

The Eden Alternative

A Background Paper

Prepared for the

CUPE Health Care Council



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Executive Summary

Saskatchewan health care employers are introducing the Eden Alternative into long-term care facilities. The CUPE Health Care Council asked CUPE Research for information about the Eden Alternative and how it might affect CUPE members working in long-term care.

What is the Eden Alternative?

The Eden Alternative is an operational model of nursing home care developed in the United States in the early 1990s. Eden's goal is to transform long-term care facilities into "human habitats" in order to combat the loneliness, helplessness and boredom of frail, institutionalized elders. Eden's human habitat involves the introduction of animals, birds, plants, gardens and visiting children into the long-term care facility. Eden also restructures the delivery of care in order to personalize it and endeavors to create a less institutionalized, more relaxed environment.

Benefits of the Eden Alternative

The Eden Alternative care model appears excellent in theory and is widely promoted as the solution for improving the quality of life for residents in long-term care. Benefits for workers are cited as well. In fact, SEIU members working at the Sherbrooke Community Centre, an Eden Alternative facility in Saskatoon, are better paid, and like the increased autonomy and the opportunity to work with fewer residents.

Main Conclusions

The research also reveals a number of areas where the Eden Alternative falls short of its claims. As well, the introduction of Eden imposes a number of changes to the workplace that will affect CUPE members. The main conclusions of this background paper are:

- The Eden Alternative receives mixed reviews. Nursing home administrators associated the Eden Alternative movement praise it highly. Workers have mixed opinions, often liking some aspects of Eden and raising concerns about others. The Eden Alternative severely criticized by some elder advocacy groups in the United States.
- Eden Alternative homes claim a number of benefits including declines in medication use, lower mortality rates, less staff-turnover, and fewer employee accidents. However, these conclusions are based on a number of small preliminary studies that lack the rigour necessary to verify Eden's benefits. There is no definitive study that proves the benefits of the Eden Alternative.
- In the United States, the Eden Alternative is popular with the for-profit nursing home industry, which is under extreme pressure to reform due to widespread accounts of resident abuse and neglect. Critics accuse the industry of using the Eden Alternative to show the public that it is doing something "nice" for the residents. They argue that no genuine improvements, such as increased staffing levels, are being made to address the serious deficiencies in elder care.

- The Eden Alternative is promoted as inexpensive to implement and cost-effective to maintain. Representatives of elder advocacy groups disagree, countering that it cannot be implemented properly without additional money and staff. When homes are not adequately staffed, Eden can actually hurt residents by redirecting already limited resources for their care towards the care of animals and plants.
- In Eden Alternative facilities, jobs in nursing, laundry, recreation and food services can be reduced or eliminated as aide's jobs are expanded to include some or all of their duties.
- There is some concern that the multitasking that is usually associated with the Eden Alternative could result in the creation of a lower paid job class. However, the opposite was true at the Sherbrooke Community Centre, an Eden Alternative facility in Saskatoon, where Daily Living Assistants in the Edenized units earn more than Special Care Aides.
- Most of workers' complaints about the Eden Alternative centre on the issue of understaffing. Often, staffing numbers are not increased in proportion to the new workload, which includes caring for animals, birds, plant and gardens, and the coordination of resident activities with children. The residents' more relaxed schedule also increases the workload.
- The introduction of animals into the long-term care facility exacerbates existing workload problems and has implications for health and safety. When there are too few employees, animals and birds can be neglected. This neglect has caused animals to suffer and has led to injuries and health problems for residents and workers.
- Workers have expressed concerns about inadequate training. SEIU members at Sherbrooke Community Centre, Saskatoon would like to see improvement in their medication delivery training.
- Workers can suffer from burn-out if they are permanently assigned to a group of severely challenged residents and have no opportunity to transfer, at least temporarily, to a different assignment.

The CUPE Health Care Council will need to evaluate the information provided and develop a plan for addressing the introduction of the Eden Alternative into long-term care facilities in Saskatchewan.

The Eden Alternative:

A Background Paper

Prepared for the CUPE Health Care Council

Introduction

Saskatchewan health care employers are introducing the Eden Alternative into long-term care facilities. Less institutionalized models of care, such as the Eden Alternative, may appeal to residents and their families. At the same time, a transition to the Eden Alternative has implications for CUPE members working in long-term care facilities in the areas of workload, training, job design and job security. This background paper describes the Eden model of care; explores its impact on workers and residents in Edenized long-term care facilities; and identifies issues for consideration in the development of an Eden Alternative policy statement for CUPE health care workers in Saskatchewan.

