

DUTY OF CARE FOR EMPLOYEE ALCOHOLICS

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Abstract

Employee alcoholics in Nigeria often face termination of their appointments for “gross misconduct.” Duty of care within Weberian concept of corporate social responsibility obviously calls this practice to question. This study investigated corporate handling of employee alcoholics in Nigeria. It is hoped that the results will sensitize and conscientize policy makers on the emerging debate that formal organizations owe their employee alcoholics some elements of duty of care. Twenty-nine (29) employees with problems of alcoholism were purposively selected from 4 formal organizations in Delta State for the study. Data were generated using a structured interview and a Focus Group Discussion (FGD), involving personnel officers, alcoholics and their families, as appropriate. Data analysis employed multi-dimensional scaling method. The result shows that knowledge of alcoholism was rated below average by both employee alcoholics and their personnel officers (41.38% and 60%) respectively. Families of alcoholics and personnel officers rated very low (89.65% and 40%) respectively employee alcoholics’ work performance. And lastly, corporate medical policy on employee alcoholics was rated very low (80%) and very high (75.86%) by personnel officers and employee alcoholics respectively. The paper concludes by suggesting that employee alcoholics should be regarded as medically sick in organizations corporate medical policy and, thus helped, rather than being terminated.

Introduction

In the workplace, the cost of alcoholism manifests in many ways: sick leave, absenteeism, poor work performance, workplace injuries, and others. The Delta State Ministry of Economic Planning, in collaboration with its counterpart, Ministry of Health, estimates that absenteeism and workplace injuries cost the taxpayer ₦250 million in 2009 (Delta State Budget Office, 2009). This figure is about 100 percent higher than 2008 estimate, creating concern on how to deal with alcoholics in formal organizations in Delta State.

Should an alcoholic be fired (sacked) or be medically treated and cared for? Medical practitioners see alcoholics as sick (Parsons, 1975; Odejide, 1978; Mekunye, 1987; WHO, 2002; Ewhrudjakpor, 2009). A sick person should be treated and cared for. Does an employer owe an alcoholic a duty of care? How applicable is the doctrine of social contract in employer-employee relationship? These and other issues are covered in this study, which also sought to fill the gap of the dearth of studies and reports on work ethics and workplace cost of alcoholism in Nigeria.

Definition of terms

Alcohol is a liquid that can get someone drunk, and is also used as a solvent in fuel and medicines. It is a depressant intoxicant. The drinking of alcohol is a popular practice in the leisure time in most cultures and it is held in regard as a key part of many religious and secular ceremonies and rituals. However, some cultures forbid alcohol use for reason of religion (for example Muslims) while some countries (such as Finland) have sought to impose tight regulations on its availability for social reasons. Alcoholism - uncontrollable habit of drinking alcohol - denotes a special medically diagnosable condition of serious dependence upon, or addiction to, alcohol. From the mid-19th century, acceptance of the term is the cornerstone of the self-help philosophy of groups, like *Alcoholics Anonymous*, founded in the United States in the 1930s. Alcoholism has been described in terms of

Duty of care for employee alcoholics

a disease, a genetic disorder, a psychological problem, and as the product of the dysfunctional family.

Methods

Area of study

Delta State is one of the 36 constitutionally designated States in Nigeria. The State is geographically located in the Southern region. It is bound in the North by Edo State and on the East by Anambra State. On the Southeast border is Bayelsa State, on the Southern flank is the Bight of Benin. The 2006 census figure for Delta State is 4,098,391, representing 2.93% out of the 140,003,542 for the Federal Republic of Nigeria. The State is enormously blessed with vast oil and gas deposits. The State is the highest oil producing State in the Niger Delta region of Nigeria, contributing 30% to the oil revenue of Nigeria (Aham, 2008; Eni, 2008).

The State, hosting of huge oil resources, attract foreign workers into exploration activities with multinational oil corporations, such as Shell Petroleum and Development Company, Chevron, Texaco, and others. These multinationals attract huge financial corporate organizations, such as American International Insurance Company, Zenith International Bank and others.

