOVA).

RESULTS

Data collected from the five participating facilities were analyzed from a cumulative facility perspective. An analysis of resident, family, and staff outcome data was conducted at six-month intervals.

Quantitative findings of the Resident Life Satisfaction Index (LSI) and Resident Sheltered Care Environment Scale (SCES) revealed that clinical significance was not supported by the data, possibly due to the decline in the sample size throughout the study period. Figure 2 represents the **Resident Participation Rate** for the 2-year period. Major contributory factors

Figure 2

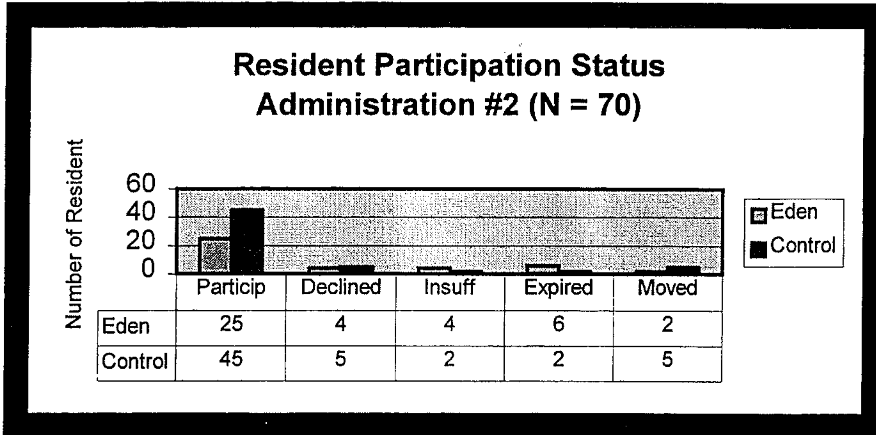


	Sep-98	Mar-99	Sep-99	Mar-00
Eden	41	25	15	13
Control	59	45	28	20

for the decline of the initial sample size of N=100 to a final sample size of N=33 include the following: 1) resident declined to continue participation; 2) insufficient responses to questionnaire(s); 3) resident expired; 4) resident

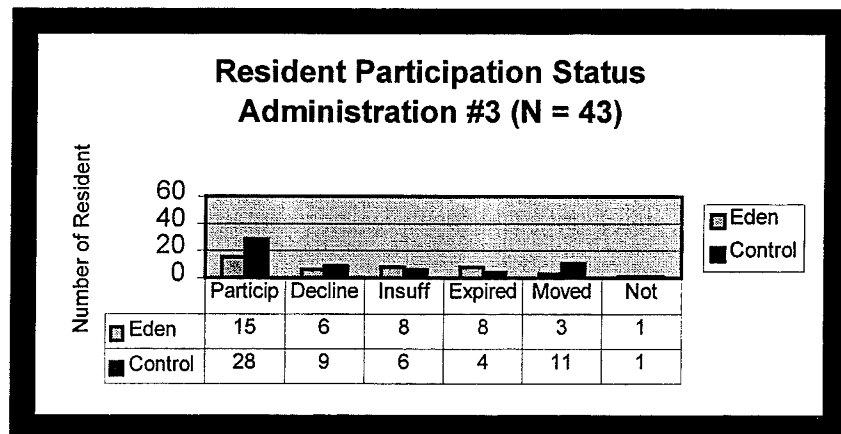
moved; and 5) resident unavailable. Figures 3-5 illustrate the consistent decline in resident participation between administration periods.

Figure 3



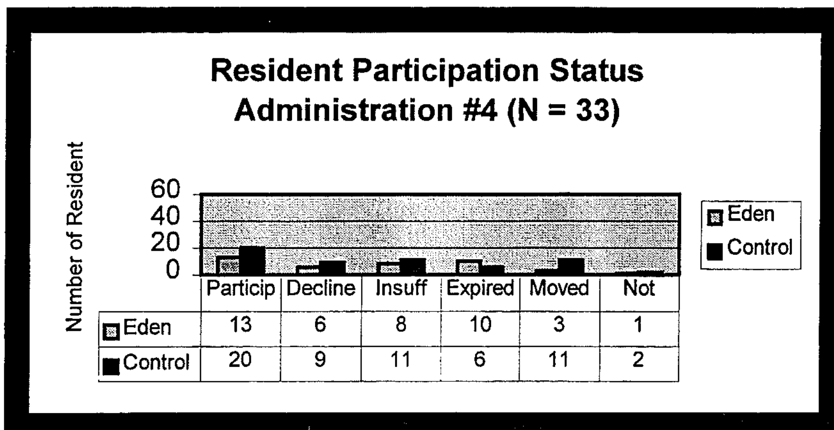
	Particip	Declined	Insuff	Expired	Moved
Eden	25	4	4	6	2
Control	45	5	2	2	5

Figure 4



	Particip	Decline	Insuff	Expired	Moved	Not
Eden	15	6	8	8	3	1
Control	28	9	6	4	11	1

Figure 5



	Particip	Decline	Insuff	Expired	Moved	Not
Eden	13	6	8	10	3	1
Control	20	9	11	6	11	2

Quantitative Results

Resident Life Satisfaction (LSI)

There were no statistically significant changes over time on any of the LSI scores (Table 2). A consistent pattern of increases in Eden facility scores can be seen from the second administration through the fourth. The first administration represents a true baseline pre-test.

