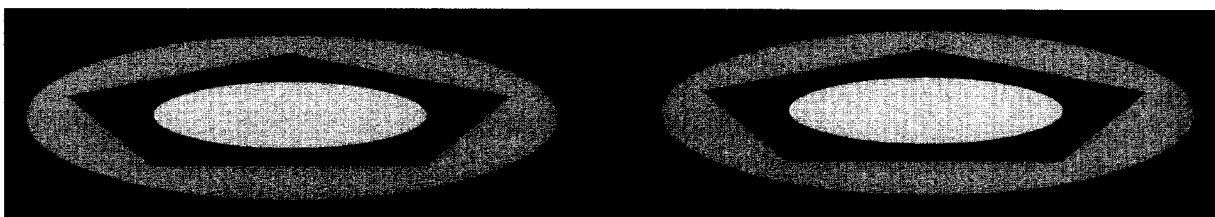


The Impact of an Education and Training Program on Attitudes of Employees Toward Co-Workers With AIDS

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The presence of AIDS education and training programs in the workplace has been well reported (Magnus, 1988; Watts, 1988; Brown, 1991; Pryor, Reeder, & McManus, 1991). Most of these reports have discussed employer and employee concerns about persons with AIDS and the need for an effective AIDS policy (Magnus, 1988; Scheerhorn, 1995). Since 1991, many organizations have developed an AIDS policy that includes employee education and training for two fairly different and distinct reasons. One is that the Americans with Disabilities Act (ADA) includes AIDS and other contagious diseases as a disability (Scheerhorn, 1995; Breuer, 1995) that must be accommodated. The other reason for AIDS education and training programs is the belief that employee fears about AIDS could result in negative attitudes and destructive behavior at work (George, Reed, Ballard, Colin, & Fielding, 1993; Montgomery & Lewis, 1995; Breuer, 1995; Kemp, 1995; Mello, 1995), which could be overcome by education (Minetos, 1989).

Despite frequent corporate education and training programs and a growing literature base, there is little data or systematic analysis regarding (1) the impact of HIV/AIDS on the social environment at work; (2) whether there are changes in the interactive relations of employees towards co-workers with HIV/AIDS; and, (3) whether HIV/AIDS education and training has a significant impact on employee attitudes toward co-workers with HIV/AIDS. We seek to make a first step toward filling this void.

Background

HIV/AIDS in the workplace has been of ongoing interest for employers due to the realization that almost every organization, at some point, will be confronted with employee concerns related to communicable diseases (Kemp, 1995; Mello, 1995). A major method of allaying employee concerns has been to provide education and training related to the disease (Pryor et al., 1991; Kemp, 1995). The assumptions underlying the education and training programs include the beliefs that knowledge about transmission of contagious diseases such as AIDS, tuberculosis, and others, and an awareness of the precautions necessary to limit any danger related to worker interaction, along with removing the social stigma attached to the disease will together limit the negative impact in the workplace from an individual with a communicable disease (Pincus & Triverdi, 1994; Scheerhorn, 1995; Mello, 1995). Some of the documented behaviors and attitudes resulting from the presence of HIV positive co-workers have included anxiety, suspicion, communication breakdowns, walkouts, sabotage, diminished productivity, and discrimination (George et al., 1993; Montgomery & Lewis, 1995; Breuer, 1995; Kemp, 1995; Mello, 1995).

Even though education has been promoted as the key to overcoming worker concerns, little empirical data appear to exist to substantiate that view (Keeton, 1993; Gopalan & Summers, 1994; Scheerhorn, 1995). Some recent studies have suggested that education programs may

not, in fact, be as effective as their proponents had believed in modifying employee attitudes (Keeton, 1993; Gopalon & Summers, 1994). While most studies have supported the conclusion that greater employee knowledge of AIDS resulted in fewer negative views of co-workers with AIDS (Bordwin, 1995; Kemp, 1995), these studies were not experimental and instead used survey and secondary data. Further, at least one major study (Keeton, 1993) found that training providing knowledge of disease transmission, proper means of interaction, and other relevant data did not significantly reduce employee fears.

We began our research without questioning the premise that education about AIDS and other communicable diseases was a worthwhile activity. We did question whether such programs were having the impact ascribed to them by most researchers. Since no controlled-experimental analysis known to us had been undertaken to determine the efficacy of such programs, we undertook to analyze the impact of AIDS education and training on employee attitudes and behavior towards co-workers with HIV/AIDS. As a basis for systematic analysis of this impact we chose a typology of behavioral responses to problem solving situations known as Rusbult's Exit, Voice, Loyalty, and Neglect typology (Rusbult, Farrell, Rogers, & Mainous, 1998; Rusbult & Lowery, 1985; Farrell & Rusbult, 1992). The secondary purpose of our study was to address the impact of AIDS education and training on employee fears about co-workers with HIV/AIDS and whether such concerns could be appreciably reduced.

