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AIDS Education for Health Care Professionals in an Organizational or Systems Context

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Synopsis

Traditionally, health education for practicing health professionals, as well as members of the public, focuses on the individual and relies on changing personal behavior. However, health care for persons with acquired immunodeficiency syndrome (AIDS), and members of their families, mainly is delivered within health and human services organizations. Providing AIDS education for health care professionals in an organizational or systems context shifts the focus from the individual to the group and from changing a person's behavior to offering health care professionals opportunities for interaction. In an organizational or systems approach, they can address patient care issues collectively, share interdisciplinary knowledge, identify problems of common concern, plan coordinated and integrated responses, and provide mutual support.

A strategy for planning AIDS education is proposed for key administrators, supervisors, and care providers, who are the gatekeepers, opinion makers, and role models of organizations. Addressing organizational, community, and health care delivery system issues as part of an education program provides a forum for defining problems and a basis for uniting professionals and developing solutions.

THE NEED FOR EFFECTIVE STRATEGIES for preventing the spread of the human immunodeficiency virus (HIV) has stimulated the development of programs for educating the public about HIV infection and acquired immunodeficiency syndrome (AIDS).

A parallel and less known effort is that of designing and delivering education programs for health and human services professionals. Federal funding, provided since the mid-1980s, primarily through the Health Resources and Services Administration and the National Institute of Mental Health, agencies of the Public Health Service, has resulted in a network of education and training centers, whose goal is to provide comprehensive AIDS education for primary health care providers. Different education strategies and models have emerged, based on perceived needs and regional differences.

To a large extent, medical and psychosocial care for persons with AIDS is provided within organizations. Responsibility for providing their care lies primarily with hospitals, health maintenance organizations, and publicly funded primary care facilities, such as community health centers, public and not-for-profit social service agencies, and AIDS related agencies.

An organizational or systems approach to AIDS education for practicing health professionals offers distinct advantages. First, until recently, treating AIDS as an acute illness brought patients into hospital settings. Many continued to be seen at the same facilities on an outpatient basis. Health care financing mechanisms have contributed to the organizational response. Health insurance coverage for persons with AIDS may be limited or cease if they become unemployed, necessitating that they turn to public sources for care. Community health clinics,

for example, become important care providers for those with diminished incomes or who, as the epidemic shifts to greater numbers of low-income persons, have no other alternatives. Health care institutions are interdisciplinary and use a wide range of health care workers who are interdependent. In an environment of cost containment, the ability of health care institutions to fund all the resources necessary to provide good care and to insure a safe work environment may be uncertain. The AIDS epidemic is superimposed on a health care system that is already in crisis and unable to meet the needs of certain sectors of the population (*1*).

A second advantage of treating persons with AIDS within organizations is that their care often requires the assistance of more than one kind of health care provider. Health care providers in different professions must coordinate care within one system or among several systems.

Third, AIDS impacts entire families, requiring professionals to be involved with more than an identified patient. The number of families with more than one HIV-infected person is increasing. The combined efforts of several professionals, in both health and social service agencies, may be required to meet family needs that quickly multiply.

Mann (*2*) describes a new health care paradigm produced in response to the AIDS epidemic that not only addresses the pathogens responsible for illness, but also views health care as encompassing individual and collective behavior, as well as social and human rights issues. The multiple issues generated by AIDS, its global character, and its far-reaching impacts define its uniqueness among epidemics. If the future of health care follows this paradigm, a new view of health education is appropriate.

Generally, the education of health professionals has focused on the individual, as has community health education, which assumes that each person or professional is responsible for his or her own health behavior or professional growth. Health educators traditionally have provided education about disease processes or about personal behavior changes as part of public education campaigns. Other models of health education emphasizing self-empowerment, collective action, and social transformation have been developed that expand on the behavior change paradigm.

Homans and Aggleton (*3*) discuss a community-oriented model that moves away from the idea that a person is totally responsible for his or her own health, suggesting that "people should collectively identify and act upon environmental and community-based factors that affect their health." Community-oriented educational interventions assume an identifiable shared environment. Professional education can operate with this assumption, viewing the health care organization or system as the "community" of interest.

