ALCOHOLISM AND ITS IMPACT ON WORK FORCE: A CASE OF KENYA METEOROLOGICAL SERVICE, NAIROBI

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ABSTRACT

The significant presence of alcohol problems in the workforce has been a trending worry for most organizations in Kenya. Most employees are showing irregular work attendance, poor productivity, poor health and safety risks because of problems associated with alcoholism. This presents a cardinal challenge and a major threat for progressive economic development. This was a study to investigate the impacts of alcoholism in the workforce at the Kenya Meteorological Service (KMS). The objectives of the study included investigating the impacts of alcoholism on employees’ productivity of KMS employees based in Nairobi County. The study sought to establish the impact of alcoholism on social and financial costs of KMS employees based in Nairobi County. It also explored the impact of alcoholism on work relations of employees of KMS based in Nairobi County. The study analysed the impact of alcoholism on employees’ health and safety of KMS employees based in Nairobi County and investigated the interventions applied to curb alcoholism at KMS. The study collected data from amongst staff of Kenya Meteorological Services through Questionnaires and Interview Schedules. Data was processed using statistical package for social sciences (SPSS). The findings were presented in form of chart. Some of the findings of the study indicated that about 33% of the respondents consume alcohol while 67% of the workforce does not take alcohol. The research indicates that alcohol has an effect on employees’ work rate and quality of work. About 49% of the respondents “strongly agree” that alcohol leads to reduced work rate and poor quality of work in the workforce. The research recommends that there is need to enact policies and measures that can control alcoholism in the workforce among KMS staff. It recommends the use of workplace alcohol policies such as a zero tolerance to alcohol staff code of discipline in regulating alcoholism. The research also recommends use of health promotion, employee assistance programs, counseling, and drug use control and sensitization workshops to curb alcoholism. The research indicates that there is a relationship between alcoholism and the workplace unproductivity, stress, hangovers, diseases and financial problems. It explains that there is a need to redress the problem of alcoholism in the workforce because it hampers organizational efficiency, employees’ health and safety, work relationship and increases social and financial costs.

KEY WORDS: Alcoholism, Workforce, Addiction.
1. INTRODUCTION

1.1 Background of the Study
Alcohol is one of the world’s top three priority areas in public health. Even though only half the global population drinks alcohol, it is the world’s third leading cause of ill health and premature death, after low birth weight and unsafe sex. In Europe, alcohol is also the third leading risk factor for disease and mortality after tobacco and high blood pressure (World Health Organization, 2012). Alcohol and drug abuse is a phenomenon that is as old as mankind. Over the past two decades the use of illegal drugs and misuse of therapeutic drugs has spread at an unprecedented rate and affects every part of the globe. No nation has been spared the devastating problem caused by alcohol and drug abuse. At the same time a broad spectrum of the world community has demonstrated intense concern over the problem (Kenya National Bureau of Statistics, 2009).

Alcohol is a complex health, economic and social issue. There is little doubt that considerable harm is done through its abuse - even the alcohol industry accepts this - but in moderation drinking alcohol is an acceptable convention utilized by over 2 billion people worldwide. While it is possible, even probable, that if alcohol was “discovered” now it would be banned, prohibition is not on the agenda in Kenya or in most other parts of the world.

The negative impact of Alcohol and Drug abuse cannot be underscored. The fight against the menace is a clear priority as it not only impacts on quality service delivery but also undermines the productivity of different sectors. Countries the world over are becoming more and more interested in containing the investment in the staff particularly in optimizing the utilization of workforce available. Efforts to optimize the utilization of the staff are frequently hampered by alcohol and drug abuse hence threatening the quality of service.

According to recent cross-sectional survey by National Agency for the Campaign Against Drugs Authority (NACADA) as recorded by World Health Organization (WHO) there are about 2 billion people (33%) worldwide who consume alcoholic beverages. Drug abuse is of global concern with the trends indicating an increase rather than a decrease in illicit drug consumption and abuse (NACADA, 2010).