Methodology

A number of resources inform this report. First, there is a great deal of promotional literature available in print and electronic formats that describes the Eden Alternative. Most of these resources are directed toward nursing home administrators and families in search of elder care. The benefits for residents and employees are therefore filtered through writers who are proponents of Eden.

Second, efforts were made to contact unions in Canada and the United States representing nursing home workers in Eden Alternative facilities. Inquiries within CUPE determined that we do not have members working in Eden Alternative long-term care facilities. The American Federation of State, County and Municipal Employees (AFSCME) does not have affiliates in Edenized nursing homes. Service Employees

International Union (SEIU), which represents the majority of organized nursing home workers in the United States, has experience with the Eden Alternative. SEIU also represents workers at the Sherbrooke Community Centre in Saskatoon, which recently became a registered Eden Alternative facility. Contacts in SEIU were helpful in gauging Eden's potential effects on CUPE members.

Finally, contact was made with elder advocacy groups in the United States. Sources at the Association for the Protection of the Elderly and Nursing Home Monitors provided a useful perspective.

What is the Eden Alternative?

The Eden Alternative is an operational model of nursing home care developed in the United States in the early 1990s by Dr. William H. Thomas. Eden's goal is to transform long-term care facilities into "human habitats" in order to combat the loneliness, helplessness and boredom of frail, institutionalized elders.

Loneliness is addressed by providing residents with ongoing continuous access to human and animal companions. Cats and dogs live full-time with the residents and wander the home freely. Birds may be kept in residents' rooms. Intergenerational daycares, summer camps and after school programs are an integral part of Edenizing homes. The number of staff in direct contact with a resident is reduced in order to further personalize the delivery of care.

The antidote for *helplessness* is providing residents with opportunities to give care as well as receive care. The Eden Alternative creates an environment where there are opportunities for residents to care for animals, birds, and children as well as each other. Edenizing homes have plants throughout as well as fruit and vegetable gardens which residents may choose to care for. Residents can also participate in meal or snack preparation and in the clean up or general care of the home.

Boredom is addressed by placing much less emphasis on scheduled activities and more on impromptu living. Eden proponents believe that activity programs in conventional nursing homes suppress spontaneity and create a routine where everything becomes a form of therapy. Therefore Edenized homes have a more relaxed, less scheduled activity program to allow for spontaneity. Residents have “relaxed” breakfasts so that they can rise in the morning when they wish. In some examples, residents also retire when they wish.

Eden Alternative homes empower residents in a number of ways. They endeavor to do away with the use of physical and chemical restraints. Decisions in the nursing home are made by the residents or as close to the residents as possible. Residents can participate in planning committees and discussion groups.

Eden Alternative nursing homes are structured into communities or neighbourhoods with approximately 5 to 10 residents per community. Ideally, a facility is designed or remodeled to accommodate a set-up that includes decentralized community kitchens, family style dining areas, living rooms and individual resident rooms, instead of the usual institutional corridors. However, it is possible to incorporate Eden into conventionally designed facilities. Facilities can also include space for daycare and community programming areas, indoor and outdoor fruit and vegetable gardens, computer access and lending libraries.

The Eden Alternative summarizes its philosophy of care in its ten “principles.” A facility registered with the Eden Alternative strives to meet the following:

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-emphasizes the programmed activities approach to life and devotes these resources to the maintenance and growth of the Human Habitat.
7. De-emphasizes the role of prescription drugs in the residents daily life 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.¹

¹ Thomas, William H. *Life Worth Living: How Someone You Love Can Still Enjoy Life in a Nursing Home*, Acton, Massachusetts: VanderWyck and Burnham, 1996, p. 66.

Benefits of the Eden Alternative

Proponents describe the Eden Alternative with an almost religious zeal and often promote it as a “movement” using fables and anecdotes to convey their message. This approach can set off alarm bells for those who have in recent years experienced other popular management strategies. That said, those who promote the Eden Alternative point to a number of benefits for residents. In Dr. Thomas’s first demonstration project at the Chase Memorial Nursing Home in upstate New York he reported positive results including:

- A significant decline in medication use;
- A 15% decrease in the home’s mortality rate;
- A 26% reduction in staff turnover.²

Other small-scale studies support Dr. William Thomas’s results. For example, data from research conducted in Eden Alternative facilities by Southwest Texas State University has shown a 50% reduction in the incidence of decubitus ulcers; a 60% decrease in difficult behavioral incidents among residents; a 48% decline in staff absenteeism; and an 11% drop in employee accidents.³

Eden Alternative homes claim higher levels of resident and family satisfaction. Workers in Edenized facilities have also reported more participation by residents in group activities. Family members have verbalized observations of improved functioning and mood among their loved ones.⁴ It is not clear what components of the Eden Alternative or combination of changes to the nursing home environment were responsible for the benefit.

