PERCEPTIONS OF SUPERVISORS ON ALCOHOL AND SUBSTANCE ABUSE ON EMPLOYEES’ PERFORMANCE IN INSTITUTIONS: A CASE OF MOI TEACHING AND REFERRAL HOSPITAL

BY

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UNITED STATES INTERNATIONAL UNIVERSITY AFRICA

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UNITED STATES INTERNATIONAL UNIVERSITY

SUMMER 2019
STUDENT’S DECLARATION

Declaration by Student

I hereby declare that this project is my original work and has not been presented for a degree in this or any other university

Sign……………………………                     Date……………………………..

Ann Chemworsio (ID No. 658636)

This project report has been presented for examination with my approval as the appointed supervisor.

Dr. James Ngari

Supervisor

Sign……………………………                     Date……………………………..

United States International University

Dean, School of Business

Sign……………………………                     Date……………………………..

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ABSTRACT

This study sought to investigate the perception of supervisors on alcohol and substance abuse on employees’ performance in institutions: A case of Moi Teaching and Referral Hospital. The study was guided by the following specific objectives: to determine how alcohol and substance abuse affects performance of employees at Moi Teaching and Referral Hospital; to ascertain the commonly abused alcohol and substances among employees at Moi Teaching and Referral Hospital; to establish the levels of awareness of alcohol and substance abuse at Moi Teaching and Referral Hospital.

The study targeted the only referral hospital in the larger Uasin Gishu County. The study used simple random sampling to select 88 respondents from a target population of 560 supervisors. This study applied to cross-sectional descriptive research design to collect data about the effect of substance and alcohol abuse on employee performance in Moi Teaching and Referral Hospital. The study was based on primary data that was collected from the field using a close-ended semi-structured questionnaire.

The study used descriptive and inferential statistics, that is mean and regression analysis. Statistical package for social sciences was used (SPSS version 21.0) in analyzing the data. Study presentation was done in the form of figures, histograms and APA tables where necessary.

The findings revealed that the supervisors believed that there is loss of man-hours annually due to alcohol and substance abuse from low output delivery, followed by Alcohol and substance abuse has a huge negative impact on employee ability to execute their duties within scheduled time, then employees addicted to alcohol and substance abuse deliver inconsistent quality and quantity output and there is low morale among employees covering for the frequent absentee staff due to alcohol and substance use with a similar standard deviation. The study revealed that majority of the respondents strongly agreed that there is loss of man-hours annually due to alcohol and substance abuse from low output delivery, followed by Alcohol and substance abuse has a huge negative impact on employee ability to execute their duties within scheduled time, then employees addicted to alcohol and substance abuse deliver inconsistent quality and quantity output and there is low morale among employees covering for the frequent absentee staff due to alcohol and substance use with a similar standard deviation. The researcher interviewed the respondents on the extent that the staff uses alcohol and substance to gauge the extent of use. It is said that substance
abuse also brings about poor mental and physical health among co-workers who may be sharing the burden of accommodating the abuse expressed on them by the substance.

In conclusion, alcohol and substance abuse has a huge negative impact on employee ability to execute their duties within scheduled time, then employees addicted to alcohol and substance abuse deliver inconsistent quality and quantity output and there is low morale among employees covering for the frequent absentee staff due to alcohol and substance use with a similar standard deviation. In conclusion, alcohol and substance abuse lead to depression and trauma and lastly, Alcohol and substance abuse affect interactions among employees at MTRH resulting in lack of teamwork. In conclusion, the study revealed that staffs extent of using alcohol and substance is high.

The study recommended that supervisors should not perceive employees using drugs and substance as lesser beings but should incase provide guidance and counseling for them and wines and spirits or even the change dens, kumikumi around hospital facilities should be eradicated by the government to give room for service and not for alcoholics to take advantage of the situation and training should be organized for drug users to abstain as it leads to an early death. Therefore, a further study should be done on factors promoting high consumption of cheap liquor as compared to expensive ones.
ACKNOWLEDGMENT

My special thanks to my Supervisor Dr. James Ngari for excellent guidance chapter by chapter and the invaluable ideas and suggestions during the development of this Project.

I would also like to express appreciation to my classmates for discussions, input, and moral support.