Rusbult's Exit-Voice-Loyalty-Neglect Typology

Rusbult's typology identifies four responses individuals may choose when resolving problems in a relationship (Rusbult & Lowery, 1985; Farrell & Rusbult, 1992). Because it has been documented as a valid problem-solving model in many situations (e.g., Rusbult & Lowery, 1985; Rusbult et al., 1988; Farrell & Rusbult, 1992; Ping, 1993), and because of the face validity apparent in applying the predicted responses to documented behaviors of employees to co-workers with HIV/AIDS, we chose this model as our theoretical base.

The Rusbult typology classifies responses on two dimensions — their active/passive nature and their constructive/destructive nature. The

quadrants of the matrix are labeled in the Rusbult typology as Exit, Voice, Loyalty, and Neglect responses. Exit and Neglect are destructive responses while Voice and Loyalty are constructive (Rusbult, et al. 1988). Exit refers to a destructive, active response to a problem such as refusing to participate in required job functions. Voice describes an active, constructive response to try to improve a situation such as discussing problems with a supervisor. Loyalty refers to passive, constructive responses such as waiting for conditions to improve and supporting current organization efforts. Neglect refers to a passive, destructive response such as lateness or poor performance (Rusbult & Lowery, 1985; Farrell & Rusbult, 1992).

In applying the typology to situations involving employees and co-workers with HIV/AIDS, the categories seemed to fit well. Response behaviors might fall under the following description:

- Exit: to terminate one's position, to stay away from the co-workers with HIV, or to look for another job.
- Voice: to be understanding, to talk with the co-worker, to try to make others feel comfortable, or to educate others.
- Loyalty: to try not to think about it, to just accept the situation, to not judge those with HIV or to be seen as a loyal employee no matter what.
- Neglect: to have a cold attitude, to ignore the person with HIV/AIDS, to resent the situation or to reduce productivity or engage in sabotage.

Given the weight of the literature in support of the positive results of AIDS education and training, we hypothesized that it would reduce the level of Exit and Neglect responses, increase the level of Voice and Loyalty responses, and decrease employee fear of co-workers with AIDS.

Methods

We administered a pre-test and post-test questionnaire to 73 employees at one location of a communication technologies firm. The questions were designed to measure employee attitudes and behavioral intentions in terms of their responses to working with an individual with HIV/AIDS. In addition, measurements were obtained of specific fears about AIDS, of the degree to which one's family influenced his or her decision making, and of job satisfaction. Once the pre-test questionnaire was adminis-

tered, the employees were shown a training film covering the nature of HIV/AIDS, how the disease is transmitted, and how to take the necessary precautions to protect themselves against inadvertently contracting the disease. In the next phase of the training program, a nurse led the employees in a question and answer session on the film and other materials, provided about HIV/AIDS along with responding to participants' questions and concerns. Once that process was completed, participants took a written quiz to determine their knowledge level about the AIDS virus, its transmissibility, and the safety precautions need to protect themselves when working with HIV infected co-workers. After completing the entire education and training program, participants were given the post-test attitude and behavioral intention questionnaire to determine if any response changes had occurred. The questionnaire had two major sections. One section secured attitude and opinion data and consisted of 27 statements, 15 of which concerned dimensions of Rusbult's typology; five were fear-related; four measured family influence on attitudes and opinions; and three measured employee job satisfaction. The other section secured demographic information about age, gender, marital status, and education level.

Findings

• Participants

The participants ranged in age from 18 to 53. Fifty-nine percent of the participants were male and 41% were female. Thirty-four percent were married, 50% were single, and 16% were divorced or separated. Twelve percent of the participants were college graduates, 40% had some college education, and the remaining 48% were high school graduates.

• Reliability of measures

Information about the reliability coefficients of the Rusbult typology measures is contained in Appendix A along with the individual statements. Reliability coefficients were calculated following the pre-test to evaluate the internal consistency of the items measuring each of Rusbult's constructs and of the fear measures. Analysis revealed acceptable Cronbach's Alphas for all of the scales: Exit (.90); Voice (.84); Loyalty (.74), Neglect (.85), and Fear (.70). Data showing the measures of the 27 individual items is not presented here because our focus

was on the mean scale scores of four aggregate Rusbult constructs and the Fear construct rather than on individual findings about the 27 components and their item scores.

