

**OFF-WORK ALCOHOL ABUSE AND SELF-REPORTED WORKPLACE BEHAVIOUR
AMONG HEALTH CARE PRACTITIONERS IN EKITI STATE**

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ABSTRACT

This study investigated off-work alcohol abuse and self-reported workplace behaviour among health care practitioners in Ekiti State. A descriptive cross sectional research design was used to carry out the study. All health care practitioners in Ekiti State made up the study population. The sample size comprised of 350 respondents selected through multistage sampling technique. Data collection was done using a self designed structured questionnaire. The face and content validity of the instrument were ascertained and the reliability of the validated instrument was determined with Cronbach's Alpha with a coefficient of 0.90. The analysis of the data was done using frequency count, Chi Square and Pearson Product Moment Correlation coefficient. The findings revealed that a significant proportion of the health care practitioners engage in off-work alcohol abuse. Search for pleasure, need for relaxation and to reduce pains were the major identified reasons for off-work alcohol abuse. In addition, significant relationship was found between off-work alcohol abuse and lateness to workplace and absenteeism. It was recommended that health institutions should have relaxation centres devoid of alcohol for health care practitioners. Government should provide relevant equipment and employ adequate health care personnel in hospitals to reduce the work load and stress confronting health care practitioners.

Keywords: Off-work, Site, Alcohol abuse, Self-reported workplace Behaviour, Health care practitioners

Introduction

Substance abuse is a major public health problem all over the world (United Nations Organizations on Drug Council, 2005). Substance abuse also known as drug abuse is a disorder that is characterized by a destructive pattern of using a substance despite the associated problems or distress. WHO (2018) described substance abuse as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Ebigbo, Elekwachi and Nweze (2012) also identified the commonly abused substances to include cocaine, cannabis, heroine, and even legal drugs such as tobacco, alcohol or prescription drugs. Alcohol abuse by healthcare practitioners is of critical public health importance because these professionals pose a direct threat to themselves and those in their care. Given the

professional role as experts in lifestyle and health, alcohol abuse among health care practitioners remains a delicate topic based on the fact that they being role model in terms of health issues, the abuse of alcohol by the professionals may influence the attitude of the general public negatively. On the other hand, the habit could pose a direct threat to themselves and those in their care (Monroe, et al. 2013)

Health care practitioners are known for the promotion and improvement of the health and well-being of individuals, families and communities. Evidence abound that a significant proportion of health professionals have high rates of alcohol use (Bakhshi & While, 2014). When compared to the general population, Merlo and Gold (2008) established a significant difference between health care providers and the general population on alcohol abuse and addiction. A large body of evidence has it that doctors, nurses, pharmacists and paramedics do abuse alcohol and other drugs. For instance, Kenna and Wood (2004) discovered in a related study that medical specialists tend to indulge in more hazardous drinking compared with the general population (10%). Issa et al (2012) discovered that about 4% of the doctors were hazardous users of alcohol. Based on the knowledge of health care provider on effect of substance abuse it is assumed the prevalence of alcohol abuse should be lower among them than the general population.

The comparisons of alcohol use among health care professionals revealed that dentist consumes more alcohol than other groups of health care professionals (Kenna & Wood, 2004). On the other hand, alcohol abuse and dependence were found to be serious problems among a minority of pharmacists (Merlo, Cummings & Cottler, 2012). Records also revealed that the prevalence of alcohol abuse among nurses is parallel to that of the general population (Dunn, 2005; Kunyk, 2015). This record could authenticate the report that 1.5% of the nursing workforce is enrolled in substance abuse monitoring programs in any given year while about 9,000 recovering nurses re-enter the workforce each year in the United States (Monroe et al, 2013) coupled with the report that one third of all disciplinary actions taken against nurses were drug or alcohol related (Hazelden, 2015).

