

# The Response to AIDS in the Workplace Among Public, Private, and Non-Profit Employers<sup>1</sup>

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*The AIDS epidemic presents an enormous challenge for many groups and organizations in society. This study focuses on the response of employers to AIDS in the workplace. The critical decisions confronting employers include whether they should educate workers about the virus, test job applicants and current personnel for AIDS, and accommodate employees that contract the disease. In surveying 208 personnel administrators in New York City, this study finds that public employers are the most likely to provide AIDS information, private and non-profit employers are more apt to accommodate workers, and few employers are willing to test their workers for AIDS.*

## The Issue

**P**ublic health experts estimate there are over 1.5 million Americans currently infected with the Acquired Immune Deficiency Syndrome (AIDS) virus.<sup>2</sup> The Presidential Commission on the Human Immunodeficiency Virus Epidemic (1988) predicts that within the next five years the disease will be the third or fourth leading cause of death in North America.

The prevalence of AIDS is furthermore expected to shift from homosexual males and drug abusers to several other demographic groups (U.S. Department of Health and Human Services, 1987). The United States Surgeon General's Office anticipates that by 1991 there will be 145,000 patients with AIDS in the nation who need health and supportive services at a cost of between \$8 and \$16 billion (Arno et al., 1989).

The AIDS epidemic presents an enormous challenge for many groups and organizations in society (Jones and Johnson, 1989; Colby and Baker, 1988). This study focuses on one aspect of the AIDS crisis: the response of employers to AIDS in the workplace. The critical decisions confronting employers include whether they should educate workers about the virus, test job applicants and current personnel for AIDS, and accommodate employees that contract the disease. The purpose of this study is to examine the current pattern of decision-making toward these workplace issues and to analyze differences in decision-making among public, private, and non-profit organizations.

## Research Significance

There are two principal justifications for focusing on employer responses to AIDS in the workplace. The first is to provide a gauge of society's response

to the disease. Unlike many groups, employers are closely involved with the personal and social problems associated with the disease (Citizens Commission on AIDS, 1988). Employers are also a part of the solution to many AIDS-related problems; they can correct or perpetuate unnecessary fears of contracting the disease and prevent or encourage discriminatory treatment toward persons with AIDS. To some extent, the identification of employer decisions toward AIDS may be viewed as an significant indicator of the prevailing social response to the epidemic.

Secondly, the empirical description of employer decisions provides a benchmark for comparing and contrasting alternative organizational policies. Policymakers can begin to understand the effectiveness of particular legal prescriptions by knowing whether actual organizational practices are consistent with current laws and regulations. Additionally, public sector managers can, for example, learn what their counterparts in the private and non-profit sectors are doing about AIDS. Most important, the analysis of employer decision-making provides an opportunity to learn whether public, private, and non-profit organizations are different, which is perhaps the critical theoretical concern of public administration scholars.

### Research Methods

In the summer of 1989, a survey was mailed to employers in New York City to identify the direction and analyze the variation in decision-making toward AIDS education, testing, and job accommodation. New York City was chosen as the survey site because of its organizational diversity and its large pool of employers confronted with the AIDS epidemic. New York City has 23 percent of the approximately 73,000 AIDS cases diagnosed nationwide (Citizens Commission on AIDS, 1988). The New York Interagency Task Force on AIDS (1988) has estimated that there are anywhere from 150,000 to 300,000 residents infected with the AIDS virus. Moreover, by 1991, the Task Force (1988) expects that 43,000 people in New York City will become seriously ill from the disease and that more than 32,000 will die from it.

The purposive sample consisted of administrators from mostly large public, private, and non-profit organizations in New York City's five boroughs — with such titles as human resources administrator, personnel director, or labor relations manager. Four sources were used to develop the sample. The addresses of private companies were found in Standard and Poor's *1988 Register of Corporations, Directors, and Executives*. The names of the personnel administrators were then located by company in *Dalton's 1988 New York Metropolitan Directory*. The public personnel managers were located in *The Greenbook, 1988-89* which lists federal, state, and local government agencies, public authorities, and educational institutions in New York City. Finally, the names and addresses of administrators from non-profit organiza-

tions were found in the *Encyclopedia of Associations*, 1989.

