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STATUS OF POLICIES ON HIV/AIDS: RESPONSES OF NEBRASKA
POSTSECONDARY INSTITUTIONS WITH HEALTH OCCUPATIONS PROGRAMS

Jean Durgin-Clinchard
Dorothy M. Witmer
James Brown

Abstract: This study was conducted to assess the status of HIV/AIDS policies in postsecondary health occupations programs in Nebraska. The purposes of the study were to determine which postsecondary health occupations education programs had policies adequate to address HIV/AIDS, and to review a copy of the program’s policies for agreement with a set of criteria developed from those recommended by the Centers for Disease Control and the American College Health Association. Results revealed that the institutions’ policies submitted for review did not meet the criteria developed for the study.

Health occupations education (HOE) teachers should consider the following four scenarios and ask themselves how they would respond. First, a student nurse refuses to care for a patient with acquired immunodeficiency syndrome

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(AIDS) (Carwein & Bowles, 1986). Second, there is an unacceptable rate of compliance with universal precautions by healthcare personnel in a trauma center (Baraff & Talan, 1989). Third, personnel at a clinical practicum site refuse to furnish the necessary supplies for student dental assistants to use in following universal precautions (Witmer & Durgin-Clinchard, 1990). Fourth, a student sues because she says she contracted AIDS as a result of being stuck with a contaminated needle left in linens and gauze by her supervisor (Sherman, 1990).

These scenarios reflect a need for institutional concern for human immunodeficiency virus (HIV) and AIDS policies. Healthcare agencies and educational institutions, by their very existence, provide for the health, safety and well-being of their employees, clients, faculty and students. However, policies which support that mission must be in place. Thus, with these concerns and because of the apparent apathy about developing and implementing these policies, professionals involved in HIV/AIDS education at the University of Nebraska decided that it would be helpful to determine if postsecondary institutions with healthcare programs in Nebraska had HIV/AIDS policies in place.

**Purposes of the Study**

The purposes of the study were to (a) determine which postsecondary health occupations education programs had policies adequate to address HIV/AIDS, and (b) review a requested copy of the program’s policies for agreement with a set of criteria developed from those recommended by the Centers for Disease Control (1987) and American College Health Association (1986). In view of the potential for litigation, panic, and general overall disruption of a school’s program when the public becomes aware that a person with HIV/AIDS is part of a given community, a proactive institutional response...
is imperative. The advance development of HIV/AIDS policies or guidelines provides direction when it is needed most. Results of this study were also intended to provide knowledge of the current status of the postsecondary health occupations education programs and would serve as a basis for continuing education efforts in the area of policy development related to HIV/AIDS.

Limitations of the Study

The study was conducted in a predominantly rural state with a low incidence of HIV/AIDS which limits its generalizability to other States. The data were drawn from institutions serving a variety of healthcare educational purposes, therefore, the data were not analyzed according to a specific type of program. In a larger sample, a comparison among specialized institutions could have been made.

Literature Review

Carwein and Bowles (1986), Bowles and Carwein (1988), and Chitty (1989) mailed questionnaires to 458 baccalaureate schools of nursing accredited by the National League of Nursing (NLN) to determine the status of AIDS policies. Questionnaires were returned by 242 schools (48%). Of these schools, 86% had no policies or guidelines for dealing with AIDS and 49% of these schools indicated that they had no plans to develop policies. Two years later, Chitty corroborated the Carwein and Bowles study and found that "... at least half of the nation's nursing schools are still functioning in the legal vacuum created by the absence of a written AIDS policy" (1989, p.345). Despite the recommendations by professional associations (Guidelines, 1989; Reifier & Valenti, 1986), the Centers for Disease Control (CDC) and headlines (Fields, 1986) urging colleges and schools to head off panic over AIDS by setting AIDS...
policies in advance of the need (McMillen, 1986), postsecondary institutions have been slow to respond to this issue.

Postsecondary schools in Nebraska also are slow to respond. A 6-months follow-up survey on commitment to change activities following a workshop on AIDS revealed that healthcare educators who attended the workshop and committed to policy development were least likely to accomplish written policies (Witmer & Durgin-Clinchard, 1990). In addition, personnel from the Nebraska State Department of Health reported that they had no information about the status of HIV/AIDS policies/guidelines in Nebraska postsecondary schools (personal communication, October 15, 1989).

