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# Integration of HIV and STD Field Services: Findings from Staff and Supervisor Focus Groups

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## Background

In collaboration with the Robert Wood Johnson Foundation and the New York State Public Health Practice Based Research Network (NY PHPBRN), the New York State Department of Health (NYSDOH) participated in a multi-phase evaluation of state-level integration of HIV Counseling and Testing and STD Partner Services. The goal of this evaluation was to define and measure quality as it relates to the effectiveness, efficiency, and acceptability of the integrated service delivery in the recently integrated Bureau of HIV/STD Field Services.

Quality service delivery is highly dependent on the effectiveness of integration as perceived by public health workers. A major part of the evaluation was an assessment of the integration's impact on staff from the former Bureau of Direct Program Operations (BDPO) and Bureau of STD Control (BSTDC).

Staff input was collected through the staff surveys and focus groups. The surveys were administered to staff immediately following cross-training between May and December 2010, and again in September 2011. Findings from surveys were used to help develop focus group questions.

## Objectives

Survey findings indicated that there was majority support for program integration, and workers reported increased levels of confidence in their new skills over time. However, results also indicated significantly increased levels of job stress (P<.0006) and significantly reduced levels of job satisfaction (P<.02). The objectives of the focus groups were to identify factors related to integration that further contextualize survey results, specifically:

- Satisfaction with new responsibilities since integration
- The effectiveness of the integration compared to having two separate programs
- How work processes might be changed to improve functioning under integration

## Methods

Five focus groups were conducted between January and May 2012 with a total of 29 integrated staff at five of six regional offices. In addition, one focus group was conducted with seven supervisors from integrated offices.

- The use of focus groups was approved by the NYSDOH Institutional Review Board
- All focus group sessions were conducted by an outside consultant
- All participants were given a brief anonymous survey in order to collect demographic data
- There was no monetary incentive to participate
- Key themes and patterns were identified within and between questions for both staff and supervisors
- All focus group data were analyzed using qualitative data analysis methods in NVivo 9

## Results

### The Philosophy of Integration

In general, both staff and supervisors expressed the belief that integration is a good idea and makes sense in theory. However, both groups had concerns about how integration was handled.

*"[Integration] is effective because at the end of the day [HIV and STD] are both sexually transmitted diseases, they're both infections that can be avoided with the proper knowledge, with the proper counseling to the people."*

*"I agree that the concept [of integration] made perfect sense. The reason of integration, the fact that the jobs we were doing made sense to integrate. It's the how it was done."*

### Challenges of Implementation

Several key words and phrases that relate to low morale were used by both staff and supervisors, supporting findings from the staff survey. Commonly used words included 'overwhelmed', 'thrown in', 'bad taste', 'poor office morale', 'lack of caring', 'resistance', 'broke us down', and 'frustrating.'

There were a number of issues raised about how integration was handled:

- Lack of preparation for integration
- Inconsistent training
- Job differences between BDPO and BSTDC
- Alignment of the integrated structure

*"Maybe integration shouldn't have happened at the lower level until the upper level figured it out."*

- Feedback on changes due to the integration process

*"We're told every quarter, this is your percentage, but we don't really know what that means...I would like more feedback regarding our performance."*

*"I had basically two filing cabinets and everything was thrown into them. I had to figure out how to organize on top of that, I had no systems in place and I just had to figure it out."*

*"Even though both [programs] were dealing with [STDs], the daily routine of conducting business was totally and absolutely different."*

### Challenges of Day-to-Day Operations

Staff and supervisors discussed the impact of a number of operational challenges that have happened as a result of the integration. Concerns related to general operations included:

- Changes in staff's level of expertise
- Staff's inability to choose in which area to focus
- Challenges and concerns about HIV rapid field testing
- Changes in workload
- Lack of compensation for increased workload

*"I feel overwhelmed and overworked trying to focus on any one thing and you can't really do your best because you're so scattered... I don't feel like I'm the expert that I was."*

*"I would say it's misleading to say the word integration. Because it's not integration. We're removing our services of counseling, what we were hired to do. So, it's no longer integration, it's like heading toward investigation more and [Partner Services]."*

### Benefits of Integration

Although there were a number of concerns about the implementation of the integrated model and the associated operational changes, staff and supervisors also identified some benefits related to:

- Increased number of co-workers to provide guidance and support
- Saving worker time and resources
- Expanding the repertoire of services a worker can offer
- Increased satisfaction due to learning new skills and responsibilities

*"I've always been frustrated with having to invite an HIV person the next day after I've been an hour away, two hours away, to come to -- to test someone. I'm satisfied now that I'm able to do that... It saves time and saves resources."*

### Additional Considerations for Improvement

There was discussion of several issues related to general program operations, which may have existed regardless of integration, but have been exacerbated by the organizational shift. These included:

- Challenges with supervision and management
- A lack of empathy for worker experiences
- Safety concerns with field work
- Few connections with other offices
- Limited resources
- Redundant paperwork, data collection, and forms

*A supervisor hasn't gone out to the field or clinic to see what [the work] is like. So we get asked to do things that are not appropriate for the setting that we are in and it's just a case of misunderstanding or not getting together and finding that out."*

## Conclusions and Recommendations

These focus group findings contribute a much-needed perspective in understanding how integration impacted field staff. Despite staff voicing strong commitment to their work and the clients they serve, many of these results suggest organizational barriers were an important driver of dissatisfaction and low staff morale.

The themes that emerged in the focus group results highlight the lack of planning, goal-setting, and understanding of the job tasks inherent to each program, which ultimately complicated the integration process for front-line workers. Suggestions provided by staff offer promise in improving worker and program performance under the integrated model.

Recommendations for improvement have been shared with staff and program managers, with a focus on improving the future quality and operation of the integrated HIV/STD Field Services Program. Recommendations include:

- **Improve the lines of communication** between staff, front line supervisors, managers, and other Bureaus involved with regional office work, through the establishment of clear guidelines for timely responses to staff concerns, feedback on performance, and opportunities to collaborate within and between regional offices and related programs.
- **Improved training and workforce development**, through the development of clear goals and expectations of staff learning new skills, provision of refresher and follow up training to maintain proficiency, and utilization of case studies to promote skills development and improve PS fieldwork.
- **Reduction of administrative burdens**, by streamlining paperwork and data collection systems and establishing uniform standards for paperwork and field record completion.

## Implications for Public Health Research

When faced with organizational changes to promote integration of separate programs, input from supervisors and front-line staff provides important context to better understand the outcomes of organizational change. Staff feedback can help identify barriers to successful change and specify areas for the improvement of program operations.

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