Table 2 Life Satisfaction Index

	Administration				
	First ± SD*	Second ± SD	Third ± SD	Fourth ± SD	p†
CC*	13.50 ± 3.3	12.07 ± 4.0	11.75 ± 2.9	10.80 ± 0.8	NS‡
RV*	10.90 ± 3.6	11.29 ± 3.6	10.58 ± 4.0	10.75 ± 4.3	NS
AV*	11.68 ± 4.4	9.93 ± 3.2	11.88 ± 2.4	11.57 ± 3.6	NS
MP**	11.70 ± 4.3	12.18 ± 2.7	11.86 ± 2.6	12.40 ± 1.1	NS
MSM**	12.29 ± 3.7	10.36 ± 3.9	12.25 ± 4.6	12.75 ± 4.2	NS
All Fac.	12.02 ± 3.9	11.13 ± 3.5	11.56 ± 3.4	11.70 ± 3.4	NS

* Control Facilities
** Eden Facilities

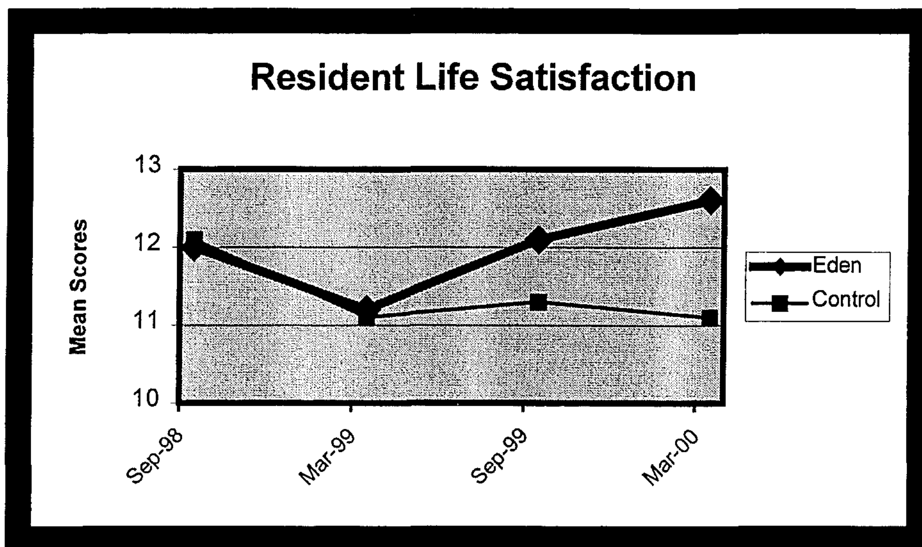
	First ± SD*	Second ± SD	Third ± SD	Fourth ± SD	p†
Control	12.03 ± 3.9	11.11 ± 3.6	11.29 ± 3.3	11.05 ± 3.4	NS
Eden	12.00 ± 4.1	11.16 ± 3.4	12.07 ± 3.3	12.62 ± 3.3	NS
All Fac.	12.02 ± 3.9	11.13 ± 3.5	11.56 ± 3.4	11.70 ± 3.4	NS

* ± SD Mean plus / minus Standard Deviation
† p value is level of significance for ANOVA
‡ NS - not significant

Scoring Key:
LSI -- The original questionnaire consisted of 20 items of which 12 are positive and 8 are negative.

Figure 6 illustrates a decrease in life satisfaction in both Eden and Control facilities following the first administration. The one point drop may be correlated with the 30% drop in resident participation during that period. Figure 6 also shows an upward trend in life satisfaction in Eden facility residents from the second through the fourth administrations. Resident Life Satisfaction in Control facilities remained relatively constant during the same periods.

Figure 6

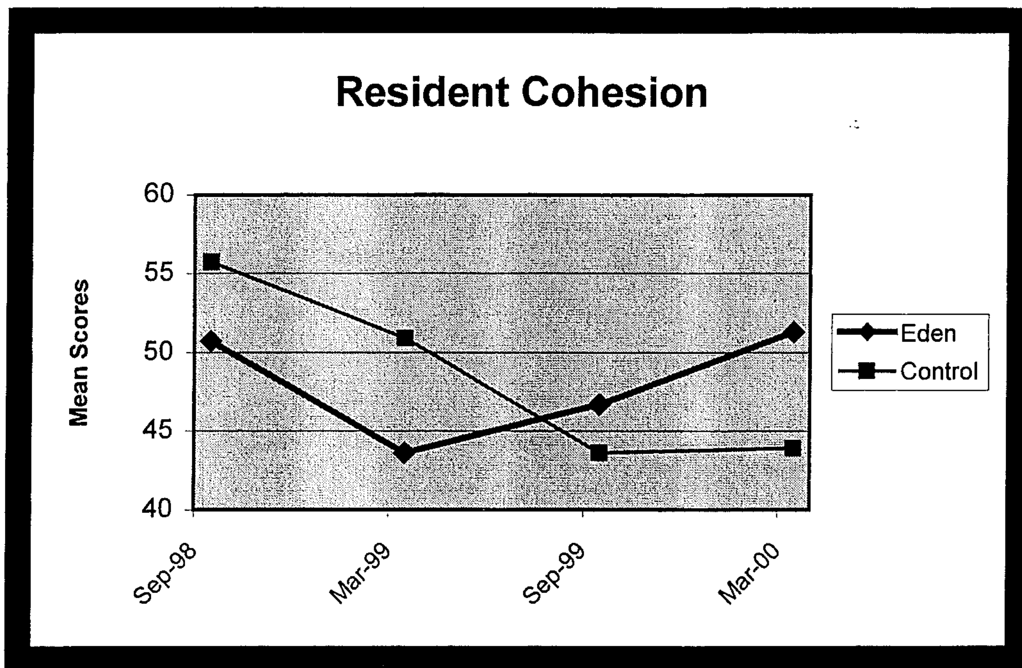


Sheltered Care Environment Scale (SCES) (Resident Perceptions)

There were no statistically significant changes over time on any of the seven (Resident) SCES subscale factor scores of: cohesion, conflict, independence, self-disclosure, organization, influence, and comfort.