Much appreciation to Jehovah for his sufficient grace that has enabled me to have a workable draft.
DEDICATION

To my dear Husband Kiplagat Too and my children Kellie, Clyde, Venessa, Mabior, Trish, and Kipkalya.
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# ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
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<th>Description</th>
</tr>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>BACS</td>
<td>Blood Alcohol Concentration</td>
</tr>
<tr>
<td>EAP</td>
<td>Employee Assistant Programmes</td>
</tr>
<tr>
<td>DALY</td>
<td>Disability-Adjusted Life Years</td>
</tr>
<tr>
<td>DSA</td>
<td>Substance and Substance use disorder</td>
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<tr>
<td>ILO</td>
<td>International Labour Organization</td>
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<tr>
<td>NACADA</td>
<td>National Authority for the Campaign Against Alcohol and Drug Abuse</td>
</tr>
<tr>
<td>NACOSTI</td>
<td>National Commission for Science, Technology and Innovation</td>
</tr>
<tr>
<td>MTRH</td>
<td>Moi Teaching and Referral Hospital</td>
</tr>
<tr>
<td>KNBS</td>
<td>Kenya National Bureau of Statistics</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
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<td>WHO</td>
<td>World Health Organization</td>
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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to the Study

Alcohol and Substance abuse is a global scourge that has resulted in the loss of many future leaders and has led to the destruction of many families. In the past decade, the dangerous and harmful indulge of alcohol and substances has attracted attention not only locally but also internationally as a major risk factor in the rising levels of poverty, while also contributing to high mortality and morbidity rates. Substance abuse remains a major problem in the United States and affects all ages of the population including both those who are in colleges and those working.

Globally, the USA is one country that is greatly affected by substances and substance use disorder. Although, this is worst in Caribbean countries of Mexico and Brazil, Arab countries of Iran and Afghanistan, and the larger world colony called United Kingdom that has a higher amount of people addicted to alcohol compared to Russia besides having a high number of substance buyers and users compared to the United States and many others in the world (Hingson, Zha, & Smyth, 2017). This study continues to show that in the USA as a whole, hard substances like cocaine get into the country from Mexico and Peru and later on spread easily through a well-established network like the communication media and modern security trickery technology. The effects of these substances are associated with deaths, diseases like cancer, sexual behaviors that result to teenage pregnancy and high rate of school dropouts, alcoholic and substance abuse dependency contributing to high rates of crimes like robbery among many others.

Substances in their young population also affect similar studies by Muchlinski and Garcia (2017) shows that other superpower countries like China. The report indicates that, youths between the ages of 14 and 30 among ten (10), five of them abuse alcohol and cocaine. In this study, the organization has given several effects related to the abuse of these substances by these troubled youths. Included are the after month outcome of alcohol include that include: the failure of critical body organs which are Liver, Brain, malfunction of Sexual organ, giving birth to underage age babies. Other associated risks are various types of cancers, High blood pressure, and heart-related diseases. There is also the dependence and
Addiction of the substances that the body cannot function without one taking some of the alcohol or substance. This has hurt the country both economically and socially. Consumption of cocaine has other long term effects like; Permanent damage to blood vessels in the heart and lungs, Heart attacks, prostitution, school dropout, unproductivity at work and many more.

Alcohol consumption currently defines the daily lives of many people. All around the world, alcohol is taken in economies that are both developed and developing. According to the World health report (2011), has identified Alcohol abuse as one of the global problems with devastating and negative effects on consumers’ health, their security, their socio-economic status and cultural welfare of the communities they are living in. Alcohol is frequently and wrongly categorized as a stimulant but it is generally a depressant that affects the central nervous system (Butcher, Mineka & Hooley, 2017). The term alcohol is a generically derived for ethanol, which is a substance, found in many drinks that humans consume. Alcohol also occurs in other forms that are harmful hence toxic to humans. This form includes methanol (National Health and Medical Research Council (NHMRC), 2015). Combination of sugar and yeast through fermentation of specific foodstuffs produces alcohol. According to the NHMRC (2015), various categories both socially and culturally cite different causes among individuals who use alcohol. Drinking habits are associated with socialization, cultural events and others copy from their peers.