Population/Sample

The population of alcohol addicts in this study was 36 drawn from the Delta State University, Delta State Ministries in Asaba, Artek Nigeria Limited and Ocean Bank Nigeria Plc. The sample drawn from this frame were purposively selected, knowing that they were actually suffering from alcoholism as diagnosed by physicians in their hospital case files and equally adjudged by their Personnel Departments, which were 10 officers across four organizations in this study. In all, 29 addicts of alcoholism agreed to participate in this study (Table 2.1).

Table 2.1: *Sample size according to formal organizations in Delta State*

Formal organizations	Alcohol addicts	Personnel officers
Artek (Nig.) Ltd	2	1
Ocean Bank Plc	4	3
Delta State University	8	1
Delta State Civil Service	15	6
Total	29	10

Source: Fieldwork, 2009

Seven (7) alcohol addicts declined participation due to disciplinary problems they are facing with their employers.

Instruments

There were two instruments used to generate data in this study. These instruments are (1) an Interview schedule and (2) a Focus Group Discussion (FGD) schedule. The Interview schedule was administered on the Personnel Managers or officers of the organizations, and the FGD was used with the addict of alcoholism and family members. These instruments contain items relating to (a) knowledge of alcoholism (b) alcohol impact on work (c) corporate medical policy. In all, there were 12 items each in the interview and focus group schedules. These items were validated before use with a validity score ($t = 13.65$ df, 10, $p < .05$; $r = 0.89$. df = 10 $p < .05$) known group of non-alcoholic participants.

Procedure

Two instruments of assessment were constructed to evaluate mutual perception of addicts of alcoholism and corporate social responsibility of employers. The data generated from these two instruments were aimed at assessing the knowledge – work ethics about alcoholics and care of their employers. The interview schedule was administered on Personnel Managers of identified organizations with employee(s) having problems with alcoholism. This took place in the organization

Duty of care for employee alcoholics

at an appointed time fixed by the Personnel Department. Each of the four interviews lasted between 45 minutes and one hour, and took place between 10th and 20th August 2009. The Personnel officer of an alcoholic was interviewed first before the FGD was conducted with the alcoholic household. That is to say, the FGD conducted with the alcoholic and his or her family was done just after interviewing the person's employers through the Personnel Department. The FGD was done with a micro-cassette recorder and an assistant who records the discussions in a note book. These discussions were later transcribed and analyzed. The FGD process lasted between September, 2009 and January, 2010.

Ethics

To conduct this research with alcoholics, permission was obtained from the Ethics Committee of the Delta State Agency for Public Health, in conformity with the ethical guidelines for social science research in health (NCESSRH 2000). The employees' families and corporate organizations used were assured of confidentiality and that any information they provided would be used only for the purpose of this study. Only employees and families who consented were included in the study.

Results

Analysis of the interviews conducted with the personnel officers and FGDs with family members and alcoholics shows the following data which are summarily presented here in a multi-dimensional scale (Tables 2.2 and 2.3).

Table 2.2: Personnel officers' concerns relating to employee alcoholism (N = 10)

S/N	Item	Scale				
		1 Very Low	2 Below Average	3 Average	4 Above Average	5 Very High
1.	How would you rate the source(s) of alcoholic beverages in the company's premises			3 <i>30.00</i>	5 <i>50.00</i>	2 <i>20.00</i>
2.	How would you rate the cause(s) of alcoholism by employee(s)			2 <i>20.00</i>	6 <i>60.00</i>	2 <i>20.00</i>
3.	How would you rate employee(s) knowledge about alcoholism	4 <i>40.00</i>	4 <i>40.00</i>	2 <i>20.00</i>		
4.	How would you rate employee(s) perception of the effects of alcoholism on themselves / work	5 <i>50.00</i>	3 <i>30.00</i>	2 <i>20.00</i>		
5.	How would you rate employee(s) relationship with immediate boss/superior	6 <i>60.00</i>	4 <i>40.00</i>			
6.	How would you rate employee(s) knowledge of corporate policy on alcohol/alcolism	8 <i>80.00</i>	2 <i>20.00</i>			
7.	How would you rate corporate firms use of workmen's compensation sufferers on alcoholism.	6 <i>60.00</i>	4 <i>40.00</i>	4 <i>40.00</i>		
8.	How would you rate employee(s) family concern on their alcoholic – member's care	2 <i>20.00</i>	4 <i>40.00</i>			
9.	How would you rate the employee(s) work performance	3 <i>30.00</i>	4 <i>40.00</i>	3 <i>30.00</i>		
10.	How would you rate employee(s) impression about corporate policy on alcoholism?	8 <i>80.00</i>	2 <i>20.00</i>			
11.	Should corporate firms sack employees suffering from alcoholism?			2 <i>20.00</i>	2 <i>20.00</i>	6 <i>60.00</i>
12.	Should corporate firms medically treat employees suffering from alcoholism?	8 <i>80.00</i>	2 <i>20.00</i>			