Worldwide consumption of Alcohol in 2005 was equal to 6.13 litres of pure alcohol consumed per person aged 15 years or older. A large portion of this consumption – 28.6% or 1.76 litres per person – was homemade, illegally produced or sold outside normal government controls. However, despite widespread consumption, a higher percentage of people currently do not drink at all. Almost half of all men and two thirds of women have not consumed alcohol in the past year. Abstention rates are low in high-income, high consumption countries, and higher in North African and South Asian countries with large Muslim populations. Female abstention rates are very high in these countries (WHO, 2011)

The use of illegal drugs continues to spread at an unprecedented rate and has permeated every part of the world. Globally, the United Nations Office of Drug and Crime (UNDOC) estimate that
about 155 - 250 million people (3.5 to 5 per cent of the world’s population aged 15 to 64) used illicit drugs in 2008 (UNODC, 2010). Out of these, alcohol causes 1.8 million deaths annually worldwide while tobacco kills 49 million people every year. Of this, 55 per cent are men while 45 per cent are women. A national research carried out in Columbia in 2003 by students of Columbia University, revealed that drug abuse is lower in women than in men (out of the 1,209,938 drug abuse cases reported 553,874 (45 per cent) were women while 656,064 (55 per cent) were men (NACADA, 2006).

In Kenya a study by NACADA has revealed that 59% of employees have in the past taken alcohol, 16% of full time employees have serious drinking problems with about 25% of hospitalized patients being related to alcohol. It notes one of the effects of substance abuse as being absenteeism and work related accidents. Alcohol and Drug abuse at the workplace poses a great challenge to the growth and development of organizations in Kenya. (Wekesa & Waudo, 2013)

2. METHODOLOGY

2.1 Research Design

This research was organized in a logical manner in order to achieve its main purpose. It was a quantitative cross-sectional survey design which seeks to describe shared feelings, beliefs, practices and actions with respondents reflecting on their experiences as they relate with the world of work. The researcher relied on observations, interviews and document analysis to provide an in-depth understanding of the respondent’s world of alcoholism and absenteeism.

2.2 Target Population and Sample Size

The target population for this study was the staff of Kenya Meteorological Service based in the Nairobi County. The Service has a total population 383 staff that are stationed in Nairobi. The staff is based at the headquarters located on Ngong road which includes the Institute of Meteorological Training and Research, Jomo Kenyatta International Airport, Wilson Airport, Moi Airbase and Kabete Agro-meteorological station.

The sample for this study consisted of 200 members of staff drawn from the 380 staff of the Service in the County. The respondents were 30 female and 120 males in Nairobi County due to the fact that the proportion of female staff is much less compared to the males in this science oriented field. The sample consisted of 130 staff from the headquarters, 20 from Institute of Meteorological Training and Research (IMTR), 30 from Jomo Kenyatta International Airport (JKIA), 6 from Wilson Airport, 10 from Moi Air Base (MAB) and 4 from Kabete stations

3. DATA ANALYSIS AND INTERPRETATION

3.1 Employees’ Productivity

The research indicates that alcohol has an effect on employees’ morale. About 49% of the respondents “strongly agree” that alcohol leads to stress in the workforce. 36% also “agree” on the same understanding, 6% are undecided, 5% disagree and only 4% strongly disagree.
3.1.1 Does Alcohol Affect Workforce Morale?

The research indicates that alcohol has an effect on employees’ work rate and quality of work. About 49% of the respondents “strongly agree” that alcohol leads to reduced work rate and poor quality of work in the workforce. 37% also “agree” on the same understanding, 5% are undecided, 5% disagree and only 4% strongly disagree.

3.1.2 Does Alcoholism Lead to Reduced Work Rate and Poor Quality of Work?

Findings reveal that alcohol has an effect on absence in the workplace. About 47% of the respondents “strongly agree” that alcohol leads to workplace absenteeism. 33% also “agree” that alcohol can lead to employee absence from the workplace, 9% are undecided, and 11% disagree that alcohol has an influence on workplace absenteeism.
3.1.3 Does Alcoholism Lead to Workplace Absenteeism?