Studies which has been done is giving a suggested percentage of 71 (71%) as abusers of illicit substance and they are the employed people in the society, resulting in an economic cost estimated at $ 166.5 billion annually (Robert & Schneider, 2000). It is shared that alcohol and substances abuse usage and it is after month hangover impacts negatively in the work productivity and workplace safety. It is ranked between 1-3 common causes. It is equally pointed out that alcohol and substance abuse has been ranked a very high priority in business organizations.

Social norms such as abuse of substance affect the absence of an employee from their workplace. A study conducted by Pidd, Kostadinov, & Roche (2016) in Australia, $437m was lost in 2001 because of alcohol-related absenteeism. A research carried out in the UK in 2001 revealed that employee absenteeism due to alcohol had a financial impact of averagely £1.5bn per year (Institute of Alcohol Studies, 2009). Findings by Kaithuru and
Stephen (2015), alcohol accounts for up to 10% of workplace absenteeism and up to 50% of lateness.

Most cases of alcohol and substance abuse are common with individuals that fall in the age bracket 18-45, many of whom are youths and form a large portion of the working population. A common misconception in many African countries is that the epidemic of alcohol and substance abuse is a minor issue; this indicates that many African countries have no substantial and accurate date on the Alcohol and substance abuse. In recent years, there have been changes in the culture of drinking in Mauritius (Sobhee, Tandrayen-Ragoobur, Kasseah, Gopaul, 2016).

Continently, Alcohol and substances abuse have been culturally rooted in African communities of late there are notable changes that this is widening day after day. According to the African Union Ministerial Conference on Drug Control in African (2014), it reported that there were at least 16 countries in Africa who abuse of opiates, and its prevalence rates range from 0.01 to 0.8 percent for the population aged 15 and above. The abuse of Cocaine was reported in twelve (12) countries and its prevalence was from 0.01 to 1.5 percent for this age bracket. It is noted that the age for those who are introduced to alcohol and substance is going down but has its large numbers of in-school and out-of-school youth consuming substances. The scenario is more common if the conflict war zones countries where they experience high levels of stress and children who are soldiers are provided with substances to give them the courage to fight. The report continues to show that Africa's plays a big role in the global substances supply chain is increasing. It currently stands the second continent in production of cannabis, trafficking, and consumption, accounting for 26 percent of global seizures of this substance in 2014. The largest hauls were from Nigeria and the Republic of South Africa. Morocco is the main producers of Cannabis resin.

Consumption of Alcoholic drinks has substantially increased over the years. In 2010, studies have pointed dependence on alcohol on the island as high as it stood at 1.9 percent against 1.4 percent for the African region (Word Drug Report, 2014). Alcohol abuse in Mauritius is 4.5 percent exceeding the average of 3.3 percent for the African region. Alcohol per capita consumption (15+ years) for the period 2008-2010 was 3.6 liters of pure alcohol per year (Martinez, Røislien, Naidoo, & Clausen, 2011). Alcohol consumption in
African countries shows a high consumption which ranges from 1 percent in Malawi to 30 percent in Burkina Faso. Heavy drinkers are noted to come from Ghana and Chad with 4 percent and 41 percent respectively. The one, which is perceived to be risky, is the single-occasion drinking with Mauritius having less than 1 percent and Chad with 58 percent.

The associated factors for drinking alcohol are the same in the African continent. Diversity comes only where female drinking in Africa is very much dominant. Alcohol, being socially acceptable in Africa forms part of the social-economical ceremonies and seen as a leisure drink. The poor areas of African countries are associated with alcohol consumption. Most countries in Africa their economy is characterized by poverty, youth unemployment substance addiction, domestic violence, and rising crime rates. May 2016 (Sobhee, Tandrayen-Ragoobur, Kasseeah, Gopaul, 2016). In the recent past, Mauritius has equally seen a rise in the drunk driving arrests, dependency on alcohol admissions and other alcohol-associated diseases.