² Bruck, Laura. “Welcome to Eden,” *Nursing Homes*, January 1997, vol. 46, no. 1, p. 29.

³ Willging, Paul. R. “The Eden Alternative to Nursing Home Care: More Than Just Birds,” *Aging Today*. n.d. <http://www.asaging.org/at/at-214/eden.html> (7 Oct. 2000).

⁴ Drew, Judith and Brooke, Virginia. “Changing a Legacy: The Eden Alternative Nursing Home.” *The Annals of Long-Term Care*, 1999, vol. 7, no. 3, p. 119.

The Eden Alternative is also promoted as cost effective. According to Dr. William Thomas, “the entire capitalization cost of Edenizing a facility with animals, plants and staff training can be done carefully for about \$100 (U.S.) a bed...while cost figures are difficult to compare across states, reimbursement areas, and acuity mix, what is striking here is a positive comparison with previous expenditures.”⁵

Lower expenditures on medications are cited as one example of savings. Thomas claims that these savings are so significant that, “if nursing homes in the United States achieved just half the reduction in cost per resident per day...it would save our national [U.S.] health care system \$1.25 billion a year.”⁶

Dr. Thomas admits that none of the studies to date have had the rigour or numbers needed to make an airtight case for the Eden Alternative. Dr. Thomas describes the current state of research as: “...a series of preliminary studies that demonstrate a consistent trend toward improvement...much more work will be required to strengthen and buttress these early findings.”⁷

The Eden Alternative Movement

The Eden Alternative emerged as a movement in the United States against a backdrop of well-publicized horror stories about widespread understaffing, misuse of medication and restraints, and physical attacks on nursing home patients. It is promoted in the U.S. by a mostly for-profit nursing home industry that is under extreme pressure by workers, unions, elder advocacy groups and the public to reform.

Nursing homes in the United States represent that nation’s longest running experiment in privatization in which 75 cents of every dollar spent comes from public

⁵ Eaton, Susan C. “Beyond ‘Unloving’ Care: Linking Human Resource Management and Patient Care Quality in Nursing Homes.” 2000. <http://www.ksg.harvard.edu/socpol/eatonpaper.htm> (25 Sept. 2000) p. 17.

⁶ Thomas, p. 52.

⁷ Thomas, William. “Re: Research.” January 6, 1999. http://haleigh.mkl.com/forums/Thread.cfm?CFApp=2&Thread_ID=124&mc=28 (10 Nov. 2000).

funds. The facilities caring for the over 2 million elderly and disabled in the United States form an \$87 billion industry and many profit by skimping on care. The average nursing home in the U.S. spends only 36% of its money on direct patient care, with the remainder going to administration, operational costs and profit.⁸

Under growing public scrutiny, crackdowns and investigations of fraud and abuse, nursing homes are struggling to maintain or gain a market share in a more quality focused consumer environment. The result is that a number of nursing homes have begun studying ways to enhance the emotional, physical and functional well being of their residents by creating more enlivened, interactive environments. Critics of the industry argue that these innovations are often no more than a public relations scheme to window-dress the serious deficiencies of American nursing home care. For better or worse, the Eden Alternative has emerged in this environment as the most popular innovation.

Dr. William Thomas continues to be the Eden Alternative's chief missionary. Shortly after publicizing the results of his first Eden project at the Chase Memorial Nursing Home, interested parties throughout the United States began to inquire about the Eden Alternative. Thomas developed the training and education programs to assist those interested in Edenizing their facilities. The Eden Alternative – now a registered trademark – spreads its message through a marketing strategy that includes a website, videos, books, newsletters, consultants, seminars, training, software, and promotional items such as T-shirts, pencils and coffee mugs. The Eden Alternative is described as for-profit in the sense that an overwhelming majority of Edenized facilities in the United States are for-profit homes.