• Analysis

The Overall Effect of Training: The first area of analysis was whether education and training had any measurable impact on employee attitudes, behavioral intentions, or concerns (fear) toward co-workers who were HIV positive or had AIDS. Our initial hypothesis was that education and training would have a positive impact as demonstrated by substantive movement toward Voice and Loyalty responses. We further hypothesized that Fear of co-workers with HIV/AIDS would decrease substantially as would the destructive responses of Exit and Neglect.

We found virtually no differences in the responses of participants from pre-test to post-test. Table 1 presents the pre-test and post-test means for the Rusbult constructs of Exit, Voice, Loyalty, and neglect as well as for the Fear measure. Neglect, a passive and destructive response, increased in the post-test while Voice and Loyalty, the active and passive constructive responses, decreased as did the Exit mean. Fear decreased very slightly. Using Analysis of

Table 1

Pre-Test and Post-Test Means for Employee Responses to Questions about Attitudes and Behavioral Intentions Towards Co-Workers with HIV/AIDS

Construct	Pre-test	Post-test
Exit	2.10	2.00
Neglect	1.80	1.90
Loyalty	3.25	3.20
Voice	3.70	3.60
Fear	2.31	2.28

Note. No significant differences were found between pre-test and post-test scores. The means shown are based on a Likert scale of 1 to 5 where 1 = strongly disagree and 5 = strongly agree.

Variance (ANOVA) procedures, no significant differences were found between pre-test and post-test means on any of the five constructs.

From these results we concluded that AIDS education and training, at least in this sample,

had little or no impact on employee attitudes or behavioral intentions. It also appeared that education and training did not modify employee fears about working with persons with HIV/AIDS. However, it should be noted that employees in the sample were very supportive toward individuals with HIV or AIDS in their responses, even in the pre-test prior to any training, with 60% to 80% of the pre-test responses indicating a tolerance to those with HIV or AIDS and a willingness to work with them. The majority of employees (over 60%) expressed only limited concern about fear of AIDS or transmittability of the disease in the pre-test.

Fear: Of the various measures of attitude and behavioral intention, Fear showed the least change from pre-test to post-test. Fear was also felt by respondents more strongly than the other destructive responses (Neglect and Exit) in both the pre-test and post-test. A one-way ANOVA investigating the relationship between Fear and gender showed that males were more fearful of co-workers with HIV/AIDS than women ($p = .01$). Also, correlations showed that as the level of Fear increased, Voice ($r = -.30, p = .01$) and Loyalty ($r = -.30, p = .01$) responses decreased, and as Fear increased, Neglect responses increased ($r = .65, p = .00$). The relationship between Fear and Neglect was expected; however, pre-test scores indicated that individuals were not very fearful (Fear mean = 2.31, where 1 = strongly disagree) and overall expressed positive behavioral intentions towards co-workers with HIV/AIDS.

Other Findings: Family Influence, Age, Gender, and Satisfaction: Several other issues were investigated. First, family influence as an effect on response was found to be minimal. Second, age was positively correlated with Neglect ($r = .25, p = .04$) in that as age increased the tendency to show the destructive, passive response of Neglect also increased. Third, from a one-way ANOVA we found a significantly positive association between female and Voice and Loyalty ($p = .01$). Thus, women would be more likely to indicate higher measures of Voice and Loyalty while men would be more likely to have higher Neglect measures. Finally, our findings showed employee job satisfaction at a seemingly low level, with 82% of participants indicating dissatisfaction with their work in both the pre-test and post-test. A correlational analysis showed that as satisfaction increased,

Neglect responses increased ($r = .34, p = .04$). Differences among educational groups and marital status on attitudes and behavioral intentions were sought using ANOVA and correlation measures as well, but no patterns were found.

Discussion

The findings in our study differed from the suggested outcomes based on existing literature (e.g., Kemp, 1995; Minetos, 1989). Our study offered the first empirical evidence of the value of AIDS education and training in the workplace, and our results suggest that it had little or no effect on employee attitudes toward co-workers with HIV/AIDS. We temper the importance of our findings by noting that respondent pre-test attitudes toward HIV/AIDS infected co-workers were strongly positive.