Report by The Anti-Narcotic Unit of Kenya is showing an increase in substance trafficking and abuse over the years. (NACADA, 2003). The United Nations Office of Substance and Crime in its World Substance Report of 2010 (UNODC, 2010) pointed Kenya to be amongst the notorious African countries with a high rate of substance, Mombasa port being the major transit point. The most abused substance in Kenya is alcohol with a rate of 36.3 percent followed by nicotine (17.5per cent), Cannabis Sativa - Bangi (9.9 percent), heroin (8.0 percent), Catha edulis - Miraa (2.7per cent) and cocaine at 2.2per cent (Ndetei, 2004).

In Tanzania, the problem has speeded at large percent whereby the youths like students from secondary schools have been noted to be taking a substance and abusing substances. The study further provided evidence that heavy drinking and substance abuse lead to lower schooling among the youths and the academic performance declines besides increased rates of school dropout. For example, In Baloha in Kahama town in Tanzania, the issue of effects of substance abuse persists among adolescents today who abuse substances often since they do drop out of school due to poor performance and risk falling into unplanned pregnancies, violence and infectious diseases like HIV/AIDS and Hepatitis (Makoye, 2015).

Substance abuse in Kenya, the National Agency for the Campaign against Substance abuse (NACADA, 2004), gives an estimate of 60 percent from a population of 5,835,007 youth,
who abuse substances and the highly-rated substance is alcohol. The Global Youth Tobacco Survey (WHO, 2001) further indicates that substance abuse is deep-rooted in Kenya; more revelations from the study has shown that youth aged between 10-24 years who are over one million abuse Tobacco. Thirteen percent (13) percent are primary school pupils. None of the studies has addressed the Alcohol and substance abuse at the workplace in the health sector. Researches have been done on factors contributing to substance abuse amongst youth, Effects of substances and substance in workplace performance in the hospitality sector and Local Authorities. Further studies have been recommended to be done locally on substances and substance use disorder. However, while the Health sector is widely appreciated, the impact of substance abuse on reported accidents, absenteeism and loss of production at the workplace, is a fertile area for research (WHO, 2004). Studies that have been done in support of alcohol and substance abuse users in the Employee Assistance Program has pointed out that there is little identification of the abusers from the supervisors’ point of view about early identification from the employee performance perspective while taking into consideration the work performance. They have pointed out that the effects on performance come at a later stage.

In Kenya, There are many reports of youth ruined by alcohol and substances abuse Many youths indulge in alcohol and substance abuse due to peer pressure, media influence, poor guidance and lack of role modeling. Alcohol and substance abuse have taken root in schools leading to the high school dropouts and idleness, in communities leading to laziness, non-productivity, decrease in sexual performance, engaging in dangerous activities like prostitution, criminal gangs among other. According to Kyalo (2010) and many more scholars, indulging in alcohol and substance has led to unrest and massive destruction of life and property in schools, homes, and institutions of social importance.

Worrying studies from 2011 to 2014 showed that, out of the leading four nations in Africa that has the highest rate of narcotic consumption thus according to (World Drug Report,(2014). A leakage has been found along the Port of Mombasa as the main transit point basing on national survey campaign (NACADA) (2012), when it comes to alcohol consumption and substance abuse in Kenya then there is a reason to worry about due the fact that there have been rising rates indicating that about 13% of Kenyan teenagers between age bracket (10-11years) are deep into drug and substance use which mostly is
alcohol or smoking of cigarettes. In addition to that the age bracket (15-24 years) is also not left out for about 11.7% are rooted into alcohol consumption, while 6.2% were found to be users of tobacco products which is divided into group chewing miraa khat) at about 1.5%. The worrying trend is that the majority of those that the study revealed to be greatly affected are school-going age children that should be in various institutions of learning. Depriving the country's energetic population that could otherwise be producing the best of the economy's good and services.

The last twenty years have seen abuse of alcohol in Kenya has greatly been on the increase and hence reached unprecedented heights such that every part of the country has been scourged. NACADA (2006) links alcohol abuse to the increase in crimes, the prevalence in HIV/AIDS, unrest in schools. Alcohol and substance abuse greatly interferes with the performance at the workplace in any industry. According to Bayer and Waverly, (2005), the interference can be in various forms including monetary costs from tardiness, many unwarranted sick days, staff exits, many claims to the insurance resulting from carelessness associated with influence, time costs linked with diverted managerial time, workplace-related conflicts damage of institutional image and reputation. These employees register high absenteeism as a result of sickness or accident, have more health connected issues, and have a higher likelihood of being involved in workplace accidents.