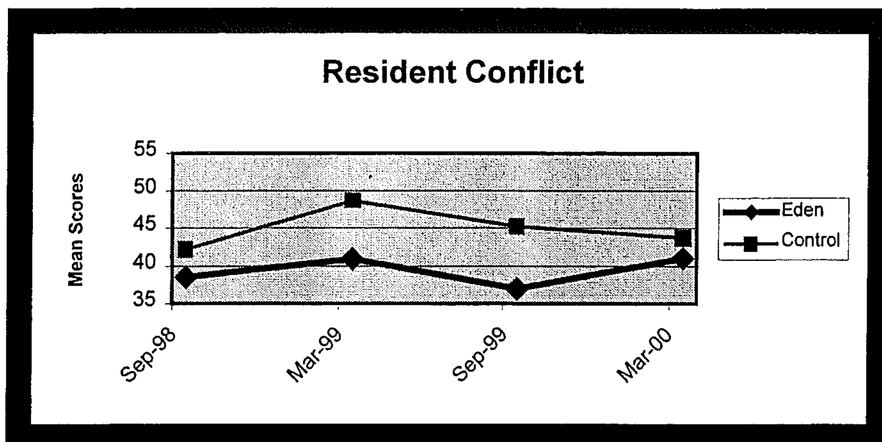
The ***Cohesion*** and ***Conflict*** subscales assess facility resident and staff relationship dimensions. Cohesion measures how helpful and supportive staff members are toward residents and how involved and supportive residents are with each other. The upward trend in Eden facilities' cohesion scores indicates an increased level of resident and staff support. (Figure 7).

Figure 7



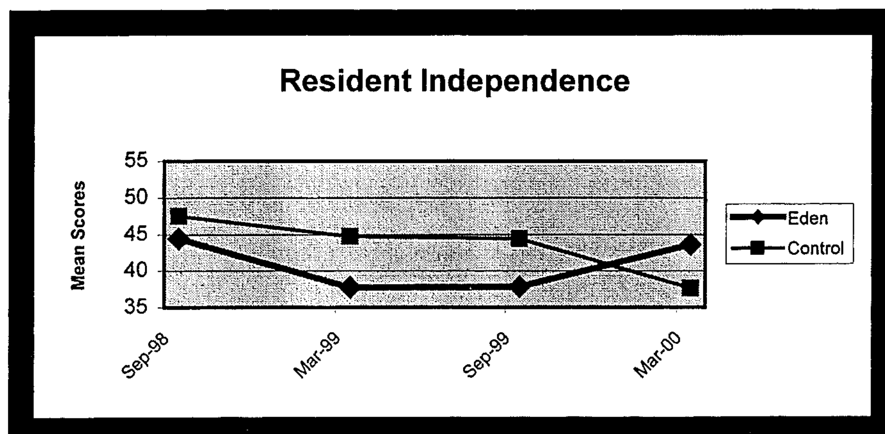
The conflict subscale assesses the extent to which residents express anger and are critical of each other and of the facility. Figure 8 represents the inconclusive trend in resident conflict in both Eden and control facilities.

Figure 8



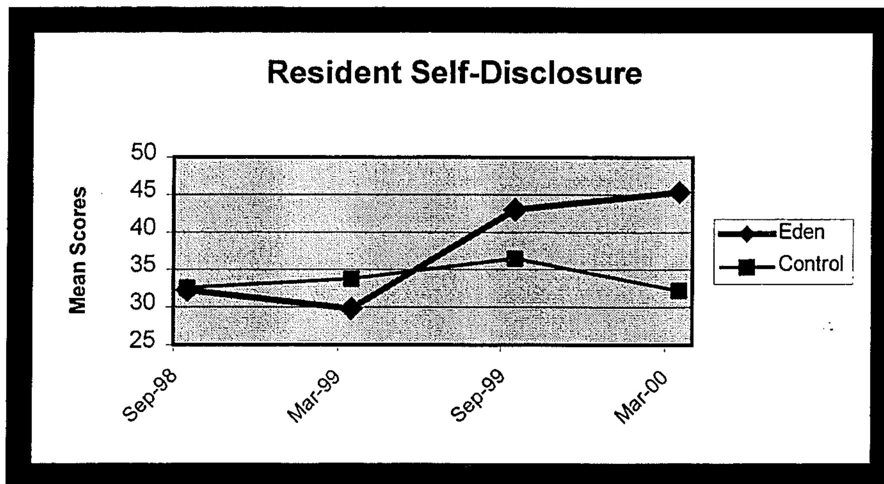
The ***Independence*** and ***Self-Disclosure*** subscales assess personal growth dimensions of the facility residents. Independence measures how self-sufficient residents are encouraged to be and how much responsibility they exercise. The gradual upward shift in resident independence in the Eden facilities suggests an environment that encourages autonomy and empowerment. (Figure 9).

Figure 9



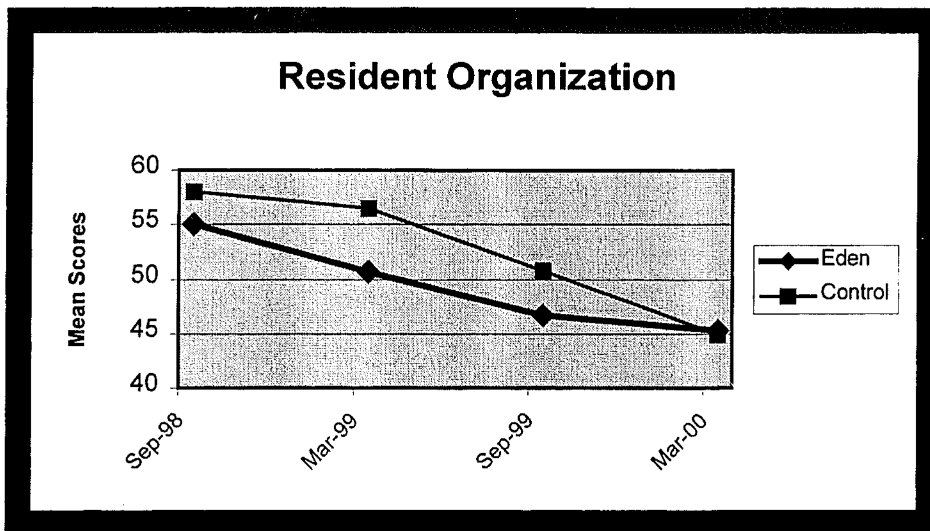
Self-disclosure measures the extent to which residents openly express their feelings and personal concerns. The upward trend in residents' self-disclosure in the Eden facilities points toward an open environment of trust between residents and staff. (Figure 10)