Several factors in the workplace could predispose doctors and other health care professionals to engage in off-work alcohol abuse. The reasons varied from the need to acquire energy for long hours that their jobs requires (Haladu, 2003) to availability, accessibility or affordability of the abused substances

(Berge, Dillon, Sikkink, Taylor & Lanier, 2012). Given the increasingly stressful environment due to manpower shortages in the healthcare system (Kenna & Lewis, 2008) coupled with the need to handle *the* pressures of high expectations and work-related stress, or simply to help their brains wind down and get some sleep at the end of a long stressful day. On this premise, it is not uncommon for health professionals to take far-reaching decisions on drugs or alcohol use (Rass, 2018). It could be inferred that the excessive work and intense stressors experienced daily by health care practitioners predispose them to physical and mental health problem that may influence alcohol abuse (Gossop et al, 2001; Ndukuba et al, 2015). The workload and the stress in health care sector could engender psychological distress which could explain the submission of Obadeji et al, (2018) that health care practitioners abuse alcohol and other drugs because of psychological distress.

The prevalence of substance use disorder among healthcare practitioner who are considered to be the defenders of healthy habits by demonstrating healthier lifestyles such as engaging in exercise, healthy eating and avoiding substance abuse than the general population makes the situation more worrisome. Extant studies have disclosed that a significant proportion of healthcare professionals abuse substances (Ndukuba, 2018). It becomes worrisome when one assume that health care providers could be treating patients under the influence of alcohol and other drugs based on the posit of Ndukuba (2018) that the consequences of substance abuse by healthcare professionals are grave.

Alcohol abuse by employees at work or even away from work has long been associated with harmful consequences. For instance, alcohol abuse by employees has been associated with diverse problems for business and industry ranging from lost productivity, injuries and increase in health insurance claims (Buddy, 2018). It can also lead to accidents, inefficiency and reduced productivity including absenteeism due to recovering from the effects of substance abuse and related illnesses can also be costly to businesses (Nova Recovery Centre, 2018). For instance abuse among health care providers may seriously compromise the practice of medicine (Strang, Drummond, Deehan, Templeton & Taylor, 1997).

Alcohol use increases the risk of problems in the workplace, such as absenteeism and inappropriate behaviour. Use of alcohol or illicit drugs can impair a person's performance at work through

poor decision making and impaired reaction times causing lost productivity, inferior goods or services, errors and accidents. The effects of drugs and alcohol may reduce the effectiveness at work for many hours after drug intake and dependence may cause a sense of craving which may result in health worker being unfocused at work (Berge et al, 2012). In addition, health care practitioners who abuse alcohol and other drugs constitute risk to patients as a result of intoxication, impaired judgment, prescription error or unsafe practice (Obadeji, Oluwole, Dada and Osharotimi, 2018).

Drug abuse and illicit trafficking have been described as a threat to socio-economic and National Development (Gbenga-Mustapha, 2014). The Human Development Index (HDI) metrics for measuring the development of human resources include income, education and health. Of the three, health seems to be the most crucial because it takes being healthy to work for income or to attain educational growth. Considering the poor health indices in most developing countries, compounding it with substance abuse by healthcare professionals may give grave consequences (Ndukuba et al, 2015). For National development to be achieved, the need of skilled human resources for developing and managing technology with a view to improving productivity must be given utmost priority. At the moment, Nigeria has a problem of wastage of human capital through unemployment (Longe, 2017). Besides, health problems can incapacitate the working population thereby reducing their net value. Adequate and appropriate Health Care Services could only be given by a health care provider that is not under the influence of drug and alcohol.

It is assumed that if health care practitioners who, due to their knowledge on health issues, are considered as role model have problems with substance use, the tendency is that this could influence the general populace negatively or compound patients' condition through mismanagement or delayed management. Since health care practitioners are socially recognized in the society, the possibility of their being imitated is high. As a result, the use of substance among this group of workers could directly or indirectly affect National development. Based on the assumption, the concern of this paper is to determine if health care practitioners engage in off-work alcohol abuse as well as to determine the factors influencing off-work

alcohol abuse and find out the relationship between off-work alcohol abuse and self-reported workplace behaviour.

