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Changes in Patient Care as a Result of Acquired Immune Deficiency Syndrome

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CHANGES IN PATIENT CARE AS A RESULT OF ACQUIRED . IMMUNE DEFICIENCY SYNDROME

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Abstract: The purpose of this study was to determine changes in policies and procedures relative to patient care since 1985 in an attempt to identify how local health care agencies are responding to problems associated with care of Acquired Immuno Deficiency Syndrome individuals. Questionnaires were mailed either to the director of Nursing or the Director of Education in each of 75 local health care facilities. Information relative to current changes in policies and procedures is necessary to reduce potential liabilities against health occupations students being misinformed or contracting che disease because of deficiencies in instruction. The findings indicated that (a) changes in" , policy and procedures occurred, (b) changes in attitudes of health care workers were evident, and (c) students in health occupations programs

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were not adequately informed relative to recommended guidelines prior to being assigned to clinical agencies.

Background

There are a number of reports in the professional literature related to Acquired Immuno Deficiency Syndrome (AIDS). Recent journals nave included articles on the need for policies in the workplace (Morris, 987), revisions in preparation of the health care providers (Hodges & Poteet 1987), the challenges for health care providers (American Nurses Association, 1987; Bennett, 1986), and attitudes and ethics of health care workers caring for AIDS individuals (Hodges & Poteet, 1987; Steele, 1986). Publications such as the "Surgeon General's Report on Acquired Immune Deficiency Syndrome," and "Recommendations for Prevention of HIV Transmission in Health Care Settings" published in Morbidity and Mortality Weekly Revert Supplement (Centers for Disease Control, August 21,1987) provide health care agencies and their employees with facts relative to the incidence of the disease, its treatment, and the need for protection. Despite this information, "many health care providers still harbor fears and misunderstandings about AIDS that negative y affect the delivery of patient care" (Schietinger, Fitzhugh, McCarthy, & Morrison, 1987, p. 155). It seems apparent that AIDS is a concern of the general public as well as professional hea th care providers.

Changes in Patient Care

Survey of the Literature

Recent professional literature has attended to problems of caring for individuals diagnosed with AIDS or carrying the virus. It was not possible to refer to all documents available in the professional and general literature because the number was unmanageably large. For purposes of this study the researchers chose to Limit the search of the Literature to those references deaLing with the scope of the probLem, practitioner knowLedge of the disease, and practitioner attitudes.

Scope of the Problem

"Since its initial recognition in 1981, the Acquired Immuno Deficiency Syndrome (AIDS) has become a global pandemic" (Quinn, L987, p. 7). In the United States in 1987, AIDS struck more than 20,000 people, increasing the number of cases past 50,000 ("20,000 New", 1988). Quinn (1987) estimated over 270,000 cases of AIDS will have developed in the United States by 1991, from the present pool of 1-2 million HIV infected individuals. Florida reported 826 new cases from January to mid-August 1987 with a mortality rate approaching 64% (Morris, 1987). From this frightening number emerges increasing responsibiLities for health care providers who respond to these increasing patient care loads. AIDS poses many serious challenges for the nation: legal, ethical, and practical. Even greater challenges await health care professionals who need to be concerned with protecting (a) individuals having the disease, (b) other sick and injured individuals from innocently contracting the disease, and (c) themselves from contracting the disease. It

is evident that health care professionals are concerned. They are voicing their concern by their actions and expression of attitudes.

Recently, Nursing Life (1986) asked readers to respond to a situation related to resuscitating a patient with AIDS. Responses indicated this to be a highly charged issue and suggested many nurses did not want to jeopardize their health. The poll found (a) 60% of nurses would not resuscitate this patient, and (b) 16% have refused care for AIDS patients.

Abrams (1986), an ethicist, stated it was unreasonable to expect anyone, including health care workers to administer mouth-to-mouth resuscitation to a patient with AIDS. This attitude could result in major legal battles, neglect of patients, unfilled vacancies, and flight from the profession.