In a study involving 224 Fortune and 1,000 chief executives, results of the study revealed that 79% of the total respondents interviewed inclusive of 18 and 24 governors and mayors respectively were reported to believing that the biggest problem was substance abuse within various organizations (Konovsky & Cropanzano, 1991). Looking at the research field most of the studies are Global, regional and locally little has been done. Alcoholism and substance abuse have been classified as a disease hence the need for more research in this area. Moi Teaching and Referral Hospital (MTRH) is the second National Referral Hospital in Kenya after Kenyatta National Hospital (KNH) providing specialized care to clients in Western Kenya, parts of Eastern Uganda and Southern Sudan. Moi Teaching & Referral Hospital offers a wide range of health services both Out-Patient and In-Patient.

The effects of substance and alcohol abuse problem which include ill-health, disability, low productivity, and even death, have impacted negatively on Moi Teaching and Referral Hospital through loss of skills and experienced manpower of all cadres due to ill-health, loss of man-hours as a result of absenteeism, reduced performance and increased stress (Moi Teaching and Referral Hospital Baseline Survey, 2015). At the workplace, Alcohol
and Substance abuse can greatly and harmfully disturb the safety, health and overall employee’s performance, which effect into low productivity in the organizations.

1.2 Statement of the Problem

Substance and substance abuse is a worldwide phenomenon, and this occurs in almost every country, be it developed or less developed. The specific substance or substances used varies from country to country, income level to another and from region to region (WHO, 2013). The report by NACADA (2014b) shows that, worldwide, the three main substances of use are cannabis (such as marijuana), opiates (such as heroin), and cocaine. Even though every country has its substance laws which govern the sale and use of substances whether illegal or legal. Public health targets alcohol as one among the top listed priority areas in public health even though it is said those that drink alcohol are half the words population. The negative part of this reality is that alcohol is ranked third when it comes to causing ill health and death prematurely that is just immediately after ranking low birth weight and unprotected sex. In the Europe continent, the third-ranked risk factor promoting a high rate of mortality is alcohol, tobacco and high blood pressure (WHO, 2012).

The effects of substance and alcohol abuse problem which include ill-health, disability, low productivity, and even death, have impacted negatively on Kenya Ports Authority through loss of skills and experienced manpower of all cadres due to ill-health, loss of man-hours as a result of absenteeism, reduced performance and increased stress (KPA Baseline Survey 2009 and the follow-up survey 2014). At the workplace, Alcohol and Substance abuse can greatly and undesirably distress the safety, health and overall employee performance which leads to low turnover rate within organizations.

Previous studies in Africa have reported prevalence rates of alcohol use that range from 15% to 57.9% (Birhanu, Bisetegn, & Woldeyohannes, 2014). The primary reason for the comparatively higher alcohol drinking level in this study could be due to a high level of access to alcohol due to permissive cultures, border influence (Kajiado) and low neighborhood attachments.

According to the NACADA National strategy 2007-2014, alcohol and substance abuse mostly happens within the context of family and the overall society. However, the workplace allows an early identification, intervention and support e.g. psycho-social for the affected employees. This may also benefit the employee’s organization, their family
and the community as a whole. In Kenya, alcohol use and substance abuse points at a growing trend that has caused a lot of disturbance and attention within the society. Substance abuse is of worldwide worry with the trends signifying a growth rather than a reduction in illegal substance consumption and abuse ((NACADA, National Authority Campaigns Against Substance use disorder: Substance and Substance abuse in Tertiary institutions in Kenya, 2006). Developing countries have little studies and documented information available on alcohol abuse and work productivity. Factors such as gender, stress and training & development (Hourani, Williams, & Kress, 2006) have been premeditated to regulate the affiliation of these variables to employee productivity.

Although hundreds of studies have been published regarding the effects on substance and alcohol abuse on the individual’s life, very little is said about the effects of employee alcohol and substance abuse on an organization. Therefore, the following research steps in to attempt to curb this gap by examining the effects of alcohol and substance abuse on the performance of employees at Moi Teaching and Referral Hospital.