Because AIDS involves complicated and intertwined medical, social, moral, and community issues, the health professional's individual responsibility for personal knowledge, attitudes, and behavior, while not insignificant, is insufficient to meet the challenge. AIDS education in an organizational or systems context can provide an opportunity for interaction among professionals to identify problems of common concern, plan coordinated and integrated responses, and provide mutual support. When barriers to care do not reside with an individual professional, a collective action model can unite professionals through education and broaden their scope to include patients and other community members in strategies to improve the health care delivery system in which they operate. Education using this type of model can go beyond separate patient care issues, address the problems in the health care system, and build greater capacity for service delivery.

Socio-Political Factors in AIDS Education

An organization or system exists in a socio-political context and is affected by political, economic, and social factors. Given this context, education is not simply the transfer of knowledge. Ultimately, education will not only provide knowledge and skill, but may change the way in which care is delivered, from whom it is delivered, and to whom it is delivered. Information dissemination in itself is not a neutral activity, as it can stimulate controversy both in public and professional education. Public health educators debate whether certain information should be provided. In the midst of these controversies, educators attempt to deliver their programs.

With respect to professional education, the issues may be even more complicated. For example, professionals may become resistant to education because that conveys a message that they are then responsible for diagnosis and treatment. Recent publicity about possible transmission of HIV infection from health care workers to patients (*4*) has exacerbated fears among health professionals about becoming infected and the possible subsequent professional and social consequences. That issue

has prompted debate over what responsibilities professionals have in preventing infection, in becoming aware of their own infection status, and in revealing that status to patients.

Differing opinions about such subjects as informed consent, confidentiality, and safer sex pose dilemmas for educators trying to present a definitive perspective on certain issues. They may find that at times more than one view must be presented. These debates sometimes take place where the law allows practices that may not be considered optimum. Controversy may exist over the efficacy of certain treatment approaches. An organizational or systems approach to education can provide a health care environment with an awareness of the diversity of issues, opportunities for discussion of controversial subjects, and responsiveness to needs identified by persons within and outside the system.

Goals of AIDS Education

The task of educating professionals is similar to educating the general public, but different in significant ways. One goal of public health education regarding HIV and AIDS is prevention of infection by convincing people to avoid risky behaviors or to change such behaviors. A second goal is to influence people to change behaviors that are unnecessary and that result in hardship or suffering for those affected by the disease and to support public efforts to provide care and treatment. While these are goals for educating health professionals as well, a more compelling mission is to prepare health professionals to care for persons affected by HIV. Health professionals may resist AIDS education because they perceive it as increasing their exposure to risky care practices. Overcoming this resistance is another challenge for professional education.

The general objectives of HIV and AIDS education for health and psychosocial care professionals, both in private practice and in organizational settings, are to (*a*) provide knowledge and skill for prevention, diagnosis, treatment, and management of HIV infection and AIDS; (*b*) enhance the knowledge and skills of those already working in the field; and (*c*) change or improve attitudes and behavior toward affected persons.

When AIDS education for health care professionals focuses on organizational and systems issues, additional goals are addressed. Among them are to expand the pool of health professionals prepared to deal with AIDS, expand resources and services, improve the quality of care, insure the continuity of care, promote interdisciplinary teamwork, improve the organizational environment for HIV and AIDS services, and prevent HIV transmission in the workplace.

Educational Strategies

Multiple approaches to designing programs for AIDS education for health professionals are necessary because of differences in how and where they practice. The practicing professionals most in need of education initially were those working in regions where the epidemic escalated rapidly, who found themselves in a crisis as they were being called upon to provide care before they had adequate training to do so (unpublished report, "The Personnel Dimension of the U.S. AIDS Epidemic: What We Know and What We Need to Know," by T.S. Hall, E. Wittenberg, N.C. Dunham, and J.R. Knickman, Palo Alto Medical Foundation and Research Institute, Palo Alto, CA, PHS contract NCHSR-28287-0050, February 1989). Many of these health care workers were not in AIDS-dedicated programs and were challenged to incorporate AIDS work into their existing diverse practice.