Research Methods

The study was conducted among healthcare practitioners in Teaching Hospital in Ekiti State, Nigeria. Cross-sectional, descriptive survey design was used to conduct the study. Based on the population of the divergent groups stratified sampling techniques was used to categories the group and the unequal number necessitated proportionate sampling technique after which, simple random sampling was used to select participants. In all a total of 350 health workers was sampled to participate in the study using stratified and proportionate sampling technique. Data collection was done using structured close-ended questionnaire. The questionnaire included items relating to demographic characteristics of respondents, types of substances abused by respondents, reasons for use and job performance. The types of substances used were measured with Never (1), Used but discontinued (2) used occasionally (3) and regular user (4) and items on job performance were measured with 5-type Likert Scale of Strongly disagree (1) Disagree (2), Undecided (3) Agree (4) and strongly Agree (5). Both face and content validity of the research instrument were determined and the reliability of the 29-itemed questionnaire was established using Cronbach's Alpha. The reliability coefficient of 0.90 obtained was considered high enough for the study. Administration of the questionnaire was done by the researchers with the aid of research assistants. Participants' consent was sought and Ethical clearance was obtained from ethical committee of the sampled hospitals prior the administration of the instrument. Using SPSS 20, the data collected were analyzed via the predetermined level of significance set at $p < .05$.

Results

Table 1: Chi-square analysis showing use of off work use of alcohol by health care practitioners.

Discipline	Number	OFF-WORK ALCOHOL ABUSE			Df	X ²	P
		Never Used	Used but Discontinued	Current Users			
Administrative Staff	43	14	2	27	16	30.96*	.014
Health Assistants	45	24	6	15			
Medical Doctors	42	13	8	21			
Medical Laboratory Scientists	26	4	4	18			
Medical Record Officers	21	11	1	9			
Nurses	72	38	5	29			
Pharmacists	23	8	2	13			
Porter/Technicians	32	10	3	19			
Total	304	122	31	151			

* p <0.05

Table 1 shows that over <50% of administrative staff, Medical Laboratory Scientists, Pharmacists, Medical Doctors and Porters/Technicians engage in off work alcohol use. In addition, almost 50% of Nurses and Medical Record Officers consume alcohol. Further analysis (df 16; X² 30.96 p .014) reveals a significant difference in off work alcohol use among the health care practitioners.

Table 2: Frequency Count and Percentages of factors influencing off site off work alcohol use

Take alcohol for:	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Relaxation	178 (58.6%)	45 (14.8%)	8 (2.6%)	20 (6.6%)	53 (17.4%)
Mental Alertness	122 (40.1%)	57 (18.8%)	19 (6.3%)	41 (13.5%)	65 (21.4%)
Enhance performance	127 (41.8%)	55 (18.1%)	18 (5.9%)	43 (14.1%)	61 (20.1%)
Keep Awake	127 (41.8%)	60 (19.7%)	21 (6.9%)	30 (9.9%)	66 (21.7%)
Reduce pains	143 (47.0%)	51 (16.8%)	26 (8.6%)	29 (9.5%)	55 (18.1%)
Pleasure	211 (69.4%)	41 (13.5%)	7 (2.3%)	12 (3.9%)	33 (10.9%)

Table 2 shows the reasons for off-site off-work alcohol use among health care practitioners. Majority of the respondents admits to off work alcohol abuse for Pleasure, Relaxation and to Reduce Pains. The least reported reasons for off-work alcohol abuse among health care practitioners are for Mental Alertness, to Keep Awake and to Enhance Performance.

Table 3: Pearson Product Moment Correlation Coefficient of Self reported Workplace behaviour and Alcohol Abuse

Self- reported Workplace Behaviours		Off-work Alcohol Abuse
Feel sleepy at work	Pearson Correlation	.099
	Sig. (2-tailed)	.086
	N	304
Experience accident at workplace	Pearson Correlation	.279*
	Sig. (2-tailed)	.000
	N	304
Lose Concentration at workplace	Pearson Correlation	.175*
	Sig. (2-tailed)	.002
	N	304
Makes mistakes in workplace	Pearson Correlation	.140*
	Sig. (2-tailed)	.014
	N	304
Get late to workplace	Pearson Correlation	.201*
	Sig. (2-tailed)	.000
	N	304
Ignore workplace safety precautions	Pearson Correlation	.112
	Sig. (2-tailed)	.050
	N	304
Find it difficult to meet deadline	Pearson Correlation	.148*
	Sig. (2-tailed)	.010
	N	304
Absent from work without obtaining permission	Pearson Correlation	.170*
	Sig. (2-tailed)	.003
	N	304
Alcohol Use	Pearson Correlation	1
	Sig. (2-tailed)	
	N	304