Figure 10



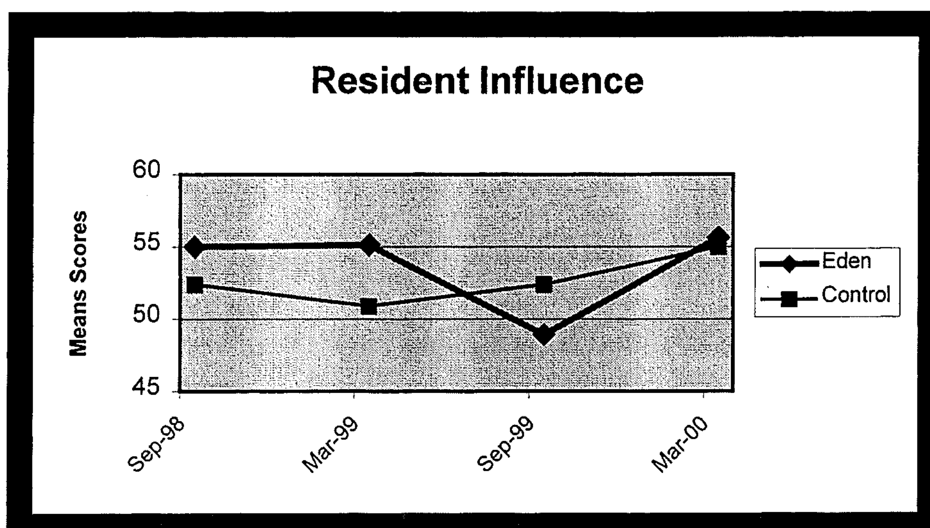
The ***Organization, Resident Influence,*** and ***Physical Comfort*** subscales assess the system maintenance and change dimensions of the facility environment. ***Organization*** measures the extent to which residents know what to expect in their daily routines and the clarity and procedures. The downward trend in the Eden residents' perceptions of the facility's organization is another indicator of the change process. One of principles of the Eden Alternative™ is about creating an environment of spontaneity and breaking away from routines. During the first year of Eden implementation, many changes occur, and residents may react differently toward the facility when their routines are disrupted. (Figure 11)

Figure 11



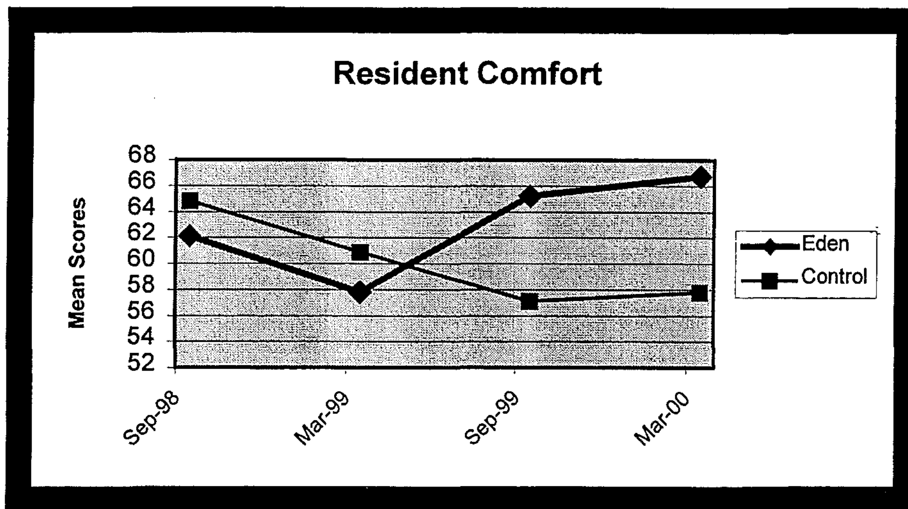
Resident Influence measures the extent to which residents can influence the facility policies and are free from restrictive regulations. The last administration reflects an upward shift in how much influence Eden facility residents feel they have in the day-to-day operations of the nursing home. (Figure 12)

Figure 12



Physical Comfort measures the extent to which comfort, privacy, pleasant décor, and sensory satisfaction are provided by the physical environment. The second through the fourth administrations indicates an upward trend in Eden facility residents' perceptions of not only their comfort level in the facility, but also the overall changing environment. (Figure 13)

Figure 13



Sheltered Care Environment Scale (SCES) (Family Perceptions)

Clinical significance was also not supported by the data from (Residents' Families) SCES subscale factor scores of: cohesion, conflict, independence, self-disclosure, organization, influence, and comfort due to the decrease in participation throughout the study period. The response rate from the SCES questionnaire by participating residents' family members throughout the study period dropped from an initial 25% at the beginning of the study to a low of 8% at the conclusion of the study.

Sheltered Care Environment Scale (SCES) (Staff Perceptions)

Clinical significance was also not supported by the data from (Staff) SCES subscale factor scores of: cohesion, conflict, independence, self-disclosure, organization, influence, and comfort due to the decrease in participation throughout the study period. The Staff SCES questionnaire response rates declined from 67% at the first administration to 7.8% at the fourth administration.

Qualitative Results

Nursing Home Resident Qualitative Questionnaire (NHRQQ)

Quantifying quality of life does not always reveal the true essence of how nursing home residents are feeling about their lives. In the aforementioned literature review, qualitative outcome data have shown to be valid and reliable in the definition of quality of life. The NHRQQ is not a comprehensive quality of life survey. However, it appears to capture the residents' thoughts and feelings about their day-to-day life in the nursing home.