A second and rapidly expanding group is health professionals who have a few HIV-infected patients but do not have the knowledge necessary to provide quality care. A third group given priority by educators is those who are not yet providing care to persons affected by HIV, but who, with appropriate education, would become prepared, thereby expanding the pool of available professionals. At the same time, there have been efforts to influence curriculum development and clinical training in professional education programs so that new professionals are prepared upon graduation. Settings that provide medical, nursing, and other health profession education are ideal for AIDS education because research and care go on simultaneously with professional education (*5, 6*).

The Systems Context of Education

Every system employing health and psychosocial care professionals has been touched by AIDS in all specialty areas, including health, mental health, child welfare, substance abuse, corrections, long-term care, and schools. Since most professionals are organization-based, some writers advocate an approach that attends to the organizational environment, as well as the specific educational needs of each profession (*7, 8,* and unpublished report by

T.S. Hall and coworkers). Auspices should be chosen based on an assessment of the best alternative for a particular group. For example, in some cases a union-sponsored program would be appropriate (*9*); in other cases, on-site, employer-sponsored AIDS education programs have been recommended to show employer support.

It is important to understand and address the specific issues of significance to each organization or system. Health organizations will have concerns that are different from mental health or child welfare and family agencies. However, there will be common worker and management issues, including union issues, concerns about funding, and about specific Federal, State, and local policies that impact on the organization seeking training.

Gaps in service resources in a particular geographic area will have an impact on the issues of interest. Limitations in service resources for persons with AIDS make it difficult for health professionals to carry out their job, even after being provided with optimum skills through an education program. In such situations, collective problem definition, problem solving, and collective action initiated through the educational process can be beneficial. Training in resource development may emerge as necessary to make it possible for an agency to do an adequate job. Funding and staffing deficits within an agency may account for negative attitudes toward education itself, since professionals may already be overwhelmed with patient care assignments, without adding AIDS to their workload.

Systems Approach

The most comprehensive approach is to develop a program tailored to a particular delivery system that may, for example, be a network of agencies. Examples are community-based health or mental health centers, a State-funded and operated agency, or a hospital. An advantage of working within a system is that all appropriate persons in the organizations can receive education and gain first-hand knowledge of what the primary providers will be learning. The recipients of such education may include administrators, primary care providers, and support staff persons, all of whose efforts ultimately impact on the persons affected by HIV and AIDS. Many of the staff members are opinion makers, gatekeepers, and role models who influence professional attitudes, organizational policy, and the organizational atmosphere. They may be facilitative or they may be resistive. A strategy that includes all members of the system provides an opportunity to develop an organizational environment that is supportive of the difficult work of providing care to those who are at risk or infected.

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Planning

Rather than using a prepackaged curriculum, planning the educational program with representatives of potential recipient groups insures more effective and focussed programming to meet the needs of specific audiences. This type of planning has been used by the Midwest AIDS Training and Education Center, based at the University of Illinois at Chicago, with such diverse organizations as hospitals, a child welfare agency, city health and mental health clinics, community health centers, a State mental health facility, and a Young Mens Christian Association. The PRECEDE model (*10*) is an example that offers a useful framework for planning an educational program. A multifaceted assessment following this approach includes epidemiologic, social, behavioral, educational, and administrative diagnoses. A plan for evaluation based on the diagnoses is developed during the planning period. The following steps are important in setting the groundwork for a successful organization-based program.

Involvement of key professionals. When planning an institution-wide program, an important first step is meeting with key administrators and supervisors to discuss their interest and garner their support. The role of key leaders in the organization must be taken into account as they will influence attitudes toward HIV and toward an education program. There may be both positive and negative role models in the workplace. The ultimate recipients of the education should be involved in planning and identifying their needs.

Assessment of educational needs. It is important to assess the organization's level of experience with

HIV infection as well as prevailing attitudes and behavior within it and the surrounding community. Through a needs assessment the planner should determine

- what education has already been accomplished and under whose auspices;
- the general knowledge level of the staff;
- the experience the staff already has with HIV;
- if training has been requested by an organization, what prompted the request? (Organizations begin to show increased interest in education of staff members when some recipient of the program, such as a patient, a client, or a student, has been infected; a staff member receives an injury that may be perceived as putting the organization at legal risk; or a staff member has been infected.)
- current organizational policies regarding HIV or the lack of such policies;
- State and Federal requirements affecting the workplace; and
- community issues.