Policies do not need to identify HIV/AIDS specifically but it is essential that educators examine existing policies to determine if they contain the elements that would allow appropriate guidelines to be written to address the various issues surrounding AIDS (American College Health Association, 1986). An example of policy examination occurred at the University of California in 1985, when President David P. Gardner appointed an AIDS policy steering committee charged with conducting an in-depth review of their existing policies in light of the wide variety of issues that bear on AIDS. When their review was complete, the committee reported that the existing policies were adequate for dealing with situations that might be anticipated (Lundberg, 1989).

The key to this effort was the process of examining their policies. To be sure their existing policies were adequate the committee examined relevant guidelines issued by several responsible agencies (CDC and ACHA), considered the legal issues they potentially could face, and reviewed the current medical and legal advice. The committee was comprised of various professionals who could bring the knowledge of each of their respective disciplines to bear on
the final analyses. The groups represented were medical, dental, infection control, law, ethics or clergy, practice, board of directors, and administration. This process, one of self-education, enabled the committee to make the decision that existing policies were adequate.

Adequate policies are necessary when scenarios like those presented at the beginning of this paper occur. An institutional response in each of the AIDS-related situations would be hampered if no policy existed. Having a policy in place has a number of implications for educators. Chief among these implications is the obligation to inform the people comprising the human resources of an institution about the policy and its supporting guidelines. This is a top-down approach that should be consistent with the philosophy or mission of the institution. The perception of the importance of the policy is emphasized when administrative officials respond; furthermore, adequate communication of existing policies implies dissemination of information to all affected personnel. Given that sound polices are in effect (a proactive stance) and there is adequate communication and implementation, it is probable that the scenarios described earlier may have been prevented.

Methodology

The study was conducted in Nebraska to determine the status of HIV/AIDS policies in postsecondary schools with health occupations programs. It involved the following population, instrumentation, data collection and analysis.

Population

Administrators of the 30 postsecondary institutions in the state of Nebraska which had any type of healthcare occupations education program were included in this study.
Instrumentation

An eight-item questionnaire was sent to the administrators of institutions with health occupations programs who were asked to return a copy of their institution’s policies along with their completed questionnaire. Six of the items on the questionnaire allowed for a yes/no or a not applicable response. The following questions were included: Does the institution have a policy for infectious diseases inclusive of AIDS?, Are policies being developed?, Are current policies adequate?, Were policies adopted from a similar institution?, and Are procedures in place for review and implementation? The other two items requested a description of the process used for policy development and members of the policy committee. Administrators were assured that the anonymity of the responses and subsequent analyses of individual policies would remain confidential and would be reported only in grouped summary form.

Validity and reliability. The validity and reliability of the criteria used in this study were based on the reputation and research of the sources from which the criteria were drawn: the Centers for Disease Control and the American College Health Association. The criteria came from guidelines suggested by the American College Health Association in 1986 and the Centers for Disease Control in 1987. It should be noted that the term “policy” is inclusive of guidelines if, in fact, the guidelines are supported by an approved policy statement that shows an intent consistent with the policy from which it was derived. Policies which include all of these criteria could also cover accidents, patient care, clinical training, and faculty knowledge and experience as these areas relate to HIV/AIDS. The criteria used for comparison were stated in the form of questions which policy makers need to ask of themselves.
1. Is a basic statement of philosophy provided?

2. Is the policy consistent with the philosophy of the school and parent institution?

3. Is there provision for on-going review based on any new information that comes up?

4. Does the policy specify how it is to be implemented?

5. Does the policy identify the responsible party(s) for seeing that it is implemented?

6. Has the policy been reviewed by the governing body?

7. Does the policy prohibit students from caring for a client in any setting until they have mastered the appropriate techniques and skills for that service?

8. Does it state that students will be expected to care for HIV-positive clients (or all clients) as part of routine clinical experiences?

9. Does the policy state what procedures should be followed in the event a student refuses to care for an HIV-positive client?

10. Does the policy recommend against mandatory screening of all employees, students and prospective students for HIV antibodies?

11. Does the policy specify a procedure to be followed in the case of an occupational exposure to HIV?

12. Does the policy require that the identity of any client, student or employee who is HIV positive be kept appropriately confidential?