The Eden Alternative has since been introduced into over 450 nursing homes in the United States and into a few in Canada and internationally. Dr. Thomas's pre-packaged plan for making the transition to a resident-focused model of care is part of Eden's appeal. The Eden Alternative also provides support for Edenizing facilities

⁸ Foster, Heath. "Washington's most valuable at risk in nursing homes." *Seattle Post-Intelligencer Reporter*. 27 Apr. 2000. <http://www.seattlep-i.nwsource.com/local/home271.shtml> (16 Oct. 2000) p. 5.

through its substantial website and through a regional network of Eden Alternative Coordinators who monitor and mentor the performance of Edenizing facilities within their regions.

A facility cannot begin the Edenizing process until at least one staff person has been trained as a Certified Eden Associate. Eden provides the three-day associate training at a cost of approximately \$925 (U.S. dollars) per person. Facilities are not required to register as Eden Alternative facilities and may simply train employees to introduce parts of the Eden philosophy into their workplace practices.

Facilities that opt for registration pay an initial registration cost of \$495 plus \$15 shipping (U.S. dollars). Registered Eden Alternative facilities are provided web space on the Eden Alternative Website and receive further promotion in Eden Alternative newsletters and publications. Therefore, registering with Eden can be an inexpensive form of advertising for a private nursing home.

There are over 200 facilities on the official Eden Alternative Registry – six of these are in Canada. Registered Eden facilities must have a head administrator who is a trained Certified Eden Associate. The facility, under the mentorship of the Eden Alternative Regional Coordinator, works towards achieving the ten principles of Eden. In the United States, Eden expects substantial compliance with state and federal regulatory guidelines but facilities do not have to be deficiency-free.⁹ If the facility demonstrates a continued effort to conform to Eden’s ten principles, it can re-register annually with few questions.

⁹ “Frequently Asked Questions About the Eden Registry Process.” <http://www.edenalt.com/registry/regfaq.htm> (25 Sept. 2000).

Eden Alternative Workplaces

The transition to the Eden Alternative requires significant change in terms of organizational structure, job duties and the routine of care. The following is a brief overview, summarized from various sources:

Planning for the Eden Alternative

The implementation usually involves incorporating a number of Edenizing ingredients into a home and activating them at the same time. This means that planning and education prior to implementation are emphasized. Resistance to change from staff, residents and their families is acknowledged as the major hurdle to successfully Edenizing a facility. Therefore, a big part of the preparation focuses on involving and educating the workers – and gaining their cooperation.

According to Dr. Thomas, “teamwork” is the key to creating and nurturing the Eden environment. To prepare the workers, employers will often hire consultants to develop leadership and team-building skills. Eden offers a survey on its website for employers to assess the employee culture in their facility prior to Edenizing. Talent surveys are sometimes used to assess the skills and interests of staff prior to the establishment of teams.

Eden’s Management Philosophy

The Eden Alternative management philosophy emphasizes the importance of treating staff well. The belief is that if you are good to your staff, they will be good to the residents. The goal is to improve job satisfaction in order to reduce staff-turnover and thereby create more opportunity for relationships to build between staff and residents. Staff turnover is a significant problem in the United States where a national survey of nursing homes reported an average annual employee turnover rate of 104%.¹⁰

¹⁰ Thomas, p.71

The organizational structure recommended by Eden is flattened with middle management reduced or eliminated. The Eden Alternative encourages managers to “empower” front-line staff by giving them more decision-making responsibility for care and less direct supervision. In Dr. Thomas’s pilot project at Chase Memorial Home, staff were encouraged to self-schedule in order to better balance work and family obligations. Staff directly responsible for the care of the residents determined the staffing ratios that were in the best interest of the patients.¹¹

At the same time there is significant pressure for workers to quickly adapt to the Eden philosophy and intolerance for those who are reluctant. In the words of Dr. Thomas, “The entire leadership must make explicit its view that employees who persist in placing their anxieties ahead of the residents’ needs should begin looking for a new place to work.”¹² Some American Edenized homes state a preference for recruiting workers with no previous nursing home experience or training in order to avoid what they perceive as entrenched attitudes about care delivery.

Staff Restructuring and Multi-Tasking

Teams help plan the Eden implementation and are delegated the various new tasks once the home begins the Edenizing process. The new duties include everything from planting and harvesting gardens and caring for the animals and birds, to working with visiting young children and volunteers.