After the assessment, and after an organizational profile has been obtained, a strategy can be developed for who should be trained and in what order different groups should be trained. For example, do administrators and supervisors need to be educated first? Is the proper mix of professionals interdisciplinary or should it be discipline-specific? Should training be mandatory or voluntary? Organization-wide mandatory training assures that all workers will be exposed at least to basic information, preparing them to respond to HIV problems as they come up in routine practice. However, there is a danger that some of those included will have low motivation and may be more resistant to learning and ultimate use of the information. Voluntary training ensures that those most interested and motivated will be educated.

Organizational responsibilities for primary care that need to be assessed include workplace issues that affect employee attitudes, responsibilities, and rights. Such topics may include labor-management differences, rights to know a patient's antibody status, when to reveal such information, and workers' obligations to treat HIV-infected patients.

Designing the Program

Attention needs to be paid to the composition of the faculty, the format of the program, and the content of the training. Forming interdisciplinary educational teams conveys the message that interdisciplinary care is desirable and offers the opportunity to balance knowledge areas and other faculty characteristics, such as professional affiliation, ethnic or racial background, and sexual orientation.

While clinicians deliver programs on the diagnosis, treatment, and management of the infection, specific clinical expertise in psychosocial care needs to be a qualification for presenting psychosocial material. Experts in psychosocial care are important in planning and delivering the substantive content of programs regarding psychosocial issues affecting persons with HIV or AIDS and their families, and in dealing with the emotional reactions of participants during educational sessions. Clinicians who are skilled in the use of small groups and other empathic interventions with health professionals concerning sensitive issues, such as irrational fear of infection, homophobia, or fear of dying patients, can provide an essential adjunct to didactic material. In some cases, worker anxiety may be increased if the participant realizes as a result of an education program that he or she may be personally at risk or that he or she is engaged in risky professional practices. Educators must be prepared to identify anxiety and provide appropriate counseling and support on the spot to health professionals as well as followup referrals if necessary. Denial or complacency on the part of health professionals is an equally important issue to be addressed, together with knowledge of the impact of support networks in the workplace and how to develop them.

Using persons with AIDS as educators, or their partners or family members, has proven highly effective in helping health care professionals understand the experience of having or dealing with HIV infection or AIDS. Hearing from the patient's perspective how to improve their interactions with persons with AIDS can help health care professionals become better professional providers and advocates.

Programs must be provided in a format that is readily accessible and acceptable to participants. Considerations are the length of each educational session, the number of sessions, the time between sessions, the location, the type of educational techniques to be used, and the size and composition of the group to be educated.

Content of Training

Biopsychosocial perspective. The complex nature of HIV infection and the social issues surrounding it have resulted in an interdisciplinary approach to

care, including at a minimum the primary care team, physicians, dentists, nurses, and social workers. The psychosocial aspects of care are significant and in many cases may require an equal or greater amount of time and energy directed toward those affected than the medical management and treatment of the illness. A biopsychosocial approach to education provides a broader perspective that addresses the biological, psychological, and social dimensions of issues involved in providing total care (*8, 11–13*).

Many nonmedical resources need to be mobilized to provide comprehensive services, including income, housing, counseling, pastoral care, legal assistance, foster care, homemaker service, and occupational therapy. Resource development needs to be continuing and to involve all professionals in cooperation with advocacy groups. The entire interdisciplinary team needs both medical and psychosocial knowledge so that they have a comprehensive understanding of the illness and an appreciation of how to share the care tasks.

Most professionals who are not in AIDS-related programs will need basic knowledge about transmission, universal precautions, prevention, risk assessment, risk reduction, and community resources. As prophylactic treatment becomes more available, those who are in positions where they might engage in early detection will be obliged to pay attention to persons at risk, provide information and counseling about HIV antibody testing, and followup. Eventually, they will form the broad based group of professionals available to provide primary care to persons affected by HIV infection. Those who are highly motivated and are, or will become, part of the cadre of HIV and AIDS workers will require more advanced specialized content in their fields.