The NHRQQ consists of five open-ended questions. Three of the five questions were asked of all participating nursing home residents in all five facilities. The questions were: 1) What is life like for you day-to-day in this nursing home? 2) What do you like most about living in this nursing home?; and 3) What do you like least about living in this nursing home? The

remaining two questions were specifically asked of Eden Alternative™ nursing home residents. The questions were: 1) What do you think of the Eden Alternative™?; and 2) What changes have you noticed around the home since the Eden Alternative™ was introduced?

The question "What is life like for you day-to-day in this nursing home?" elicited various responses. Noteworthy, however, was that 35% of the initial sample of 100 residents responded similarly to the question by stating that day-to-day life was **"boring."** Another 15% of the same sample referred to their daily lives as **"sad"** and **"lonely."** About 25% of respondents said, that they did the same thing everyday; some just watched TV or read. Some responded that their lives were not bad and that they were trying to stay positive and active. Finally, two residents stated, **"I am just waiting to die."**

Responses to the second question: "What do you like most about living in this nursing home"? were also interesting and varied. There were more positive than negative responses to the question. One female resident stated, ***"I am independent here and can do things for myself."*** Another female resident responded by saying ***"I have peace of mind, everything I want I get."*** A male resident said, ***"it is cheerful, people are real nice, nurses are nice and helpful."*** Approximately 5% of residents, however, were not as positive in their responses. What did they like most about living there? ***"Nothing."***

There were also various responses to the third question: What do like least about living in this nursing home? A common concern did emerge from the initial 100 respondents in the sample. Food was the answer given most often for what residents liked least. Lack of adequate and caring staff, too noisy, and lack of privacy were the other issues concerning residents most often. There were other poignant responses worth mentioning. One female resident stated, ***"I don't like the way this place is being run."*** A male resident responded, ***"I am being treated like a feeble minded individual."*** Another female resident stated, ***"I don't like somebody being bossy to me." "Some of the help treat you like animals."*** Finally, a resident commented, ***"Residents and aides steal everything as soon as you bring it in."***

Resident responses to the Eden Alternative™ specific questions were very similar in nature. When the research team posed the first question, "What do you think of the Eden Alternative™?"; the majority of residents at both Facility MP and Facility MSM were unfamiliar with the term and responded accordingly with, ***"What is that"*** or ***"Never heard of it."*** However, when the question was reworded to include plants, animals, and children, some residents responded either positively or negatively. One resident said, ***"I think it's a pretty good idea, especially the little animals.*** Another resident responded similarly with, ***"I think it is a step in the right direction."*** A negative comment came when a male resident

stated, ***"I think it's full of bull... Animals belong outside."*** A female resident commented, ***"when the little dogs come around they sniff me and that's embarrassing."***

Responses to the second question: "What changes have you noticed around the home since the Eden Alternative™ was introduced?" remained relatively consistent over time. Most respondents had not noticed any changes, except for the dog(s) and/or cat(s) running around. Some residents, however, had specific comments about the changes that had taken place since Eden's introduction into their nursing home. One resident stated, ***"the animals make it more homelike-I love the cats."*** Another said, ***"We are allowed to have animals. The administrators are trying to make things happier here."***

Eden Alternative™ Facility Administrator Exiting Interview

The Exit Interview with Eden Alternative™ Facility Administrators consisted of four questions: 1) What progress has been made in the implementation of the Eden Alternative™? 2) What barriers have been encountered during this process? 3) How are these barriers being resolved or addressed? and 4) What is the overall staff/community response to the Eden Alternative™?

Responses from Eden facility administrators following each six-month administration revealed significant outcome data on implementation

progress. As mentioned earlier, Facility AV was reassigned to the control group. This decision was made following discussions with the administrator during the second exit interview. The administrator informed the research team that the facility would not be continuing its efforts to implement the Eden Alternative™ due, in part, to time constraints and personnel problems.

The progress of Facility MP and Facility MSM also faced implementation problems during the first year of the study. Facility MP admitted that its initial "Big Bang" introduction of Eden into the facility was met with strong opposition from residents, staff, and families. The "Big Bang" approach meant trying to implement all phases of Eden at one time, i.e. dogs, cats, plants, and team development. The revised approach of providing education first and basically starting over set them back a year. By the fourth exit interview, the facility's administrator reported that Eden implementation was progressing well. The hiring of a life enhancement coordinator to educate the new and current staff on the Eden Alternative™ principles was a step in the right direction. However, department heads were still having difficulty with staff empowerment and team building. As previously mentioned, these integral components of the Eden Alternative must be successfully developed and implemented through a continuous education process for change to occur.

Facility MSM met with its own internal challenges during the first year of the study. It was reported that a department head's negative opinion of

the Eden Alternative™ was so strong that many attempts at Eden implementation were met with some type of opposition. Following the third exit interview, it was disclosed to the research team that the department head was no longer employed at the facility and that the Eden implementation process was back on track. By the fourth exit interview, the facility reported progress in a number of areas: creation of teams to implement a Restraint Free Environment; development of an Eden Committee to assist and support self-directed staff teams with empowerment efforts and self-scheduling; creation of committees to develop educational opportunities for resident, family, and staff in all aspects of the Eden Alternative™ principles.

Eden Alternative™ Behavioral Checklist

Due to a lack of discernible Eden implementation progress by the aforementioned facilities throughout most of study period, no statistical significance was found for this instrument. The checklist, however, can be a valuable tool to evaluate the physical and administrative progress of the Eden Alternative™ once there is definitive progress being made.

DISCUSSION

Does the Eden Alternative™ really improve the psychosocial aspects of nursing home residents' quality of life? This two-year longitudinal study sought to answer the question with expanded definitive quantitative and qualitative outcome data. Results, however, revealed no statistical significance in proving or disproving the hypothesis. Two major factors came to light during the course of the study that may have accounted for these results. First, certain challenges surfaced during implementation of the Eden Alternative™ process that prevented its initiation and/or progress. Secondly, clinical significance was not supported by the data due to the decline in the sample size throughout the study period.