Health care workers are at risk. In Flay 1987, the Centers for Disease Control (CDC) reported a total of nine health care workers had been infected with human immunodeficiency virus (HIV) after having either (a) directly cared for AIDS patients, (b) had needle stick exposure, or (c) had exposure to blood without a needle stick. However, at the June, 1987, meeting of the American Nurses Association House of Delegates, the motion passed to urge all health care workers to become familiar with CDC guidelines and reaffirm commitment to provide care to all people in need of services regardless of illness (American Nurses Association, 1987).

One change in care of AIDS clients is reflected in a change in policy and procedures due to weekly updates from The Centers for Disease Control

which publishes the Morbidity and Mortality Weekly Report on prevention of HIV transmission in health care settings. The previously recommended isolation category of blood and body fluid precautions for AIDS patients only has changed to a universal blood and body fluids policy for all patients.

Education About the Disease

Quinn (1987) stated that "until we find a vaccine or cure, the only way to stop the spread of AIDS is through education" (p. 10). Morris (1987) recommended "the cornerstone of any AIDS policy must be education of management and employees on what the disease is and what it is not" (p. 15). Among health care providers, the need for education also has been addressed in the literature through weekly updates to health care agencies (Centers for Disease Control, 1987). Flaskerud's (1987) study found that 75% of respondents indicated a need for information in 56% of an arbitrary list of categories. Eighty percent indicated needs for information in areas of AIDS symptom assessment, transmission in the workplace, precautions for health care workers, psychosocial care, and legal and ethical issues. Similar surveys of other health care personnel revealed similar desires for education about the disease. A survey of pharmacy, medical and nursing students (Barthof, 1987) found that even students may be thrust into clinical interactions with at-risk patients prior to receiving education on the disease. Following a 13 hour experimental course, these students indicated an increase in knowLedge of AIDS-HIV coupled with a decrease in phobias.

Attitudes

Knowledge and attitudes are close y related when dealing with this disease. Gerbert , Badner and McGuere 1987) surveyed dental health professionals to determine attitudes, knowledge, and behavior regarding AIDS patients. Findings indicated attitudes toward AIDS affect screening and infection control procedures used by dental health professionals. It was recommended, that attitudes, rather than knowLedge, should be targeted in education programs. Professionals who have dealt with their attitudes feel Less at risk and consequently provide better care to their patients (clients). In another study, physicians from three Large cities were surveyed (St. Lawrence, Kelly, Hood, Smith, and Cook, 1987) relative to their attitudes in caring for AIDS/HIV patients. The results reveaLed that physicians may share some of the same prejudices as the general community and were likely to believe that AIDS/HIV patients deserved their illness and were Less deserving of sympathy than Leukemia patients. The researchers recommended the need to develop better psychological/education programs for health care providers especially in areas were AIDS prevalence will soon increase.

In a poll of Nursing Life readers (1986), it was found that 81% of 450 nurses would not refuse to care for AIDS patients, however only 40% indicated they would resuscitate a 34 year old patient with AIDS. The number willing to resuscitate increased (61%) if they would wait until they had a protective airway.

Steele (1986) addressed attitudes in suggesting that change may be effected through clarifying values in health care workers. "As providers get more and more evidence about AIDS, and as we sort out our thoughts, we may start to behave differently" (p. 248).

There is no question that this disease has put the medical profession at risk with questions about its transmission and its impact on attitudes of personnel. Policies have been recommended by the Centers for Disease Control and have been implemented in health care agencies, but still there are concerns and questions. Therefore, as educators of health care providers, the authors were interested in policies relative to the care of AIDS patients in local health care agencies and a concern that the program curricula in local schools be reviewed for possible revision, not only to keep it current with events, but also to reduce potential liabilities of students being misinformed or from contracting the disease because of deficiencies in instruction.