Telephone calls were made to those identified from the directories to determine if each organization had more than 50 full-time employees and to ascertain whether the recorded name and address was correct. This selection process yielded a sample of 477 individuals representing 108 public, 208 private, and 165 non-profit employers.

The survey instrument contained a limited number of questions. Since AIDS is a sensitive topic, questions were not asked about the respondents' own habits, perceptions of the AIDS problem, or beliefs about the need for AIDS policies or programs. The questions focused only on organizational policies considered important in the extant literature, primarily AIDS education, testing, and job accommodation (American Management Association, 1985; Allstate Forum on Public Issues, 1987). The questionnaire was pretested for accuracy, omissions of fact, and ease of completion by a group of knowledgeable academics, labor experts, and AIDS researchers.

The questionnaires were mailed on July 20, 1989. To increase the response rate, follow-up postcards were mailed to non-respondents on July 27, 1989. Follow-up letters and replacement questionnaires were mailed to those who still had not responded as of August 26, 1989. Data collection efforts were discontinued on September 5, 1989.

The survey response rate was 44 percent (208 returned). Although this rate is now considered typical for mail surveys (Brehm, 1989), there is a concern that the views of respondents and nonrespondents may differ (Backstrom and Hirsch-Cesar, 1963; Kish, 1965). For instance, those with an interest in AIDS policies may have been more likely to return the mail questionnaire than those with little interest. Since it is difficult (and to some extent inappropriate) in nonprobability sampling to determine the character or disposition of nonrespondents, one way to establish the external validity of the research results is by indicating the heterogeneity of the sample (Cook and Campbell, 1979).

The respondents in this survey represent organizations having dissimilar experiences with AIDS. In response to the question, "Have any of your past or current employees been diagnosed with AIDS," the survey found that 84 (40 percent) of the employers have had at least one known employee with AIDS in their organization. To their knowledge, another 57 (27 percent) said that none of their employees had contracted AIDS, and 67 (33 percent) were unsure.

The respondents also come from organizations of various sizes. Combined, the respondents' organizations employ over 280,000 people. The smallest organization has 50 workers and the largest 30,000 employees. The average number of employees is 1,648, and the median number of employees is 156.

Lastly, the sample includes a reasonably equal number of organizations from different sectors. Since the employer directories may have contained a

few inaccuracies, organizational sectors were determined by asking each respondent to identify the primary funding source of their organization (Perry and Rainey, 1988). Public sector employers are classified as the 77 respondents whose organizations rely on tax revenues or government bonds, private sector employers are classified as the 64 administrators whose organizations are funded by the sale of consumer goods or services, and non-profit employers are considered to be the 67 persons whose organizations depend on grants, private contributions, or gifts.

## Descriptive Findings

### Education

The education of workers on the subject of AIDS was the first issue addressed in the survey. AIDS education in the workplace may simply involve the distribution of a generic policy statement on AIDS and life threatening illnesses (such as the sample statement in Table 1). Education can also encompass an elaborate program involving news bulletins, personnel management directives, expert speakers, films and videotapes, employee newsletters, fact sheets, pamphlets, and brochures. Whatever the method of display, educational materials will typically disclose the origins of the disease, how the virus works in the body, the methods of transmitting AIDS, and where to obtain further information (Banta, 1988).

TABLE 1  
Sample Statement On AIDS In The Workplace

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The unfortunate spread of AIDS in recent years has caused us to consider and adopt a policy regarding the employment of those who have, or may have, this disease. We have consulted medical experts and are satisfied that, according to the best medical evidence available to date, casual workplace contact with employees who have AIDS, or who have been exposed to the AIDS virus, will not result in the transmission of AIDS to others.

Therefore, effective immediately, our normal policy will be to employ employees or applicants who have AIDS, or are suspected of having AIDS, so long as such persons remain qualified to perform their jobs in accordance with our standards. Some exceptions or deviations to this policy may be necessary for certain positions, but our intent will be to maximize the employment opportunities of AIDS victims, while at the same time preserving the safety and morale of all our employees.

We will stay abreast of the latest medical knowledge regarding this disease. Should it ever appear that implementation of our policy may present a danger to our employees, we will make appropriate revisions to the policy.

If you have any questions about this policy, please contact \_\_\_\_\_. If you wish to review medical information upon which the policy is based, we would be glad to make it available upon request.