The reported challenges faced by the nursing homes during the study period appear to result from: 1) a resistance and/or reluctance to change; 2) administrative perceptions that employee empowerment necessitates relinquishment of power; 3) a continued entrenchment of the medical model; and 4) inadequate education of staff and community. Dr. Thomas (1996) believes that any nursing home can be transformed into an Eden Alternative™ home, but these barriers must be addressed and resolved for change to occur. To begin the change process, the crucial first step is committed and participative leadership. Principle 10 of the Eden Alternative™ philosophy states that "Leadership is the lifeblood of the

Edenizing process, and for it there is no substitute." The two participating facilities in the Eden Group have acknowledged the profound importance of this principle in their quest to Edenize. They realized that without a committed and continuous proactive leadership role, the Eden Alternative™ could not grow and flourish. Eden implementation was not the only issue impacting the research results.

The continuous decline in the sample size throughout the study period also impacted the data resulting in statistical insignificance. Analyzing the data became more problematic as the sample declined between each 6-month administration period. From a baseline participation sample of 100 at the outset of the study to a final participation sample of 33 at the study's two-year conclusion, it was determined that data analysis was no longer possible.

Longitudinal research literature in gerontology is replete with articles reporting various factors negatively impacting study samples. Mortality and morbidity have been shown to be significant attrition factors causing sample declination in longitudinal studies using frail elders. Figures 3-6 represents the attrition factors that impacted the participation rate and the outcome data of this longitudinal study. As evidenced in figures 4-6, there were five contributing factors for the decline in sample size throughout the study period. Total mortality (expired/death rates) accounted for 16% of the sample reduction. Total morbidity (sickness/disease rates) encompassed

three of the four remaining factors. First, 15% of residents who declined to continue participation were experiencing some physical or mental discomfort/decline. Second, 19% of residents who responded insufficiently to survey questions showed signs of cognitive decline or confusion. Finally, 3% of residents who were unavailable at the time of the survey administration were inpatients at a hospital. Therefore, the factors of mortality and morbidity contributed to a significant decline in sample size by 53% over the two-year study period.

RECOMMENDATIONS

This longitudinal research study was conducted to expand the limited psychosocial outcome data from previous studies evaluating the effectiveness of the Eden Alternative™ on nursing home residents' quality of life. Important issues need to be addressed regarding this study and possible future studies.

The Eden Alternative™ is about culture change. With any change there are many challenges. Implementing the Eden Alternative™ is a continuous process of change. It is an ongoing process of educating and training that can take many months and years. Hence, evaluating its effectiveness cannot be limited to two years. The caveat, however, as reported in this article and in previous studies, is that mortality and morbidity are prohibitive factors in a longitudinal approach.

It is recommended that future research evaluating the Eden Alternative™ model consist of methodologies that are designed to measure subtle changes in the psychosocial aspects of nursing home residents' quality of life over time. An appropriate design might include case studies with a sample size of 5-10 newly admitted residents to one or more successfully Edenized facilities being compared to a similar number of newly admitted residents to one or two facilities not implementing the Eden

Alternative™ model. The participating residents would be followed for three to five years.

Survey tools for assessing changes in quality of life need to be designed to measure nursing home residents' coping strategies, strengths, and psychosocial needs. In addition, a specific tool that measures changes in loneliness, helplessness, and boredom would serve to address the three plagues found in today's nursing homes and evaluate the effectiveness of the Eden Alternative™ to combat these plagues. The use of the Sheltered Care Environment Scale would also compliment the research design by evaluating the changing physical and social environment. Finally, a qualitative instrument querying residents', families', and staff thoughts and feelings about the changes taking place in the nursing home would complete the research methodology.

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APPENDIX A

The Eden Alternative™

Ten Principles of the *Edenizing* Nursing Home:

1. Understands that loneliness, helplessness, and boredom account for the bulk of suffering in a typical nursing home.

2. Commits itself to surrendering the institutional point of view and adopts the Human Habitat model, which makes pets, plants, and children the axis around which daily life in the nursing home turns.

3. Provides easy access to companionship by promoting close and continuing contact between the elements of the Human Habitat and nursing home residents.

4. Provides daily opportunities to give as well as receive care by promoting resident participation in the daily round of activities that are necessary to maintain the Human Habitat.

5. Imbues daily life with variety and spontaneity by creating an environment in which unexpected and unpredictable interactions and happenings can take place.

6. De-emphasized the programmed activities approach to life and devotes those resources to the maintenance and growth of the Human Habitat.

7. De-emphasizes the role of prescription drugs in the residents' daily lives and commits those resources to the maintenance and growth of the Human Habitat.

8. De-emphasizes top-down bureaucratic authority in the nursing home and seeks instead to place the maximum possible decision-making authority in the hands of those closest to the residents.

9. Understands that *Edenizing* is a process, not a program, and that the Human Habitat, once created, should be helped to grow and develop like any other living thing.

10. Is blessed with leadership that places the need to improve resident quality of life over and above the inevitable objections to change. Leadership is the lifeblood of the *Edenizing* process, and for it there is no substitute.

Facility/Resident Number ____________
Date ____________
Completed By ____________
Score _____
Admin. Number: 1 2 3 4

Life Satisfaction Index (LSI)

The following items will be read to the resident. The resident will be asked which response most closely reflects his/her feelings or beliefs. It will be explained to the resident that there are no right or wrong answers. The Institute is interested in what they feel or believe. Circle the resident's response.