Two questions surfaced for discussion: (1) why might employees show such positive attitudes even prior to training? and (2) why did training seemingly provide no added value? The answer to these may be one and the same. Over the past several years, HIV and AIDS have had a high profile in the media. News stories amplifying research directions and successes in AIDS research have been frequent and widely reported. Commercials emphasizing the risk of AIDS, how it is transmitted, and preventive tactics have been frequently broadcast. The AIDS quilt has been displayed in several cities to remind individuals of those who have died from AIDS and related diseases. Health classes in high schools and colleges regularly discuss the dangers of HIV and AIDS. In short, few individuals have been able to dismiss AIDS from their consciousness. The public has been made aware of the disease to the point that positions (attitudes and opinions) have been formed, and education and training alone will not significantly modify them. Though we focused primarily on HIV/AIDS, the same argument may hold true for other contagious diseases and/or health conditions.

• Exit, Voice, Loyalty, and Neglect

Further analysis of Rusbult's Exit, Voice, Loyalty, and Neglect constructs indicated some variations in the post-test response that were difficult to explain. An unexpected finding was the direction of nonsignificant changes on the responses. In the post-test, Neglect increased, while Voice, Loyalty, and Exit decreased, although all changes were minor. If education and

training on AIDS should make individuals feel more capable of protecting themselves and feel safer working with an infected co-worker, why would destructive responses increase and both constructive responses decrease? Perhaps cognitive processes may be at work here. Despite any real risk an individual might experience, AIDS is a frightening disease. Just thinking about the chance of contracting such a deadly disease (as one does during such an education and training session) might lead to mild increases in destructive responses and corresponding decreases in constructive responses.

- Age

Results showed that as age increased, so did Neglect responses. As noted, AIDS has been much discussed over the last several years. Thus, members of Generation X have received information about HIV/AIDS through many years of their lives, including through formal education. Older individuals may not have had the same opportunities for education on communicable diseases like AIDS. Further, Generation Xers may have found AIDS information more salient, as it became available during their active dating years. On the other hand, older individuals may have been married or at least settled with one sexual partner and, therefore, felt that information on HIV and AIDS was not as relevant.

- Gender

Interestingly, gender correlated with responses such that women were more likely to indicate higher measures of Voice and Loyalty than men, and men were more likely to have higher Neglect measures than women. Our finding was expected and is consistent with literature describing incidences of gender differences (e.g., Rusbult, Johnson, & Morrow, 1986). A possible explanation for this phenomenon is that women have long been recognized for their nurturing and caretaking tendencies (Rusbult, Johnson, & Morrow, 1986).

- Satisfaction

Our data showed a somewhat unexpected result regarding job satisfaction and Rusbult classified responses: satisfaction correlated positively with Neglect. We thought that individuals with high job satisfaction would have experienced a transference effect. In other words, loyalty toward the company might have been transferred to an HIV/AIDS infected co-

worker. However, this was not the case. While this result appeared difficult to explain, perhaps satisfied individuals felt more comfortable expressing controversial feelings in the workplace.

Limitations of the Study

We would be remiss not to acknowledge the limitations of this study. Threats to validity due to the design include selection, history, and the potential for obtrusive research procedures (Cook & Campbell, 1979). A random sample rather than a convenience sample could eliminate history and selection as threats in future studies. A more complete design would have compared a control group with an experimental group while our design used a before-after, one-group design. The industry in which these employees worked may have differed in some way from other industries and could limit our ability to generalize. Future studies could incorporate multiple groups and include employee participants from several companies. In addition, our results could have been better explained if we had known the level of HIV/AIDS knowledge employees had prior to any training. While a quiz on relevant information was administered following the film and training session, a better design could have provided for a before-the-film quiz as well. We administered pre- and post-test questionnaires on attitude and behavioral intentions and, perhaps, should have had pre- and post-assessments of HIV/AIDS knowledge. This potential shortcoming can be corrected in future studies and can provide some insight as to the typical level of information and knowledge.

Conclusions and Implications for Managers

While many authors have advocated the use of HIV/AIDS education and training programs to minimize the potentially devastating effects of negative attitudes about AIDS, it may be that AIDS education and training programs offer little value. This study found that prior to training, employees in the sample were, in an overall sense, positive toward co-workers with HIV and AIDS. Following training, post-test results showed relatively little change in attitudes or responses. Therefore, employers should question the use of training as a panacea to dealing

with potentially negative attitudes about HIV/AIDS infected employees. Employers are urged to consider the following suggestions: (1) younger employees (possibly Generation Xers) may require less training than older ones due to their higher level of exposure to information about the disease; (2) in situations of high volatility involving HIV/AIDS infected employees, female managers may have a better mindset to create positive change, as shown by findings on Voice and Loyalty; and (3) fear is a natural response and should not necessarily be taken as negative as long as destructive behaviors do not follow. In sum, managers should not underestimate their employees' knowledge, understanding of, and empathy for co-workers with HIV and AIDS.