The duties associated with the introduction of plants, gardens, birds and free-roaming cats and dogs are delegated in varying ways. Some homes have one or two staff persons whose sole responsibility is animal care. In other examples, teams form subcommittees to manage the care of the plants, animals and children. Subcommittees are responsible for all aspects of care associated with their chosen committee. For

¹¹ Chevremont, Nancy and others. “The Eden Alternative.” 12 Aug. 1999. <http://www.edenmidwest.com/edenpaper.html>. (25 Sept. 2000) p. 13.

¹² Thomas, p 68.

example, the animal subcommittee cleans the cat litter boxes and the birdcages, exercises the dogs and ensures all pets receive the necessary veterinary care.

For resident care, teams are permanently assigned to one group of residents in an effort to make the care more personal and customized. There is some variation in terms of how teams are structured and the extent to which workers are cross-trained. In some American examples, teams are interdisciplinary and include certified nursing aides, dietary, nursing, maintenance and laundry staff. However, the expectation in an Eden Alternative facility is that, regardless of what the job description says, the employee will perform any simple task that is required of them (e.g. letting a dog outside).

In some situations, teams are dominated by cross-trained resident aides or certified nursing aides whose added responsibilities may include activity planning, assistance with individualized food preparation, and social and rehabilitation planning. Aide job descriptions include attending to requests from residents for companionship and helping them to eat at times of their choice. This requires aides be cross-trained as food handlers.

In some cases, Eden Alternative homes employ “universal workers” who attend to nearly all the daily living needs of their residents, including light housekeeping, laundry, as well as meal service and programming. Rather than dealing with four or five workers to have their needs met, residents are cared for by one or two staff members who are familiar with their needs, their routines, likes and dislikes. This system is praised for its “increased efficiency in staffing, i.e. while the caregiver is assisting a resident with his bathing, dressing and so on, he or she may also be able to perform other duties, rather than having to call someone to dust off a countertop or clean a bathroom.”¹³

While universal workers are typically asked to perform a range of tasks, some of these tasks may vary according to the size of the facility. In smaller facilities, aides assist

¹³ Widdes, Tal. “Assisted Living’s Universal Worker.” *Nursing Homes*. April 1996. vol.45, no. 4, p. 24.

with laundry, both personal and linens. In larger facilities with centralized laundry services, aides may be only responsible for assisting residents with personal laundry.

Sherbrooke Community Centre in Saskatoon introduced the “universal worker” concept when it implemented the Eden Alternative. Daily Living Assistants replaced the classification of Special Care Aide. They assumed a broader range of duties that included housekeeping, meal preparation and administering oral and topical medications (see job description, Appendix I). Daily Living Assistants were required to take the Food Safe Course, training in medication delivery and a housekeeping methodology course.

In Eden Alternative facilities, jobs in nursing, laundry, recreation, housekeeping and food services can be reduced or eliminated as aides’ jobs are expanded to include some or all of their responsibilities. In some examples, housekeeping staff are cross-trained as nursing assistants so that they can help with toileting and bathing.

Nursing appears to be the classification most hard hit in a resident-focused model of care. In one facility, Providence/Mt. St. Vincent, redefining front-line jobs allowed the substitution of resident aides for nurses at a rate of 2 to 1 (aides are paid \$9.00/hour and RNs \$18.00/hour).¹⁴ RNs visit only as needed and perform fewer supervisory functions. Sherbrooke Community Centre in Saskatoon reduced nursing ratios and increased front-line staff when it implemented the Eden Alternative. At Sherbrooke’s Kinsmen Village, which has approximately 65 residents, there is one RN per shift. The Saskatchewan Union of Nurses has been protesting this change, which it views as an erosion of patient care.

What Workers Like About Eden

Much of the published material about the Eden Alternative markets its benefits to long-term care administrators and to families in search of facilities for their loved ones.

¹⁴ Eaton, p. 19. Providence/Mt. St. Vincent is not an Eden Alternative facility, however it has a similar approach to delivery of care.

Therefore the reactions of workers in Eden facilities are for the most part filtered through writers who are Eden proponents. The most commonly reported staff-related benefits are a reduction in staff turnover and increased job satisfaction. More qualitative research in this area is required. However, the experience of Sherbrooke Community Centre, Saskatoon does provide some first-hand information from workers on what they like about the Eden Alternative.

When the Eden Alternative was first introduced in 1999 at Sherbrooke, it was met with great opposition and led to successful a strike vote of the SEIU members at the facility. The union averted a strike through the negotiation of a workplace adjustment plan that included provisions for training, wage protection and staff reassignment. In addition, the new classification of Daily Living Assistant was negotiated a pay increase to the first two steps of pay grade 8 of the provincial health care agreement: \$13.91 and \$14.25 per hour. A training rate of \$13.13 was negotiated for non-certified workers who were then required to obtain Special Care Aide Certification within two years.