*Source.* Schachter, Kristoff, Ross, Sprague and Curiale Law Firm, San Francisco. 1988. Republished in *Facilitating AIDS Education in the Work Environment*, The Pacific Mutual Foundation: 60-61.

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The potential advantages of educating employees include correcting groundless fears about the virus, preventing workers from exposing themselves to the disease, and averting rising health care costs and lost productivity. Moreover, the United States Surgeon General's Office has declared that the workplace is the best social setting for AIDS education because comprehensive, targeted, and ongoing information can be provided to diverse groups and individuals (Citizens Commission on AIDS, 1988). The disadvantages of AIDS education include the financial burden of obtaining educational materials and the potential legal liability of furnishing incorrect information (Schachter and von Seeburg, 1986).

Most of the organizations represented in this survey have apparently decided that the disadvantages of AIDS education outweigh the advantages. The survey found only 44 (21 percent) employers with a formal, written AIDS policy. Information, such as brochures or pamphlets, had been provided by less than half of the employers (86, or 42 percent). There were 140 (67 percent) employers with no policy and 91 (45 percent) that had not provided any information. These findings are generally consistent with previous national surveys that have discovered 10 percent to 15 percent of private corporations have a written AIDS policy and only 20 percent to 25 percent have an AIDS education program (Alexander and Alexander Consulting Group, 1987; Bayless, 1989; Masi, 1987).

### **Testing**

The second decision confronting employers is whether to test job applicants or current employees for AIDS. When testing for AIDS, current federal and state laws and regulations stipulate that there must be physical examinations of both pre-employment and current employees. Counseling before and after testing is essential. Most important, employers must assure the confidentiality of medical records and prevent indiscreet disclosures that violate individual privacy rights (Brockhoeft, 1988).

The advantages of testing employees for AIDS include the prospect for eliminating future health care benefit costs, identifying the disease at an early stage for treatment and counseling, and the potential for improving safety in the workplace. The disadvantages include the chance of receiving inaccurate test results and the likelihood of encouraging discrimination claims.

A majority of New York City employers (90 percent) in the survey do not test job applicants or current employees for AIDS. Among the few organizations that test employees, it is not clear who can obtain the results. Over half of the respondents (58 percent) were unsure whether or not their personnel office, medical staff, or top management could obtain the results of an AIDS test. Several factors may explain the reluctance of employers to test for AIDS, including the difficulty in implementing a legally legitimate and effective testing program, the potential for avoiding testing by hiring and retaining

those who appear to be at risk, and the low likelihood that employees will become infected with the disease in the workplace (Jones and Johnson, 1989).

### **Job Accommodation**

The third decision facing employers is what to do when a worker contracts AIDS. In this area, employers are guided by federal and state laws, local ordinances (especially in New York City), judicial opinions, and administrative rulings that require persons with AIDS to be treated like other handicapped employees (Jones and Johnson, 1989). Legally, AIDS carriers cannot be fired for fear of contagion, reassignments must be nondiscriminatory, and employers must provide reasonable job accommodations. Furthermore, the only worker with AIDS who can be released is one who cannot do his or her job with reasonable accommodations (Schachter and von Seeburg, 1986).

Nondiscriminatory actions and reasonable accommodations afford such advantages as deterring lawsuits, improving safety in the workplace, and maintaining the dignity of persons with AIDS. The major disadvantage is the monetary cost of obliging a small number of employees (Schachter and von Seeburg, 1986).

To examine what the sample of New York City employers would do if one of their workers contracted AIDS, a list of general responses and specific forms of job accommodations were provided, and the respondents were instructed to indicate the likelihood that their organization would take each action. In general, the answers suggest a willingness to avoid discriminatory practices and to accommodate persons with AIDS.

Three-fourths (156) of the respondents said that their organization would not persuade an employee with AIDS to resign. A majority (185, or 89 percent) indicated that they would give an employee with AIDS time off for medical treatment. Approximately two-thirds of the employers would provide an employee with health care services (135, or 65 percent), psychological counseling (128, or 63 percent), and flexible work hours (144, or 69 percent). Almost half would restructure a worker's job (70, or 49 percent), but most would not permit an employee with AIDS to work at home (86, or 52 percent).