Dr. Tuten's primary research interests are employee responses to stressful work environments and Web-based survey methods; she has published in several journals. Dr. Gray, who teaches human resource management and industrial relations, has published a number of articles related to human resources in organizations. Dr. Glascoff has published in numerous journals on such topics as consumer satisfaction with health care and faculty satisfaction with academic conferences.

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Appendix Individual Measures with Pre-Test Means* and Cronbach's Alpha

- 1) EXIT. Pre-test mean 2.10; Cronbach's Alpha .90
 - If I had to work closely with someone with HIV/AIDS, I would think about quitting my job.
 - Rather than work with someone with HIV/AIDS, I would want to quit.
 - When I think about working with someone with HIV/AIDS, I try to think of ways to stay away from that person.
- 2) VOICE. Pre-test mean 3.70; Cronbach's Alpha .84
 - If I had to work closely with someone with HIV/AIDS, I would try to understand that person's situation.
 - If I were working near someone with HIV/AIDS, I would try to talk to them about ways we could better

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as: universities, the AICPA and other membership organizations, firms, and CPAs. Higher education will need to respond by adapting curricula to prepare accounting majors for positions in industry and public accounting that differ from present responsibilities. Emphasis will need to be given to gaining a better understanding of user needs, identifying information relevant to user decision processes, and gaining a better understanding of how information technology is transforming all aspects of business. Audit education will need to adopt a customer focus that provides an emphasis both on reliability and on relevance to decision making. When asked, corporate financial officers indicated an education gap between what is "important to the work" and the "knowledge level of the new accountant." The areas of knowledge having the widest gap were understanding the business, leadership skills, and familiarity with business processes (Siegel et al., 1997). The challenge for higher education is to try to build in a means for imparting this knowledge and developing these skills.

Continuing professional education courses and workshops offered by the AICPA and other membership organizations will make a major contribution to improving the profession's competencies. Presently, to retain their certification, all CPAs must complete 40 hours of continuing education each year. There is a strong delivery mechanism in place to which the new competencies can be added.

The steps to be taken by firms will depend

on their size. In the article *Build on Your Firm's Strengths*, Elliott and Pallais (1997) warn that CPA firms will not succeed in assurance services unless services meet both the market demand and match firms' capabilities. Firms must consider their own characteristics, resources, and capabilities. In-house training, the Internet, the intranet, and hiring professionals with competencies are means to achieve desirable competencies.

CPAs will through the firms, the AICPA, and universities have the opportunities for gaining the education needed. Additionally, on-the-job experience will contribute significantly to developing needed competencies. However, individuals must accept that they will need to continue to learn.

For CPAs the future is not what it used to be, but there will be many opportunities for expanding services and building on the profession as we have known it.

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(continued from page 35)

- understand each other.
 - When I think about working with someone with HIV/AIDS, I try to think of ways to make employees more comfortable with the situation.
 - If I knew I might have to work near someone with HIV/AIDS, I would try to educate other employees to understand the low risk involved at the workplace.
- 3) LOYALTY. Pre-test mean 3.25; Cronbach's Alpha .74
- If I had to work closely with someone with HIV/AIDS, I would try not to think about the situation.
 - If I were working near someone with HIV/AIDS, I would just accept the situation.
 - When I think about working with someone with HIV/AIDS, I just remember what a loyal employee I am.
 - If I knew I might have to work near someone with HIV/AIDS, I would give them the benefit of the doubt.
- 4) NEGLECT. Pre-test mean 1.80; Cronbach's Alpha .85
- If I had to work closely with someone with HIV/

- AIDS, I might treat that person coldly.
 - If I were working near someone with HIV/AIDS, I would try to ignore that person.
 - When I think about working with someone with HIV/AIDS, I feel resentful about the risk involved.
 - If I knew I might have to work near someone with HIV/AIDS, I might show up late because I wasn't in the mood to work.
- 5) FEAR. Pre-test mean 2.31; Cronbach's Alpha .70
- I am fearful of working with someone who has HIV/AIDS.
 - HIV is spread easily.
 - I would allow my children to go to school with children infected with HIV.
 - I believe in mandatory testing for HIV.
 - I am comfortable sharing a bathroom with someone who is infected with HIV.

*The means shown are based on a Likert scale of 1 to 5 where 1 = strongly disagree and 5 = strongly agree.