13. Does the policy address the issue of continued employment, or student status, of HIV positive individuals?

14. Is there provision for reasonable accommodation for the HIV positive employee or Student?
15. Does the policy ensure that clinical sites for students provide necessary supplies for caregivers to comply with CDC guidelines or risk withdrawal of students or faculty?

16. Was the process of developing policy one in which some or all of the identified disciplines were represented?

17. Was the policy adopted outright from another similar institution?

18. Was access to reference sources made available to the group charged with developing the policy?

19. Was the policy communicated to all concerned: faculty, students, clients, employees?

20. Does the policy specify that faculty must not only stay informed about HIV infection but that they must serve as role models for students by providing skillful and compassionate care for HIV positive clients?

Data Collection

Data were collected by mailing the questionnaire with a cover letter and a self-addressed stamped envelope to the administrators of the 30 identified institutions in the state of Nebraska. When a respondent had indicated that a policy was in process but did not send a copy, a follow-up phone call was made to request a copy of the policy or guidelines.

Data Analysis

When the surveys and policies or guidelines were returned, the responses were tallied. The policies and guidelines were also reviewed in relation to the predetermined criteria.

Results

Of the 30 surveys mailed, 16 (53%) were returned. Of the respondents, 12 (75%) included copies of their policies/guidelines. The figures presented in the following tables are the result of the analyses of those 12 documents.
based upon self-reporting in response to the survey questions and the researchers' review in relation to the preset criteria.

The four institutions which did not send policies provided the following rationale: (a) two were in process of being developed; (b) one reported guidelines were developed but not yet approved by the board; and (c) one school reported "I'll send them if I can find them."

None of the documents reviewed met all of the criteria. Three met 9 (43%) of the criteria and one met 10 of the criteria items. Of the 12 sets of documents, 5 (58%) met 7 (33%) or more of the criteria items (Table 1). Criteria that were addressed by 6 (50%) or more of the institutions are shown in Table 2.

Table 1

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Table 2

Specific Criteria Addressed by Fifty-Percent or More of the Institutions

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<tr>
<td>7 (58%)</td>
<td>Confidentiality</td>
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<td>6 (50%)</td>
<td>Continued employment</td>
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<td>6 (50%)</td>
<td>Reasonable accommodation</td>
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<td>6 (50%)</td>
<td>Committee process used</td>
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Discussion

This discussion focuses on the responses submitted by the 16 (53%) administrators of institutions in Nebraska with HOE programs. Of the 16 only 12 contained policies to be reviewed. In addition, the criteria met by 50% of the policies/guidelines involve issues that are of general concern to most people as well as being frequently discussed in the media in relation to HIV/AIDS (Keeling, 1986). Issues of confidentiality (question 12 of the criteria), the right to work (question 13 of the criteria), and the desire to continue employment as long as ability and health permit (question 14 of the criteria) are considered basic civil liberties. The fourth criterion (question 16 of the criteria) in this 50% group was use of a committee and a process to review policies and make recommendations. This process involves an informing or educational procedure; a top-down approach when the committee is appointed by the governing body; the development of ownership in the committee members; and the development of a model that can serve others in the institutional community. These four criteria that were met by six (50%) of the responding institutions are vitally important, but other issues must also be considered.
In examining the criteria met by at least 33% of the institutions, another pattern was observable. Three of these items related to generally good policy development. Initially, an overall institutional policy, or philosophical statement is made followed by policy which is consistent with the mission and purpose of the institution. In this group of criteria met by one-third of the respondents, the overall policy existed (question 1 of the criteria), an HIV/AIDS or infectious disease policy was consistent with the mission (question 2 of the criteria), and an official or group was assigned the responsibility for carrying out the policy (question 5 of the criteria). Consistent with a healthcare agency's mission, this grouping also contained the statement that refusal to care for any patient was not an option (question 8 of the criteria).

The area of most concern are those criteria that were addressed at a minimal level by 25% or fewer of the institutions. Policy items seldom addressed were a scheduled periodic review (question 3 of the criteria) and implementation of the policies (question 4 of the criteria). Lack of these criteria in policies raises concerns for two reasons. First, with a new and deadly virus such as HIV/AIDS, for which there is no cure and the life history is not yet fully known, it is imperative that policies/guidelines relating to this disease be subject to regular periodic review. Second, if the policy is not implemented and not communicated to the people it is designed to serve, it is ineffective. Part of the educational process about HIV/AIDS is the calm assurance that the matter of immediate concern is under control to the extent possible and that the care and welfare of the institution's clients, students, faculty and staff are addressed. It is in the implementation phase that further information and education is provided, thus serving the proactive...
function of preventing fear, panic and possible litigation. It is essential that graduates from healthcare programs be educated about HIV/AIDS not only through their coursework but as a part of the daily reality of their workplace, the healthcare clinical setting.