1. As I grow older, things seem better than I thought they would be. AGREE DISAGREE
2. I have gotten more of the breaks in life than most people I know. AGREE DISAGREE
3. This is the dreariest time of my life. AGREE DISAGREE
4. I am just as happy as when I was younger. AGREE DISAGREE
5. My life could be happier than it is now. AGREE DISAGREE
6. These are the best years of my life. AGREE DISAGREE
7. Most of the things I do are boring and monotonous. AGREE DISAGREE
8. I expect some interesting and pleasant things to happen to me in the future. AGREE DISAGREE
9. The things I do are as interesting to me as they ever were. AGREE DISAGREE
10. I feel old and somewhat tired. AGREE DISAGREE
11. I feel my age, but it does not bother me. AGREE DISAGREE
12. As I look back on my life, I am fairly well satisfied. AGREE DISAGREE
13. I would not change my past life even if I could. AGREE DISAGREE
14. Compared to other people my age, I've made a lot of foolish decisions in my life. AGREE DISAGREE
15. Compared to other people my age, I make a good appearance. AGREE DISAGREE
16. I have made plans for things I'll be doing a month or a year from now. AGREE DISAGREE
17. When I think back over my life, I didn't get most of the important things I wanted. AGREE DISAGREE
18. Compared to other people, I get down in the dumps too often. AGREE DISAGREE
19. I've gotten pretty much what I expected out of life. AGREE DISAGREE
20. In spite of what people say, the lot of the average man is getting worse, not better. AGREE DISAGREE

APPENDIX C

SHELTERED CARE ENVIRONMENT SCALE FORM R

Name (optional)________________________________ Age__________

Name of Nursing Home ________________________________

Gender: M / F Ethnicity: ______________

How long have you lived or worked here? __________ __________ __________

Years Months Days

As a resident, did you have a choice or control of entering this facility? YES / NO (please circle)

Are you a staff member? (please circle) YES / NO

If yes, indicate your staff position ________________________________

Today's date ____________________

There are 63 questions here. They are statements about the place in which you live or work. Based on your experience here, please answer these questions yes or no. Ask yourself which answer is generally true.

Circle yes if you think the statement is true or mostly true of this place.

Circle no if you think the statement is false or mostly false of this place.

Please be sure to answer every question. Thank you for your cooperation.

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1.	Do residents get a lot of individual attention?	Yes	No
2.	Do residents ever start arguments?.......................................	Yes	No
3.	Do residents usually depend on the staff to set up activities for them?...	Yes	No
4.	Are residents careful about what they say to each other?........	Yes	No
5.	Do residents always know when the staff will be around?........	Yes	No
6.	Is the staff strict about rules and regulations?.........................	Yes	No
7.	Is the furniture here comfortable and homey?	Yes	No
8.	Do staff members spend a lot of time with residents?	Yes	No
9.	Is it unusual for residents to openly express their anger?	Yes	No
10.	Do residents usually wait for staff to suggest an idea or activity?	Yes	No
11.	Are personal problems openly talked about?..........................	Yes	No
12.	Are activities for residents carefully planned?..........................	Yes	No
13.	Are new and different ideas often tried out?	Yes	No
14.	Is it ever cold and drafty here?	Yes	No
15.	Do staff members sometimes talk down to residents?	Yes	No
16.	Do residents sometimes criticize or make fun of this place?.....	Yes	No
17.	Are residents taught how to deal with practical problems?.......	Yes	No
18.	Do residents tend to hide their feelings from one another?......	Yes	No
19.	Do some residents look messy?	Yes	No
20.	If two residents fight with each other will they get in trouble?	Yes	No
21.	Can residents have privacy whenever they want?	Yes	No
22.	Are there a lot of social activities?	Yes	No
23.	Do residents usually keep their disagreements to themselves?...	Yes	No

24. Are many new skills taught here?.. Yes No
25. Do residents talk a lot about their fears? .... Yes No
26. Do things always seem to be changing around here? .... Yes No
27. Does staff allow the residents to break minor rules?............... Yes No
28. Does this place seem crowded? .... Yes No
29. Do a lot of the residents just seem to be passing time here?... Yes No
30. Is it unusual for residents to complain about each other? .... Yes No
31 Are residents learning to do more things on their own?.......... Yes No
32. Is it hard to tell how the residents are feeling? .... Yes No
33. Do residents know what will happen to them if they break a rule?.. Yes No
34. Are suggestions made by the residents acted on? .... Yes No
35. Is it sometimes very noisy here?.. Yes No
36. Are requests made by residents usually taken care of right away?.. Yes No
37. Is it always peaceful and quiet here?.................................... Yes No
38. Are the residents strongly encouraged to make their own decisions?.. Yes No
39. Do residents talk a lot about their past dreams and ambitions? .... Yes No
40. Is there a lot of confusion here at times?............................... Yes No
41. Do residents have any say in making the rules? .... Yes No
42. Does it ever smell bad here?... Yes No
43. Do staff members sometimes criticize residents over minor things? .... Yes No
44. Do residents often get impatient with each other? .... Yes No
45. Do residents sometimes take charge of activities?.................. Yes No
46. Do residents ever talk about illnesses and death? .... Yes No
47. Is this place very well organized?... Yes No

48.	Are the rules and regulations rather strictly enforced?	Yes	No
49.	Is it ever hot and stuffy in here?	Yes	No
50.	Do residents tend to keep to themselves here?	Yes	No
51.	Do residents complain a lot?	Yes	No
52.	Do residents care more about the past than the future?	Yes	No
53.	Do residents talk about their money problems?	Yes	No
54.	Are things sometimes unclear around here?	Yes	No
55.	Would a resident ever be asked to leave if he or she broke a rule?	Yes	No
56.	Is the lighting very good here?	Yes	No
57.	Are the discussions very interesting?	Yes	No
58.	Do residents criticize each other a lot?	Yes	No
59.	Are some of the residents' activities really challenging?	Yes	No
60.	Do residents keep their personal problems to themselves?	Yes	No
61.	Are people always changing their minds around here?	Yes	No
62.	Can residents change things here if they really try?	Yes	No
63.	Do the colors and decorations make this a warm and cheerful place?	Yes	No

APPENDIX D

Facility/Resident ID ___________
Date ___________
Completed By ___________
Administration Number: 1 2 3 4

Nursing Home Resident Qualitative Questionnaire

The following questions will be asked of the participating nursing home resident. These are open-ended questions that the resident can respond with his/her opinion. There are no right or wrong answers and no time limit on responses to the questions.