Purpose of Study

The purposes of this study were to determine (a) changes in policy and procedures related to care of AIDS patients, (b) attitudes of health care workers relative to caring for individuals with AIDS, and (c) preparation of students, particularly in agencies used to prepare students for health care professions. Thus, the following questions were formulated:

1. Have local health care agencies changed policies relative to the care of HIV and AIDS individuals?

2. If so, what are those changes, particularly those necessary to deliver basic nursing care?

3. Have agencies experienced employee resignations due to the employee's fear of contracting this disease?

4. Has there been a change in attitudes of employees caring for individuals with this disease?

5. Has it been necessary to implement policies relative to termination of employment for employees refusing to give care to individuals with this disease?

6. Are students in health care programs being properly prepared for their role in caring for individuals who may have this disease?

7. Do health care agencies believe it is their responsibility to orient student groups to their policies relative to this disease or is it the responsibility of the school?

Population

The population of the study included personnel in 75 local health care agencies across three counties in one university service area. The individuals employed in the agencies who were selected to participate, were either the Director of Education or the Director of Nursing, since they were considered to be the most knowledgeable about policies and procedures relating to patient care. These individuals were randomly selected from a mailing list provided by the Area Hospital Association.

instrumentation

Survey methodology was selected for this study. A short questionnaire was developed, reviewed by a panel of peers, and revised with 100% agreement of the items by panel members.

The questionnaire consisted of items addressing questions of changes in policy and procedures in health care delivery, attitudes of health care workers relative to caring for individuals with this disease and preparation of students, as well as demographic information. The questionnaire was mailed" to either the Director of Education or Director of Nursing in 75 local health care agencies. A postage paid return mailer was included to assist in obtaining a larger number of returns. Attempts were made to keep material anonymous and confidential, given the sensitive nature of the subject. At the end of one month, a follow-up phone call was made in an attempt to elicit more returns.

Statistical Analysis

The statistical procedure of choice for summarizing the survey data collected for this study produced proportions of answers by response category. That is, if the possibilities of response to an item were yes and no, then the proportions answering yes and no were reported. No attempts were made to determine statistical significance of proportions found. Rather, response variations were interpreted heuristically.

Findings

Seventy-five agencies were contacted, with 29 (39%) responding to the questionnaire. Although this response was somewhat low, those responding represented the variety of health care agencies in the community. Responding agencies ranged in size from 42 to 699 beds with an average size of 230 beds. There were more responding from agencies over 200 beds than under 200 beds. Personnel employed by these agencies range in number from 25 to 2400 with the majority of agencies employing over 500 persons. Eighteen of the respondents indicated their job responsibility was infection control. In some instances, these people may hold dual responsibilities in education and or administration. The majority of all agencies (25 or 86%) care for AIDS individuals. only three agencies do not care for AIDS patients and one had not cared for them yet.

Changes in Policies and Procedures

Wearing gloves, as recommended by the Centers for Disease Control (CDC) was one area given attention in the establishment and revision of policies and procedures relative to caring for all hospitalized individuals. The procedure which appeared to be the most affected by policy change was suctioning of individuals with 76% of the respondents indicating they have implemented a policy to wear gloves during suctioning. Following closely in policy change were those policies relative to starting and discontinuing IV's, collecting specimens , and emptying urinary drainage bags in which 72% of respondents indicated changes. The procedure least affected by policy change

was instructing clients with only two respondents indicating a change in policy. These changes are presented in Table 1. Other policies and procedures requiring wearing of gloves (with corresponding number responding,) included; anv contact with body solutions (2) , invasive procedures (2), stringent handwashing (2), moist by-products (2), non-intact skin (1), mucous membranes (l), and if likely to soil hands (l).

Table 1

Changes in Wearing Gloves for Patient Care Since 1985 (N=29)

Policy/Procedure	Yes %	No %	No Response %
Suctioning individuals	76	17	7
Starting/discontinuing IV's	72	?.7	LO
Collecting specimens	72	17	10
Emptying urinary drainage bags	72	17	10
Emptying bedpans	66	24	10
Bathing individuals	55	34	10
Making beds/handling linens	52	34	14
Manipulating lines	45	28	28
Giving instructions	7	66	28

Wearing masks as recommended by CDC was another area given attention in establishment and revision of policies and procedures. Again, suctioning

policies made the greatest change with 45% of the respondents indicating their policies have been revised or changed. These responses are presented in Table 2.