Eighteen months later, SEIU and facility representatives report that, for the most part, SEIU members at Sherbrooke like the Eden Alternative better than the previous model of care. Daily Living Assistants prefer their new jobs to their former positions as Special Care Aides for reasons beyond the improved pay rate. The increased autonomy is cited as an important factor. Workers also like caring for a smaller number of residents. DLA positions, which were initially viewed as unattractive postings, are now attracting senior employees.

Problems with Eden/Issues for CUPE

The Eden Alternative is promoted for its benefits for residents and workers. However, like any theoretical model, the Eden Alternative can fall short of its goals in practice. There are also aspects of this care model – the multi-tasking, for example – that have implications for workers in long-term care facilities. The following issues have

been identified in the research and should be considered by the CUPE Health Care Council in the development of an Eden Alternative policy statement.

Under-funded and Understaffed

Elder Advocacy groups contacted in the United States have a negative view of the Eden Alternative. As mentioned previously, the state of elder care in the United States is in crisis. These groups are battling politicians and a powerful nursing home lobby to improve the present dire state of American elder care. Their primary concern is that staffing levels in many nursing homes are too low to even provide the basic necessities of life.

Ila Swan of the Association for the Protection of the Elderly and other American elder advocates from Texas, Arizona, New Mexico and Florida, view the Eden Alternative as no more than window dressing by a nursing home industry that hopes to diffuse growing public concern about their poor treatment of elders. As one source states, "...the Eden Alternative was "dreamed up" by the industry for the industry to make the public and legislators believe they were doing something "nice" for the residents." Swan comments that Eden Alternative homes "are nothing more than a nursing home with lots of green plants and some animals around." Swan recalls the following comments from a resident living in an Eden Alternative environment:

When you're hungry and unable to feed yourself and/or the food being served is garbage, you don't even realize there are animals and plants in your room for enjoyment. When you're sitting in your own body waste, and your bottom is burning like fire, you don't care that you are suffering in a place with a frilly table cloth on the table and homey curtains hanging in the windows. When you're dying, and you're afraid, you're in pain and all alone, all you care about is getting out of your misery as soon as possible.¹⁵

Representatives of these elder advocacy groups disagree with Dr. William Thomas's claims of cost efficiency. They maintain that Eden cannot be properly implemented without additional staff and funding. If homes are not adequately staffed,

Eden can actually hurt residents by redirecting resources for their care towards the care of animals and plants.

Violette King of Nursing Home Monitors comments, “although excellent in theory [Eden] works against the residents in many cases, as there is no staff to take care of the animals. Owners promise to have staff of course, but in reality the task is given to existing staff that resents the extra burden and fights over who is going to do the work.” In reference to Sherbrooke Community Centre, one SEIU representative stated, “the staff hates the animals.”

Understaffing is a chronic problem in Saskatchewan as well, although the situation is not as bad as it is in the private U.S. system. Even though SEIU members at the Sherbrooke Community Centre view the Eden Alternative more favourably, they also raise concerns about staff-to-resident ratios. Their ratio is usually two Daily Living Assistants to 7-10 residents per shift. The morning shifts are particularly demanding because the relaxed breakfast practice requires workers to be constantly assisting residents in getting out of bed and preparing individual breakfasts. Some family members complain that staff must spend more time doing the cleaning and meal preparation than directly caring for the residents.

Health and Safety Issues

Understaffing can result in an increase in health and safety problems in Eden Alternative homes because workers lack the necessary time to clean, feed, and interact with the live-in pets. Lack of adequate care may result in unsanitary conditions that endanger the health and safety of residents, workers and animals.

Violette King of Nursing Home Monitors cites an example where workers became seriously ill with a bird borne lung disease (psittacosis) after cleaning out birdcages filled with six inches of excrement. Allegedly, several residents who were not

¹⁵ Swan, Ila. “Re: Eden Alternative.” 18 Oct. 2000. ape@community.net (19 Oct. 2000).

a high death risk at the time died of lung ailments at the same facility. The birds also died.

King relates another example where caged puppies, that were observed as despondent and unresponsive to stimuli on three visits to a home over a period of several weeks eventually died. Residents and staff were never observed interacting with the animals in this home.