1.3 Purpose of the Study
The general objective of this study was to investigate perceptions of supervisors on alcohol and substance abuse on the performance of employees at Moi Teaching and Referral Hospital (MTRH).

1.4 Research Questions
The study was guided by the following specific research questions:

1.4.1  What are the effects of alcohol and substance abuse on the performance of employees at Moi Teaching and Referral Hospital?

1.4.2  What are the commonly abused alcohol and substances among employees at Moi Teaching and Referral Hospital?

1.4.3  What are the levels of awareness of alcohol and substance abuse at Moi Teaching and Referral Hospital?
1.5 Significance of the Study
The study findings were of benefit to the following stakeholders.

1.5.1 Moi Teaching and Referral Hospital
It provided information on the effects of alcohol and substance abuse on employees’ performance. This information will guide hospital management on the measures to curb the menace of alcoholism and substance abuse since it is treated like any other disease. The information aided in the formulation of workplace policies.

1.5.2 Policy Makers
The study findings were used by the Kenyan Government and in particular the Ministry of Health to come out with more policies to fight alcoholism and substance abuse. The study informed more policy matters regarding rehabilitation centers.

1.5.3 Researchers
This study was beneficial to the researchers by adding more pieces of literature and knowledge on an already existing pool of information and formed a foundation for further research in a related topic.

1.6 Scope of the Study
The study was carried out at (MTRH), located in Western parts of Kenya in Eldoret town Uasin Gishu County. The entire staff at the hospital involves 560 supervisors and 4,534 employees in total. The research study will be conducted from April 2019 to August; 2019. The scope of the study involved the study topic conducted within MTRH.

1.7 Definition of Terms
1.7.1 Alcohol and Substance Abuse
American Psychiatric Association (2013) defines it as a medical condition in which the use of one or more substances hints to clinically substantial damage or distress. Alcohol and substance abuse is a situation whereby a person takes hard drugs and alcohol in excess to satisfy their urges and this grows to a point whereby the takers are not able to control oneself.
Alcohol and substance use in smaller amounts is for leisure or socialization purposes and does not affect the ability of a person to function normally.

1.7.2 Alcohol
According to the study the word alcohol is used to mean an ethyl product that is taken by individuals to be drunk (NACADA, 2014c).
1.7.3 A Drink
This has been defined as a small glass of liquor, a glass of wine or a bottle of beer (NACADA, 2004).

1.7.4 Alcohol Dependence
This is where an individual cannot stay without taking alcohol and if not taken the body system cannot function normally (WHO, 2011).

1.7.5 Binge Drinking
This is used in the study to mean excessive drinking of alcohol in a manner likely to alter blood concentration (BAC) to 0.08 grams percent or above which normally happens after drinking in excess (NACADA, 2004).

1.7.6 Alcohol Policy
This is defined as a set of rules and regulations that govern demand/supply of alcoholic beverages within a given population, which might involve treatment of programs, education, and control of alcohol (NACADA, 2014).

1.8 Chapter Summary
Chapter one introduces the study on how in the past decade the dangerous and harmful indulge of alcohol and substances has attracted attention not only locally but also internationally as a major risk factor in the rising levels of poverty, while also contributing to high mortality and morbidity rates. It also addresses the statement of the problem as substance and alcohol abuse problem which include ill-health, disability, low productivity, and even death, have impacted negatively on Kenya Ports Authority through loss of skills and experienced manpower of all cadres due to ill-health, loss of man-hours as a result of absenteeism, reduced performance and increased stress. The specific objectives of the study are: to determine how alcohol and substance abuse affects performance of employees at Moi Teaching and Referral Hospital; to ascertain the commonly abused alcohol and substances among employees at Moi Teaching and Referral Hospital; and to establish the levels of awareness of alcohol and substance abuse at Moi Teaching and Referral Hospital. The staff establishment of the Hospital is 4,534; the sample size understudy was 560 Supervisors.
CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction
This chapter contains literature being work written by other authors related to the research topic. The review discusses the concept of alcohol and substance use disorder. Factors contributing to alcohol and substance abuse at the workplace, effects of alcohol abuse in the workplaces such as accidents, absenteeism, staff productivity, and work performance issues. The information in this chapter is arranged per the study objectives to address each objective logically. Literature has generated from existing researches, books, journals, magazines, and internet including reports from institutions mandated to handle substances and substance abuse in the respective jurisdictions including Kenya.