The issue of students being assigned to patients with HIV/AIDS was addressed by Whalen (1987) in relation to medical students, and by Bremmer and Brown (1986) for nursing students. The authors reported students must have mastery of the appropriate levels of skill for whatever patient task they are assigned (question 7 of the criteria). In the present study, only two institutions addressed that point. Requiring faculty, not just the "AIDS educator", to be knowledgeable and to model appropriate clinical behavior was addressed by three institutions. Not one policy stated an expectation that off-site clinical practice settings should provide the necessary supplies for students to carry out universal precautions when appropriate (question 15 of the criteria). One clinical supervisor stated that she had eliminated two dental sites because personnel at the sites had refused to cooperate in providing students with the modeling and supplies to carry out the safety procedures relating to HIV/AIDS (personal communication, December 1989). It is interesting to note that Bader (1989) in the Journal of Dental Education discussed the difficulties in getting dentists as a group to change their dental practice behaviors in any area, not only in relation to HIV/AIDS.

Another issue with the potential for litigations is mandatory HIV/AIDS screening/testing. Two institutions reported having a policy stating that mandatory testing should not be required. Not addressing the issue may be a function of the times. In the latter part of the 1980s, the pressure and urgency to conduct wholesale mandatory screening was largely discarded in favor of testing in selected situations with informed consent. Testing procedures should be specified for situations with occupational exposure to
infectious disease. This issue was addressed by only one institution. The positive public relations effects of HIV/AIDS policies can occur when the public is educated about HIV/AIDS prior to a case occurring on a campus or healthcare agency (Carter, 1988). Carter describes examples where the potential for fear and panic was there, but because the institution acted proactively, previously established the appropriate policies/guidelines and implemented them, the process worked. Policy implementation not only provides for a sense of security for the responsible officials in an institution, but also sends the vital message that current and on-going education on a frightening disease can be accomplished. Governing bodies and the administrators who advise implementing officials must accept this responsibility.

Conclusions and Recommendations

Conclusions

The purpose of this study was to determine the status of policies on HIV/AIDS in postsecondary institutions with healthcare programs in Nebraska. Questionnaires were sent to 30 institutions with a request for a copy of the policies in place. Sixteen responses were received; twelve of the respondents sent policies. The following conclusions were drawn from the policies presented.

1. None of the policies that were reviewed met all criteria.

2. Five of the policies met 7 or more of the criteria but none of the policies met more than 10 criteria.

3. The most common items addressed by 6 of the institutions were reasonable accommodation, continued employment for an infected person, and use of a committee process for policy development.
4. Seven of the policies addressed the issue of confidentiality of information about the identity of persons infected with HIV/AIDS.

5. One-third of the policies were all inclusive of infectious diseases (including HIV/AIDS), designated a responsible party for the policy, and addressed that not wanting to give care to infected patients was not an option.

6. Two very important issues: periodic policy review and implementation, were seldom included.

7. No policy stated an expectation that off-site clinical personnel should provide students with supplies to implement universal precautions.

Recommendations

The following recommendations are provided.

1. Conducting workshops for administrators on HIV/AIDS policy development,

2. Including healthcare educators on the policy committee for infectious diseases/health and safety and taking a proactive stance in addressing situations produced by fear of HIV/AIDS,

3. Publishing of HIV/AIDS policies in student handbooks and related publications, and

4. Providing educational sessions for healthcare educators on HIV/AIDS and policies and making continuing education a necessity.

The results of this study point the way for governing bodies, administrators and other responsible parties to take the necessary steps to examine their own institutional policies in Nebraska and elsewhere. In the literature cited, in the Nebraska Department of Health and in professional and other governmental agencies, there is ample support and information for informed and careful policy development. The institutions which have included
in their mission the training of healthcare personnel have an obligation not
only to their own constituency but to the public. Situations with the
potential for conflict and litigation can be prevented by a proactive approach
in HIV/AIDS policy development, implementation and scheduled review.

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