### **Difference Among Sectors**

Except for AIDS testing, there was variation among the employer responses as to whether they currently supply educational materials or plan to accommodate workers. A significant question is whether this variation can be explained by the different perspectives, needs, and activities of public, private, and non-profit organizations.

Although "sector-blurring" has been discussed recently, the traditional view is that fundamental differences exist in the management of public, private,

and non-profit organizations (Bozeman, 1987). Public and private organizations are believed to differ in time perspectives, legal limitations, personnel systems, organizational performance measures, accountability systems, decision-making styles, and incentive structures (Allison, 1988; Rainey et al., 1976; Gold, 1982). A visible representation of these differences is the specialized educational curriculums for public, private, and non-profit managers. According to the traditional logic, public, private, and non-profit employers should respond distinctively to the problem of AIDS in the workplace.

There are two propositions to be examined. First, that the legal and political pressures placed on public employers may prompt them to symbolize a public response by providing AIDS information and education. In contrast, private and non-profit employers may not feel the same urgency (legally or socially) to commit themselves to the provision of education and information. Secondly, that the rigidity of bureaucratic procedures in public organizations makes them less able to accommodate workers with AIDS. In comparison, private and non-profit sector employers can be expected to have more control over the work environment, and thus, will accommodate their workers to avoid legal problems.

The test of these propositions is presented in Table 2. The first three columns indicate the responses of public, private, and nonprofit employers to each policy issue. In the last column, Lambda scores are given as statistical measures of the extent to which organizational sectors explain employer responses. A lambda of .20, for example, means that by knowing the sector of an organization, we can reduce the number of errors in predicting an employer decision by 20 percent (Welch and Comer, 1988).

The survey results convey no enormous differences among public, private, and non-profit employers. The Lambda scores, furthermore, indicate that organizational sectors cannot fully explain employer decisions. Despite these revelations, the results do tend to confirm, in several instances, the expected direction of the stated propositions. For example, public sector employers are more likely than other employers to distribute an AIDS policy statement and to supply educational materials. For their part, private and non-profit sectors are generally more willing to provide various forms of accommodation.

The only form of accommodation a clear majority of public sector organizations are willing to provide is time off for medical treatment. Few of the public employers would be very likely to restructure a worker's job or allow an employee to work at home. Perhaps because of the voluntary work they perform, non-profit employers would be likely to provide flexible work hours. Neither public, private, or non-profit employers were willing to say they would persuade an employee with AIDS to resign.

**TABLE 2**  
**Employer Decisions Toward AIDS In**  
**Public, Private, And Non-Profit Organizations**

DECISIONS	PUBLIC	PRIVATE	NON-PROFIT	
Distribute AIDS Policy Statement	34% (21)	21% (16)	10% (7)	.10
Supply Educational Materials	63% (40)	41% (31)	23% (15)	.20
* Persuade AIDS Employee to Resign	3% (2)	-	5% (3)	.06
* Give Time Off for Medical Treatment	56% (36)	75% (58)	71% (47)	.14
* Furnish Health Care Services	34% (21)	58% (45)	50% (31)	.08
* Provide Psychological Counseling	44% (28)	45% (34)	40% (25)	.09
* Restructure Job Responsibilities	8% (5)	11% (8)	30% (19)	.08
* Provide Flexible Work Hours	36% (23)	33% (25)	56% (37)	.05
* Allow Employee to Work at Home	8% (5)	9% (7)	28% (18)	.11

\* Response categories are "very likely"  
AIDS testing is excluded because of the lack of overall variation in the sample.

### Conclusion

This survey of employers suggests a general reluctance to actively respond to AIDS in the workplace. Employers are disinclined to provide information and to test workers for AIDS. Although private and non-profit employers are more likely than public employees to be willing to accommodate workers with AIDS, many of them are still unsure as to whether or not they should provide accommodations. Each sector seems to be managing AIDS in an incremental, nonthreatening manner.

Given the variety of work environments in New York City and elsewhere, it is difficult to know whether the cautious approach or a more proactive approach to the management of the AIDS in the workplace is better. The present research has at least begun to highlight the different actions that may be considered with either management approach. It has also provided a measure

by which managers can compare and contrast ongoing and proposed organizational policies. Undoubtedly, the difficult job for public, private, and non-profit managers is to formulate a strategy that meets the needs of their workers, takes into account the advantages and disadvantages of different policies, acknowledges the anomalies of public opinion, and recognizes the continuing increase of AIDS cases.