Note: Figures in bold print are frequencies, while the italicized figures are percentages

Source: Fieldwork, 2009

Duty of care for employee alcoholics

Table 2.3: *Concerns of alcohol addicts and their family members (N = 29)*

S/N	Item	Scale				
		1 Very Low	2 Below Average	3 Average	4 Above Average	5 Very High
1.	How would you rate the source(s) of alcoholic beverages in your neighbourhood.			3 <i>10.34</i>	8 <i>27.59</i>	18 <i>62.07</i>
2.	How would you rate the cause(s) of alcoholism by family member	6 <i>20.69</i>	8 <i>21.59</i>	11 <i>37.93</i>	4 <i>13.79</i>	
3.	How would you rate family member's knowledge about alcoholism	2 <i>6.90</i>	5 <i>17.24</i>	10 <i>34.48</i>	12 <i>41.38</i>	
4.	How would you rate member's perception of the effects of alcoholism on themselves / work	4 <i>3.79</i>	6 <i>20.69</i>	6 <i>20.69</i>	13 <i>44.83</i>	
5.	How would you rate family member's relationship with immediate boss/superior at work place.	6 <i>20.69</i>	16 <i>55.17</i>	7 <i>24.14</i>		
6.	How would you rate family member's knowledge of corporate policy on alcohol/alcoholism.	19 <i>65.52</i>	6 <i>20.69</i>	4 <i>13.79</i>		
7.	How would you rate corporate firms use of workmen's compensation on family member suffering alcoholism.	20 <i>68.96</i>	7 <i>24.14</i>	2 <i>6.90</i>		
8.	How would you rate employee(s) family concern on your alcoholic – members care	8 <i>27.59</i>	9 <i>31.03</i>	11 <i>37.93</i>	1 <i>3.45</i>	
9.	How would you rate his/her performance at work place.	2 <i>6.90</i>	26 <i>89.65</i>	1 <i>3.45</i>		
10.	How would you rate employee(s) impression about corporate policy on alcoholism?	7 <i>24.14</i>	22 <i>75.86</i>			
11.	Should corporate firms sack alcoholic employees?	23 <i>79.31</i>	6 <i>20.69</i>			
12.	Should corporate firms medically treat alcoholism employees?				7 <i>24.14</i>	22 <i>75.86</i>

Note: Figures in bold print are frequencies, while the italicized figures are percentages.

Source: Focus Group Discussion 2009/2010.

Findings

- Knowledge of alcoholism was rated *above average* by personnel officers and employee alcoholics (41.38% and 60%) respectively.
- Family of alcoholics and personnel officers rated alcoholic work performance *below average* (89.65% and 40%) respectively.
- Corporate medical policy was rated *very low* by personnel officers and family of alcoholics (80% and 75.86%) respectively.

Discussion

The study shows that formal organizations in Delta State do not medically care for employees who suffer from alcoholism. The concept of *duty of care* was derived from the *doctrine of social contract*. Hobbesian doctrine of social contract, developed in the 18th century, argues that security and order in a state could only be achieved by a contract in which all citizens would give up all their individual powers to a central power (the sovereign/government) in return for the protection of life and property. Similarly, in employment contract agreement, the worker is entitled to some benefits: regular pay, good working condition, sick leave, pension and others. In medical terms, an alcoholic is a sick person that should be treated and cared for. The question is: does an employer owe an alcoholic a duty of care? The larger cost of alcoholism: sick leave and workplace injuries are passed to the state. In 2009, this cost Delta State taxpayers N250 million.\

There was evidence of employers' lack of duty of care, as was expressed by Establishment officer 'A':

The policy of this University (Delta State University) is that alcoholic beverages are not sold on campus. Moreover, staff and students are not allowed by our regulation to consume alcoholic beverages in the classrooms or offices, particularly during work.