1. What is life like for you day-to-day in this nursing home? ___________

2. What do you like most about living in this nursing home? ___________

3. What do you like least about living in this nursing home? ___________

Eden Alternative Specific Questions

1. What do you think of the Eden Alternative? ___________

2. What changes have you noticed around the home since the Eden Alternative was introduced?

APPENDIX E

Facility: ____________________
Date: ____________________
Completed by: ______________
Admin Number: 1 2 3 4

Exit Interview with Eden Alternative Facility Administrator

1. What progress has been made in the implementation of the Eden Alternative? ____________

2. What barriers have been encountered during this process? ____________

3. How are these barriers being resolved or addressed? ____________

4. What is the overall staff/community response to the Eden Alternative? ____________

APPENDIX F

Admin #: 3 4
Facility: MP MSM
Date: __________
Investigator: _______

Eden Alternative Behavioral Check List For Research Study Nursing Homes

	Yes	No
1. Dogs and Cats roam freely in the facility: one cat, one dog .... to 10-20 residents	❐	❐
2. Other animals such as birds, gerbils, etc. are present.......................	❐	❐
3. Residents are given the option of caring for animals in their rooms......	❐	❐
4. Centralized aviaries are found..	❐	❐
5. Children are present on a daily basis and interact with residents..........	❐	❐
6. Plants are found throughout the home..	❐	❐
7. Residents are given the option of growing and tending plants and gardens	❐	❐
8. Residents are provided the opportunity to decorate their room, e.g. choice of paint color, wallpaper borders, personal furniture and belongings.........	❐	❐
9. Residents choose and exercise their options regarding daily regimen.........	❐	❐
10. Resident encouraged to make own decisions as appropriate..................	❐	❐
11. Resident and Family Councils play active role in the nursing home.........	❐	❐
a. Meeting at least monthly..	❐	❐
b. Resident Council is asked its opinion on matters related to the nursing home and their care, and it is observed that this opinion is listened to, or that actions are followed through by the facility..................... . .	❐	❐
12. Staff members are empowered as defined by:		
a. Creating their work schedule and work assignments.........................	❐	❐
b. Being members of self-managed interdisciplinary teams and resolve issues through team meeting and conflict resolution.......................	❐	❐
13. Facility becomes integral part of community as evidenced by community groups, e.g. age group meetings, and various activities, such as scouts......	❐	❐

APPENDIX G

IMPACT OF THE EDEN ALTERNATIVE™ RESIDENT CONSENT FORM

Impact of The Eden Alternative™ on Texas Nursing Home Residents' Quality of Life: A Psychosocial Perspective

You are invited to participate in a research study to determine the psychosocial effects of The Eden Alternative™ approach to quality of life improvement for nursing home residents. I am a licensed Master Social Worker employed by the Texas Long Term Care Institute at Southwest Texas State University in San Marcos, Texas. We hope to learn that The Eden Alternative™ is having a positive impact on nursing home residents' quality of life. You were selected as a potential participant in this study because of your status as a nursing home resident. You will be one of (# of subjects being studied) persons chosen to participate in this study.

If you decide to participate, I will be asking you questions about your perceptions of your psychological well being and your social environment. Administration of the two questionnaires will take approximately 40 minutes to 1 hour. I will be returning to your nursing home to re-administer the questionnaires in consecutive six-month periods for 2 years.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be discussed only with your permission.

Your decision whether or not to participate will not prejudice your future relations with Southwest Texas State University. If you decide to participate, your are free to discontinue participation at any time without prejudice.*

If you have any questions, please ask me. If you have any additional questions later, I will be happy to answer them. You will be offered a copy of this form to keep.

You are making a decision whether or nor to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without prejudice after signing this form, should you choose to discontinue participation in this study.**

______________________________ ______________

Signature of Participant Date

______________________________ ______________

Signature of Investigator Date

*You are under no obligation to participate in the study. Your completing and returning the questionnaire will be taken as evidence to your willingness to participate and your consent to have the information used for the purposes of the study.

**You may retain the cover letter and this explanation about the nature of your participation and the handling of the information you supply.

APPENDIX H

IMPACT OF THE EDEN ALTERNATIVE™
FAMILY CONSENT FORM

Impact of The Eden Alternative™ on Texas Nursing Home Residents' Quality of Life: A Psychosocial Perspective

Dear Family Member and/or Caregiver,

You are invited to participate in a research study to determine the psychosocial effects of The Eden Alternative™ approach to quality of life improvement for nursing home residents. I am a licensed Master Social Worker employed by the Texas Long Term Care Institute at Southwest Texas State University in San Marcos, Texas. We hope to learn that The Eden Alternative™ is having a positive impact on nursing home residents' quality of life. I am working with *Name of Facility* Social Worker, *Name of Social Worker*. You were selected as a potential participant in this study because of your status as a resident family member and/or caregiver. You will be one of (# of family members surveyed) chosen to participate in this study.

If you decide to participate, please answer the following questions about your perceptions of the nursing home's social environment found on the attached form. I will be re-mailing this questionnaire in consecutive six-month periods for 2 years.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be discussed only with your permission.

Your decision whether or not to participate will not prejudice your future relations with Southwest Texas State University. If you decide to participate, your are free to discontinue participation at any time without prejudice.*

If you have any questions, please contact me at your convenience. Feel free to make a copy of this consent form for your records.

You are making a decision whether or nor to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without prejudice after signing this form, should you choose to discontinue participation in this study.** Thank you for your consideration and/or participation.

______________________________ ____________________

Signature of Participant Date

______________________________ ____________________

Signature of Investigator (Rich Wyllie, LMSW) Date

*You are under no obligation to participate in the study. Completing and returning the questionnaire will be taken as evidence to your willingness to participate and your consent to have the information used for the purposes of the study.

**You may retain the cover letter and this explanation about the nature of your participation and the handling of the information you supply.