Residents have been injured tripping over wandering dogs. There have been incidents where residents have been frightened by aggressive animals. Dogs in some homes have become severely obese from overfeeding by residents. Workers have experienced difficulty in keeping pets out of food preparation and eating areas.

The presence of live-in pets may also trigger allergic reactions in workers and residents. Allergies to cats, dogs and birds are commonplace and sometimes severe. For some the only remedy is avoiding pets altogether.

Concerns about Management

While the recommended Eden management approach sounds positive, there are complaints that managers “talk the talk, but don’t walk the walk.” Some workers express concerns over the lack of support by management and feel overwhelmed by the changes in the workplace.

Job Loss

The introduction of Eden supposedly means an increase in the number of front-line workers, however the new jobs combine the duties normally performed by different classifications. This may result in the elimination or reduction of some housekeeping, recreation and food preparation jobs.

A workplace adjustment plan mitigated the transition to the Eden Alternative for SEIU members at Sherbrooke Community Centre. The Employer at Sherbrooke also posted vacancies as temporary positions for one to two years prior to introducing the Eden Alternative in order to avoid laying off permanent staff affected by the changes.

Qualifications Issues

There is a risk of creating a low-paid multi-skilled job class under the Eden Alternative as aides assume duties associated with lower paid positions. In the United States, nursing home workers make very low wages – the national median wage for nursing assistants is \$7.99 per hour.¹⁶ Universal workers in the United States, recruited with little or no experience and trained in-house can earn even less.

Protecting or increasing the qualifications necessary to perform the new jobs may prevent this from occurring. In contrast to the American examples above, Daily Living Assistants at Sherbrooke must, in addition to the Special Care Aide certification, take a Housekeeping Methodology course, the Food Safe course and a medication delivery course. Their wages are above those of Special Care Aides, largely because of the increased training requirements.

Training Issues

SEIU members view some aspects of the existing training at Sherbrooke as inadequate. For example, the training for the delivery of oral and topical medications involves a five-hour course and two RN supervised sessions prior to assuming the delivery of medication.

The Saskatchewan Union of Nurses, on behalf of Sherbrooke RN/RPNs, has made complaints because “unlicensed assistive personnel administer oral and topical

¹⁶ “Nursing Assistants.” *Indiana Career and Postsecondary Advancement Center*. http://icpac.indiana.edu/career_profiles/81740-print.html (16 Oct. 2000).

medications to residents.”¹⁷ SUN has filed Work Situation Reports regarding medication errors and other related issues. SUN’s recent request to the Sherbrooke Board of Directors that RN/RNAs administer all medication was rejected. SUN is now taking the issue to an Independent Assessment Committee.

Multi-tasking and Job Evaluation

The new multi-skilled job classification has increased responsibility for interaction with residents. The Eden Alternative places great emphasis on this part of the care. One study showed that multi-skilled workers in nursing homes in the United States were sometimes lower paid than their counterparts in high quality care nursing homes.¹⁸ This suggests that the increased ‘emotional’ labour and relationship skills required of the new job class are not adequately measured or compensated.

The job evaluation results for Daily Living Assistants at Sherbrooke Community Centre are still pending. Some concern was expressed that the Daily Living Assistants’ added duties in laundry and housekeeping may have the effect of placing the overall value of the job to below that of the Special Care Aides. On the other hand, the increased training requirements may protect or raise the job rate.

Burn-out

Staff can suffer from “burn-out” if permanently assigned to a group of severely disabled residents. For example, Daily Living Assistants at Sherbrooke who work in the Acquired Brain Injury Unit are experiencing high levels of mental stress due to the constant demanding level of care needed by the residents. Workers should be accommodated in these situations by having opportunities to at least temporarily transfer to a different group of residents.

¹⁷ Stuart, Pat. “Inadequate staffing at Sherbrooke.” *SUNSpots*. September 2000, vol. 26/No. 6, p. 3.

¹⁸ Eaton, p. 21.

Conclusion

No one would argue that less institutionalized long-term care is a bad thing. Is full membership in the Eden Alternative movement the best solution? The research reveals that the Eden Alternative has negative consequences when a facility is understaffed. As well, the American nursing home industry's motives regarding the Eden Alternative are questionable, and there is no definitive research that confirms its benefits.

It is no surprise that many of the problems associated with the Eden Alternative stem from unreasonable workloads – an issue with which CUPE health care workers are all too familiar. If Saskatchewan Health care employers are determined to introduce the Eden Alternative, the workload issues will need to be addressed for the sake of residents and workers.