Table 2

Changes in Wearing Masks for Patient Care Since 1985 (N = 29)

Policy/Procedure	Yes %	No %	No Response %
Suctioning individuals	45	38	17
Collecting specimens	31	52	17

Changes in policies and procedures are also evident in general care items such as the use of aprons or cover gowns (69%) and disposal of needles and sharp objects (52%). These responses are presented in Table 3. Other policies and procedures that were listed by agencies included: trauma (3), body fluid splash (3), endoscopy (2), Emergency Room (l), and invasive (l). Other policies and procedures that were listed included: no cleaning of walls or curtains unless obviously soiled (l), no room cleaning without precautions (1), wearing pocket mask for CPR (l), revising blood spill cleanup procedures (l), using protective eye wear (l), and dispensing of needles in impervious conta ners without capping or breaking (l).

Changes in Patient Care

Table 3

Changes in General Care Since 1985 (N = 29)

Policy/Procedure	Yes %	No %	No Response %
Use of aprons or cover gowns	69	19	14
Disposal of needles & sharps	52	38	10
Terminal cleaning of rooms	38	48	14
Placement of manual resuscitation bags and masks at bedside	31	55	14

Attitudes of Health Care Workers

The second area of concern dealt with attitudes of health care workers. Fifty-nine percent of the respondents indicated that staff members have mentioned "they fear contracting AIDS. Comments added to some responses were indicative of great concern. These comments included "too numerous to count," "all 360 of them," and "voice it daily." In addition, respondents indicated that, in total, approximately 115 employees had considered leaving or left the profession because of their fear.

Twenty-eight percent of respondents indicated they had employees refuse to give care to individuals diagnosed as having AIDS. This problem has been dealt with in a variety of ways, with the two most frequently mentioned ways as education and counseling. Respondents did indicate termination was used

in three instances; but, only two respondents indicated that they had to implement a policy of termination for employees refusing to care for patients with AIDS .

Preparation of Students

The third area of concern was related to preparation of students for their roles in caring for AIDS individuals. Nineteen of the respondents indicated that their. agencies served as clinical training sites for students from local schools. Of this number, 68% indicated students were not adequately informed relative to CDC guidelines prior to coming to their health care facility. In addition, 58% felt students did not have valid information relative to HIV and AIDS prior to their clinical experiences. Sixty-eight percent of the respondents oriented students relative to agency HIV and AIDS policies. Comments from respondents indicated that instructors did not always ask for orientation by the staff of the facility.

Discussion

Data collected from respondents indicated that policies relative to care of patients in health care agencies have changed somewhat since 1985. A few respondents reported policies have been in place for more than 2 years, but most indicated they recently have changed or presently are revising their policies. It was clear that all respondents used the Centers for Disease Control (CDC) guidelines for establishment and implementation of policies and procedures. Data reported here seemed to reflect current practices and take

into account different types of health care agencies. They seem to be useful primarily for discerning trends, and "nave been analyzed with this in mind.

Current data revealed trends similar to those noted in the literature. Health care agencies have been admitting AIDS diagnosed individuals and, as a result, have become more aware of the need to change or revise policies, not only to protect these individuals but to protect all patients in their care as well as their employees. In particular, policies relative to handling body secretions and fluids (such as suctioning, collecting specimens, emptying bedpans, and starting IV's) are affected. Recommendations for employees to wear gloves when caring for all patients during these procedures (and others) provides a barrier from contact with the virus. Students in health occupations programs should see the use of these practices by health care professionals and should be encouraged to follow suit. Questions however need to be asked to determine if personnel are over reacting. At what point should personnel; for example, sacrifice a life because of taking time to put on gloves before giving care? May these policies cause hospitalized individuals to feel that personnel are afraid to touch them, to hold their hand, without a barrier of plastic or latex gloves.