Importance of affective material. Several writers have emphasized that accurate information alone is not sufficient to address the complex emotional reactions of health care workers involved with AIDS-related problems (*7, 12, 14, 15,* and unpublished report by T.S. Hall and coworkers). Nurses, for example, may experience conflicts between their personal mores about sexuality, homosexuality, and drug use, which are based on religious beliefs and upbringing, and their professional responsibilities (*13*). Phobias about becoming infected with HIV, combined with fear of death and dying, cause considerable stress on the job, adding a dimension that must be addressed by educators (*16*).

Consensus exists that educational interventions that influence attitudes and emotions are necessary in order to deal with beliefs and fears that may interfere with carrying out one's professional role (*8, 11–13,* and unpublished report by T.S. Hall and coworkers). An organization-focussed educational program approach can go beyond changing individual professional attitudes and utilize peer influence to create positive group norms.

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Policy issues and resource development. Professionals who interact directly with patients will be keenly aware of the impact of the organization's policy, State laws, and resource gaps. During educational programs these issues can arise at any point. For example, during a discussion of the professional's responsibility to observe universal precautions, the organization's responsibility to provide the resources to implement this expectation will emerge. If protective resources appear to be inadequate, professionals can begin to discuss ways of solving this problem as part of an educational program.

Professionals may find that some of the resources they need for themselves and their patients to provide proper care are either inadequate, not present, or inaccessible due to distance, eligibility requirements, or other barriers. Faculty knowledgeable about collective action techniques can assist trainees in developing strategies for dealing with resource gaps within their organization and in the community. They can connect trainees with existing advocacy efforts and inform them of the political environment in which they are operating. For some professionals, the lack of resources may contribute to resistance to learning about AIDS. Including topics such as resource development helps overcome negative attitudes and feelings of powerlessness. Policies, laws, service delivery systems, and funding resources will differ from area to area. Therefore, the content of the curriculum should be regional-specific.

Conclusions

The majority of medical and psychosocial care professionals are employed in organizations provid-

ing general health or human services where providing AIDS care is only one aspect of their work. Yet AIDS has already had an impact on these professionals and their organizations. The fear of AIDS has threatened their feeling of well-being on the job. Professionals who for years have not involved themselves in prevention activities now have to take a new look at this dimension of their practice. Provision of HIV-AIDS care has required extraordinary emotional and physical stamina, sometimes taxing a professional's abilities to the limit and leading to burnout. AIDS has challenged basic health care principles such as informed consent and confidentiality. It has raised questions about the allocation and distribution of resources within organizations and in the larger health care system.

Given the nature of this epidemic, AIDS is or will become every health and psychosocial care worker's business. The educational challenge is large and difficult. Some professionals work in areas where the incidence of AIDS is nonexistent or extremely rare. For them the reality of the epidemic is elusive. For others the epidemic is all too real, but an added burden on top of other responsibilities. Many of the organizations in which they work are microcosms of their communities, reflecting the diversity of attitudes, beliefs, fears, and misinformation found in the general population. Some professionals share the views of their community; others do not and attempt to change those around them; others must work in a hostile environment.

Key personnel are the gatekeepers, opinion makers, and role models responsible for information dissemination, policy making, and program planning within these organizations. They are subject to the political, economic, and social will of their communities. Their support and involvement in educational program planning is essential in providing an organizational climate conducive to learning and believing the knowledge presented. It is important that administrators have sufficient information about AIDS and exposure to affective issues so they can become aware of their own attitudes and of the educational needs of professionals in their organization. They play a key role in creating linkages between their organizations and the surrounding communities as educators and advocates for increased health and human service resources.

Comprehensive AIDS education for health and psychosocial care professionals working in organizations utilizing a psychosocial approach and multidisciplinary faculty will promote knowledge sharing and interdisciplinary cooperation. Development of a strategy that includes key administrators, supervisors, and professions within the organization can create a climate of receptivity to learning. In addition to providing necessary professional knowledge and skills, addressing issues of the organization, the community, and the health care delivery system as part of an educational program provides a forum for defining problems and a basis for developing solutions through collective action.

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