Findings reveal that alcohol has an effect on an increase in lateness to the workplace. About 50% of the respondents “strongly agree” that alcohol leads to workplace lateness. 39% also “agree” that alcohol can lead to employee lateness to the workplace, 6% are undecided, and 5% disagree that alcohol has no influence on workplace lateness.

3.1.4 Does Alcoholism Lead to Lateness to Work?

The study indicates that alcohol leads to reduced efficiency in the workplace. About 50% of the respondents “strongly agree” that alcohol leads to reduced efficiency in the workplace. 37% also “agree” that alcohol can lead to employee lateness to the workplace, 6% are undecided, and another 6% disagree that alcohol has no influence on workplace lateness. Only 1% “strongly disagree” that alcoholism can lead to reduced inefficiency in the workplace.
3.1.5 Does Alcoholism Lead to Reduced Efficiency in the Workplace?

The research notes that alcohol leads to impaired judgment and errors in the workplace. About 51% of the respondents “strongly agree” that alcohol leads to errors and impaired judgment in the workplace. 38% also “agree” that alcohol can lead to employee lateness to the workplace, 1% is undecided, and 10% disagree that alcohol has no influence on judgments and errors in the workplace.

3.1.6 Does Alcoholism lead to Impairement of Judgement and Errors in the Workplace?

The study indicates that alcohol hangovers may cause impairment in work performance and attendance. About 48% of the respondents “strongly agree” that alcohol leads to reduced performance and attendance in the workplace. 40% also “agree” that alcohol can lead to employee
lateness to the workplace, 3% are undecided, and 8% disagree that alcohol has no influence on workplace performance and attendance. Only 1% “strongly disagree” that alcoholism can lead to reduced performance and attendance in the workplace.

The study indicates that alcohol hangovers may cause headache and reduced concentration in the workplace. About 35% of the respondents “strongly agree” that alcohol leads to headache and reduced concentration in the workplace. 43% also “agree”, 8% are undecided, and 13% disagree that alcohol has no influence on workplace headache and low concentration. Only 1% “strongly disagree” that alcoholism can lead to headache and reduced concentration in the workplace.

Research findings indicate that alcoholic employees have high levels of distress. About 31% of the respondents “strongly agree” that alcohol leads to increased levels of distress in the workplace. 44% also “agree”, 11% are undecided, and 13% disagree that alcohol has an influence on workplace distress levels. Only 1% “strongly disagree” about the statement.

The other interesting finding in the study is on the impact of alcoholism on employees’ social life. The findings indicate that 36% of the respondents “strongly agree” that alcohol affects one’s social life. 48% also “agree”, 8% are undecided, and 6% disagree and 2% “strongly disagree” that alcohol affects one’s social life.

4. CONCLUSION

The research notes that alcohol leads to impaired judgment and errors in the workplace. About 51% of the respondents “strongly agree” that alcohol leads to errors and impaired judgment in the workplace. 38% also “agree” that alcohol can lead to employee lateness to the workplace, 1% is undecided, and 10% disagree that alcohol has no influence on judgments and errors in the workplace. The other interesting finding in the study is on the impact of alcoholism on employees’ social life. The findings indicate that 36% of the respondents “strongly agree” that alcohol affects one’s social life. 48% also “agree”, 8% are undecided, and 6% disagree and 2% “strongly disagree” that alcohol affects one’s social life.

5. RECOMMENDATION

There is a need to redress the problem of alcoholism in the workplaces in Kenya and resolve these challenges. Kenya Meteorological Service and other corporate organizations should move to adopt policies and other alcoholism control tools to curb the problem of alcoholism. Workplace policies on alcohol can be useful for employers and employees alike. By setting a clear policy on alcohol and offering programs for employees who are at risk or need treatment, employers can create a safer, healthier, and more productive workplace. Assistance programs offered through the workplace can reach a large segment of the working-age population, including groups who may be at particular risk for alcohol-related harm. Since employers generally set their own policies voluntarily, more research is needed on the effectiveness of various approaches. This research can be a reference point for forming a cardinal alcoholism policy for Kenya Meteorological Service and other corporate organizations in Kenya.
6. REFERENCES