The CUPE Health Care Council will need to discuss and evaluate the issues identified in this research and develop a policy for addressing the introduction of the Eden Alternative into Saskatchewan long-term care facilities. Some key areas for consideration are:

- Improved staff-to-resident ratios;
- Job security for workers affected by any restructuring;
- Adequate training for new multi-task positions;
- Wage rate for new multi-task positions that recognizes increased qualifications and duties;
- Respite for workers with high-stress assignments;
- Screening of animals and birds for health and behavioral problems.

APPENDIX I

DRAFT

Sherbrooke Community Centre
Daily Living Assistant Job Description

Position Title: Daily Living Assistant
Responsible for: Designated Care Team Management

Position Overview:

Under the direction or supervision of the Designated Care Team Management, the Daily Living Assistant is responsible for creating a human habitat and providing care and services to meet the needs of the residents of the Village. The DLA is committed to alleviating the three plagues of loneliness, helplessness, and boredom. This is based on the philosophy of Sherbrooke, the Eden Alternative, the Principles of Care (individuality, normalcy, and reality), the CARE 2000 principles, and the established policies and procedures of Sherbrooke. The Daily Living Assistant works cooperatively and respectfully with residents, coworkers, families, visitors and volunteers to create a positive and pleasant environment in the home (a “habitat for living”). This includes the provision of personal care, housekeeping and food preparation and service.

POSITION SUMMARY

Personal Care:

- Treat residents with empathy, dignity and respect at all times.
- Request and accommodate resident’s individual choices whenever possible.
- Respect the spiritual and cultural beliefs and practices of the residents.
- Encourage and support residents to maintain or regain independence.
- Respond to resident requests as quickly as possible.
- Provide explanations to residents. Negotiate with residents when requests cannot be met.
- Encourage residents to take responsibility for the choices that he or she makes.
- Support relationships that are central to the resident.
- Provide personal care according to care plan.
- Assist resident to have clothes purchased, laundered and repaired as needed.
- Facilitate the maintenance of the resident’s personal effects according to the wishes of the resident.
- Complete procedures that support personal care as required by Sherbrooke, and care activities for which Sherbrooke’s certification has been received e.g gastrostomy feedings, medication administration.

Maintenance of the Home:

- Involve the resident in maintaining the home.
- Assist the resident to organize the physical environment according to the wishes and needs of the resident.
- Clean all areas of the resident's environment as per written procedures.
- Perform minor household maintenance such as changing light bulbs, tightening cupboard knobs, etc.
- Report shortages, breakage and malfunctioning of equipment.
- Implement infection control measures.

Food Preparation and Service:

- Plan meals with the residents and the Department of Food Service.
- Facilitate flexibility in meal plan and provisions.
- Encourage resident participation in food preparation, service and clean up.
- Prepare and store food as per requirements of "Food Safe Course".
- Encourage and make available healthy snacks.
- Order groceries as per procedure.
- Support the resident in adhering to special diet requirements as required by the care plan.

Communication:

- Maintain confidentiality of information about the resident and his or her family, etc.
- Keep the Nursing Care Coordinator informed of any change in resident condition through incidental and formal reports. Reports must be timely based on the type of change observed.
- Ask for guidance and consultation from other team members.
- Participate actively in team conferences and all other care conferences.
- Accurately record care and observations on the clinical record of the resident (See Charting Manual #N-II-12a).
- Responsible for ordering supplies for House from Purchasing, Food Services through established methods.

Continuous Improvement:

- Participate on quality monitoring in Sherbrooke as required.
- Participate in activities leading to Accreditation as required.
- Attend and participate in education programs aimed at increasing personal knowledge and abilities of the caregiver, and those that also lead to the certification for special procedures required at Sherbrooke, such as gastrostomy feedings, administration of medications, etc.

Qualifications:

- A. Special Care Aide Program or approved equivalent.
- B. Housekeeping Methodology course or equivalent.
- C. Food Safe Course or equivalent.
- D. Ability to read, write, and speak English fluently and understand verbal and written instructions. Senior matriculation is preferred.
- E. Good physical and mental health.

Supervision:

Reports to the designated Care Team Management.

Hours of Work:

Sherbrooke is staffed 24 hours each day for seven days each week.
Individual's hours as per Collective Agreement and unit schedules.

Other Duties:

Other related duties as assigned.

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