With many policies changing since 1985, educators should evaluate curriculum materials and their teaching of techniques relative to handling of body fluids and collecting of specimens. Keeping current with guidelines from CDC relative to new information is a major problem but essential for teachers. Of those policies Listed in "other," the most significant to educators may be

the policy suggesting that needles are not to be recapped or broken but placed in specially marked containers. That change clearly indicates a need for retraining and breaking of established habits as well as t-or an introductio n of new techniques to students beginning instruction on giving injections.

Data show that attitudes of health care workers are changing. Fear of contracting AIDS continues to be foremost in the minds of caregivers, despite education about its transmission. Most health care workers are being more cautious in following policies and procedures. While refusal to care for patients would have meant immediate termination a few years ago, education and counseling are now undertaken prior to termination. Those who believe themselves to be in high risk areas, respiratory care or maintenance, are those most frequently mentioned as needing more education and counseling to reduce fears.

Affective education (relative to attitudes) has always been included in the curriculum of health care workers. It is vitally important to insure that students learn to project positive attitudes in caring for patients with either AIDS or HIV. Fears among personnel are real and difficult to overcome. Fears and attitudes may be observed in the form of voluntary resignations, job changes, and career decision changes. Joan Jacob, nurse specialist, stated "the need to look out for caregivers" (Bennett, 1987, p. 1151) and suggests the need to exchange strategies that work and fail in coping with fears. Although fear may be manifested in declining program enrollments and increasing shortages of health care personnel, education is one mechanism for reducing fear and consequent attrition.

Finally, it seems that educators are perceived as ineffective in educacing their students re ative to the CDC guidelines and in providing students with valid information relative to HIV and AIDS. It is critical that educators obtain copies of the CDC guidelines and include them in their lesson plans. They should make it clear that proper infection controls should provide students with protection against all infections. Effective education is more than learning about disease, its causes and prevention, but should inc lude policies and procedures, attitudes, and legal and ethical aspects such as negligence or dereliction of duty. Educators should feel comfortable about asking health care facility personnel, especially infection control personnel, to assist them in orienting students to the facility.

Conclusions

Loca 1 health care agencies have changed policies and procedures relative to patient care in an effort to protect both patients and caregivers from contracting AIDS. Agencies reported following suggestions of the CDC and many have gone beyond CDC recommendations. Personnel in local agencies are using gloves and masks during care to all individuals as well as those infected. Particular precautions are taken when there is a likelihood of contact with blood or other body fluids.

Local agencies are experiencing resignations of health care personnel who admit they fear contracting AIDS. Although this may not have reached epidemic proportions, it must be considered a potential problem.

Health care workers' attitudes have changed. Although refusal to provide care might mean loss of jobs, personnel are refusing care. Additional policies to deal with this dilemma are being considered.

Health occupations students, prior to their clinical experiences, are not properly prepared for their roles in caring for individuals who may have this disease. Curriculum revision based on CDC guidelines for infection control is needed. All health care agencies need to orient students as well as employees to the agencies' HIV and AIDS policies.

Recommendations

The following recommendations are suggested:

1. Although this survey included only local health care agencies, it would be beneficial to replicate the study to include a larger area with more agencies participating

2. The increased incidence of the AIDS disease would suggest more health care facilities should be involved in providing care; therefore all health care institutions should be encouraged to prepare policies and procedures for AIDS clients.

3. All nursing and allied health schools should make curricular decisions about proper education and protection of students in clinical care of AIDS patients.

4. Attitudes as well as knowledge should be targeted in educational programs designed to improve AIDS information and lesson fears in caring for HIV/AIDS client.

5. There is a need to include faculty development and student education in an effort to facilitate acceptance of AIDS as a manageable disease.

6. The decrease in student enrollments and personnel exit from the profession should be addressed as serious problems which may be related to this disease.

7. The legal ramifications of rights of workers, or students, to refuse care for certain individuals should be addressed, including the rights of faculty to choose not to assign students to care for AIDS individuals. The discussion should include the liabilities of the student, the teacher, the health care agency, and the educational institution if a student contracts AIDS .

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