### Notes

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<sup>2</sup> The 1.5 million people with AIDS include those who are HIV positive and those who are seriously ill as well as those infected but not seriously ill.

<sup>3</sup> Although a sample from a larger geographic area might have been preferable, it is practically impossible to survey employers in areas that have had little exposure to the AIDS problem. To do so would be like asking people in Des Moines about subway fares.

### References

- Allison, G., Jr. (1988). "Public and Private Management: Are They Fundamentally Alike in All Unimportant Respects?" in F.S. Lane (ed.) *Current Issues in Public Administration*. New York: St. Martin's Press.
- Arno, P.S., D. Shenson, N.F. Siegel, P. Franks, and P.R. Lee (1989). "Economic and Policy Implications of Early Intervention in HIV Disease." *Journal of the American Medical Association* 262 (September): 1493-1498.
- Alexander and Alexander Consulting Group. (1988). *1987 AIDS Survey*. Newburyport, MA: Alexander and Alexander.
- Allstate Forum on Public Issues. (1987). *AIDS: Corporate America Responds*. Chicago: Allstate Insurance Company.
- American Management Association. (1985). *AIDS: The Workplace Issues*. New York: AMA Membership Publication Division.
- Backstrom, C. and G. Hirsch-Cesar (1963). *Survey Research*. New York: John Wiley.
- Banta, W.F. (1988). *Aids in the Workplace: Legal Questions and Practical Answers*. Lexington, MS: Lexington Books.
- Bayless, P. (1989). "AIDS at Work in N.Y.: Fear, Evasion, Lawsuits." *Crain's New York Business* 5, 12: 1, 29.
- Bozeman, B. (1987). *All Organizations Are Public: Bridging Public and Private Organizational Theories*. San Francisco: Jossey-Bass.
- Brehm, J. (1989). "How Survey Nonresponse Damages Political Analysis." Paper presented at the Annual Meeting of the American Political Science Association.
- Brockhoeft, J.E. (1988). "AIDS in the Workplace: Legal Limitations on Employer Actions." *American Business Law Journal* 26 (Summer): 255-303.
- Citizens Commission on AIDS. (1988). *Responding to AIDS: Ten Principles for the Workplace*. New York: Citizens Commission on AIDS.
- Colby, D.C. and D.G. Baker (1988). "State Policy Responses to the AIDS Epidemic" *The Journal of Federalism* 18: 113-130.
- Cook, T. and D.T. Campbell (1979). *Quasi-Experimentation*. Boston: Houghton-Mifflin.
- Gold, K. (1982). "Managing for Success: A Comparison of the Public and Private Sectors." *Public Administration Review* 42 (November/December): 568-575.
- Jones, W.J. and J.A. Johnson (1989). "AIDS in the Workplace: Legal and Policy Considerations for Personnel Managers." *Review of Public Personnel Administration* 9 (Summer): 3-14.

- Kish, L. (1965). *Survey Sampling*. New York: John Wiley.
- Masi, D.A. (1987). "AIDS in the Workplace: What Can Be Done." *Personnel* (July): 57-60.
- New York Interagency Task Force on AIDS. (1988). *New York City Strategic Plan for AIDS*. New York: New York Interagency Task Force on AIDS.
- Pacific Mutual Foundation. (1987). *Facilitating AIDS Education in the Work Environment*. Newport Beach, CA: Pacific Mutual Life Insurance Company.
- Perry, J.L. and H.G. Rainey (1988). "The Public - Private Distinction in Organization Theory: A Critique and Research Strategy." *Academy of Management Review* 13: 182-200.
- Rainey, H.G., R.W. Backoff, and C.H. Levine (1976). "Comparing Public and Private Organizations." *Public Administration Review* 36 (March/April): 233-244.
- Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic* (June 1988). Washington, DC: U.S. Government Printing Office.
- Schachter, V. and S. von Seeburg (1986). *AIDS: A Manager's Guide*. New York: Executive Enterprises.
- United States Department of Health and Human Services. 1987. *AIDS: A Public Health Challenge: Assessing the Problem*. Washington: U.S. Government Printing Office.
- Welch, S. and J. Comer (1988). *Quantitative Methods for Public Administration*. Chicago: Dorsey Press.