Table 3 summarizes the results of correlation analyses that were conducted to establish the relationship between off-work alcohol abuse and self-reported work behaviours. Significant relationship was established between off-work alcohol abuse and majority of the self-reported work place behaviours with p level <.05. Significant relationship was not established between off-work alcohol abuse and feel sleepy at workplace (p level .086) and the significant relationship between off-work alcohol abuse and ignore work place safety precautions was not established (p level = .05)

Discussion

The study revealed that a significant proportion of the health care practitioner engage in the habit of off-work alcohol use. The finding agreed with many of the discoveries in related studies. For instance, Ndukuba (2018) discovered that majority of health care practitioner abuse substances. Bakhshi and While (2014) established that substantial number of health professionals have high rates of alcohol use while Kenna and Wood (2004) and Joos, Glazemakers and Dom (2013) discovered that medical specialists tend to indulge in more hazardous drinking compared with the general population. On the contrary, the study of Obadeji et al (2018) revealed that majority of health workers had not used alcohol in the past year with only 6% hazardous user and healthcare professionals in the study appeared to drink less when compared with general populace. The highest proportion of alcohol use was established among administrative staff, Medical Laboratory Scientists, Pharmacists, Medical Doctors and Porters/Technicians. The finding negates Merlo et al (2012) that found substance abuse as a serious problem among a minority of pharmacists and Issa et al (2012) whose findings revealed that only 4% of doctors were hazardous users of alcohol. On the norm, the discovery that health workers indulge in the habit of off work alcohol use could have negative consequence on health care services as posited by Ndukuba (2018) that the consequences of substance abuse by healthcare professionals are grave. The habit could constitute risk to patients as a result of intoxication, impaired judgment, prescription error or unsafe practice (Obadeji, et al, 2018), thereby compromising the practice of medicine (Strang, et al, 1997).

Findings on the factors influencing substance use revealed tripartite factors viz-a-viz for pleasure, relaxation and to reduce pains which substantiate the submissions of Gossop et al (2001) and Ndukuba et al (2015) that the excessive work and intense stressors experienced daily by health care practitioners predispose them to physical and mental health problem that may influence substance abuse. In addition, the findings also agreed with Haladu (2003) and Kenna and Lewis (2008) that linked alcohol use among health care providers with the need to handle the pressures of high expectations and work-related stress, or simply to help their brains wind down and get some sleep at the end of a long stressful day.

A significant relationship was found between drug use and many of the items on self reported workplace behaviour. In a similar study, frequency of work performance problems was on the increase

and workplace behaviour was found to be significantly associated with alcohol use (Mangione et al 1999). The established significant relationship between off-work alcohol abuse and experience accident, lose concentration and prone to mistakes all at workplace corroborated Buddy (2018), who discovered that alcohol use could result into lost productivity, injuries and an increase in health insurance claims.

Conclusion

Conclusively, the study corroborated many of the findings of study on workplace alcohol abuse. In the first place, it established that health care practitioners engage in off-work alcohol abuse as well as revealed the reasons behind the act to include pleasure, relaxation and to reduce pains. Lastly, significant relationship was established between off-work alcohol abuse and self-reported workplace behaviour.

Recommendations

It was recommended that, a relaxation centre devoid of alcoholic substances should be provided for health care practitioners. Also, Government should provide relevant equipments and employ adequate health care personnel in hospitals to reduce the work load and stress confronting health care practitioners. Lastly, health educators should organize a sensitization programme for health care practitioners on the effect of alcohol abuse on health care practice.

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