In response to the question as to whether an alcoholic staff should be terminated, the Establishment officer submitted:

Any staff that gets hooked in alcoholism is treated usually as any other staff. That is, if he or she gets into illegalities, like absenteeism, low productivity, fighting, or any form of indiscipline antithetical to the objectives of this University, shall be prosecuted accordingly through the disciplinary channels in the University. If found guilty, he or she is punished appropriately.

Duty of care for employee alcoholics

Concurring, an establishment senior officer with the Hospitals Management Board, Asaba, opined:

The policy of the state civil service is the same in all ministries and agencies of government. And that is drunkenness is perceived as misbehaviour, any act committed or omitted during alcoholism is treated as disciplinary issue and not as a sick person. We don't sack a person. We don't sack staff, except an act of gross misconduct has been committed. The issue of alcoholism is personal and not legally permitted in government work.

Attitude to alcoholism is similar in the public and the organized private sector, such as the financial institutions (Banks / insurance firms) used in this study. Here alcoholism is gross misconduct, and the punishment is suspension from duty post and subsequent termination of appointment. One of the personnel officers of Ocean Bank submitted as follows:

The policy of the Bank is very clear. Alcoholism is gross misconduct. It is a serious offence in the banking industry. Integrity is our watchword.

The policies negate the Weber (1981) concept of corporate social responsibilities, particularly as it relates to the family model, where corporations or formal organizations take the micro affairs of staff into cognizance by caring for them in and out of the work place. This is also corroborated by other studies (Bowen, 1953; Odejide, 1978, Osaze, 1991; Fabiyi and Oladimeji, 1993; Blum et.al, Akerele, 1993; 1999; Obot, 1993, Room, 1998).

The corporate policy on employees' alcoholism is abhorred in both public civil service and the organized private sector. For instance, the question of firing an alcoholic employee evoked spontaneous

responses to the negative. About 60% of personnel officers want their alcoholic employees sacked. Again, there was rejection (80%) of the idea of medical treatment for employees suffering from alcoholism. The responses of the personnel officers to items contained in Table 2.2 summed up the negative concerns towards employees suffering from alcoholism,

The opinions and views of family members living with the employee suffering from alcoholism (Table 2.3) contradicted those of personnel officers in Table 2.2. This was expected, for instance, despite the good knowledge employee suffering from alcoholism had about alcoholism and its impact on work, family members still expect that their alcoholic member should be treated and cared for. Family members overwhelmingly rejected the idea of sacking employee alcohol addicts. Also, family respondent overwhelmingly supported (75.86%) medical care for alcoholic employees. These views corroborated earlier opinions (Parsons, 1975 Blum,et.al, 1993, Obot, 1993, 1993 Fabiyi and Oladimeyi, 1993; Akerele, 1993; Ewhrudjakpor, 2009; OPM, 2010).

The problems associated with alcoholics are social, medical, psychological and economic. The employee with problems of alcoholism radiates all these spheres in terms of being a father, husband, member of a group, and an individual. Should a man with family be sacked on account of alcoholism, the children are disadvantaged due to loss of work, the wife or wives suffer economically, and socially. This invariably affects society.

Conclusion and recommendation

The worker unfriendly policies against employee alcohol addicts, as practiced in the public and private sectors, have created grave social problems and negate the concepts of social contract and the Weberian model of corporate social responsibility. Although, employers apply them, workers and their family members are averse to them. Organizations have a duty of care to their alcoholic employees, just like sick persons. The passing of the larger cost of alcoholism to the

Duty of care for employee alcoholics

taxpayer is raising a new debate on organization's duty of care. Employee alcoholics should not be treated like a rusty machine to be thrown away.

Therefore, it is suggested that formal organizations, whether public or private, should situate the employee with problems of alcoholism within the framework of a sick person and be treated as such. To do otherwise, is to rate the sick alcoholic below the rusty machine.

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