2.2. Effects of Alcohol Abuse on Work Performance
Alcohol on performance is no more secret to the users as it has minor to major challenges with the major challenges outweighing the minor ones. To begin with, the cost of substance abuse is very expensive as a result of the consequences. Decrease in financial gain and strength that an individual needs in making ends meet. For instance, when workers are drunk at workplace then they can generally be lazy to work or absent themselves from work, engage in illness caused by drug use, increased spending on healthcare, low motivation at work and premature death (Hernandez, 2014).

Substance and substance abuse is a worldwide phenomenon, and this occurs in almost every country, be it developed or less developed. The specific substance or substances used varies from country to country, income level to another and from region to region (WHO, 2013). The report by NACADA (2014b) shows that, worldwide, the three main substances of use are cannabis (such as marijuana), opiates (such as heroin), and cocaine. Even though every country has its substance laws which govern the sale and use of substances whether illegal or legal. Public health targets alcohol as one among the top listed priority areas in public health even though it is said those that drink alcohol are half the words population. The negative part of this reality is that alcohol is ranked third when it comes to causing ill health and death prematurely that is just immediately after ranking low birth weight and unprotected sex. In the Europe continent, the third-ranked risk factor promoting a high rate of mortality is alcohol, tobacco and high blood pressure (WHO, 2012).
According to the NACADA National strategy 2007-2014, alcohol and substance abuse mostly happens within the context of family and the overall society. However, the workplace allows early identification, intervention and support e.g. psycho-social for the affected employees. This may also benefit the employee's organization, their family and the community as a whole. In Kenya, alcohol use and substance abuse points at a growing trend that has caused a lot of disturbance and attention within the society. Substance abuse is of worldwide worry with the trends signifying a growth rather than a reduction in illegal substance consumption and abuse, National Authority Campaigns Against Substance use disorder: Substance and Substance abuse in Tertiary institutions in Kenya(NACADA, 2006).

Consumption of Alcoholic drinks has substantially increased over the years. In 2010, studies have pointed dependence on alcohol on the island as high as it stood at 1.9 percent against 1.4 percent for the African region (Word Drug Report, 2014). Alcohol abuse in Mauritius is 4.5 percent exceeding the average of 3.3 percent for the African region. Alcohol per capita consumption (15+ years) for the period 2008-2010 was 3.6 liters of pure alcohol per year (Martinez, Røislien, Naidoo, & Clausen, 2011). Alcohol consumption in African countries shows a high consumption which ranges from 1 percent in Malawi to 30 percent in Burkina Faso. Heavy drinkers are noted to come from Ghana and Chad with 4 percent and 41 percent respectively. The one, which is perceived to be risky, is the single-occasion drinking with Mauritius having less than 1 percent and Chad with 58 percent.

Most cases of alcohol and substance abuse are common with individuals that fall in the age bracket 18-45, many of whom are youths and form a large portion of the working population. A common misconception in many African countries is that the epidemic of alcohol and substance abuse is a minor issue; this indicates that many African countries have no substantial and accurate date on the Alcohol and substance abuse. In recent years there have been changes in the culture of drinking in Mauritius (Sobhee, Tandrayen-Ragoobur, Kasseerah, Gopaul, 2016). Furthermore, substance abuse also brings about poor mental and physical health among co-workers who may be sharing the burden of accommodating the abuse expressed on them by the substance or drug users (Hernandez, 2014). In situations where drug users experience poor health hence a lot of money is spent in treatment hence making them have less to spend on other family expenses making such households experience a financial crisis. On the other hand, when there is little or less to
spend then even the quality of healthcare is poor due to no money to spend on self (Parks & Marlatt, 2014).

2.2.1 Absenteeism

Hangovers may result after too much drinking which might make employees report late or absent themselves from work without permission. Bacharach et al., (2010), confirms that heavy drinking results in an increased number of sick times spent by employees. According to Nordstrom and Moan (2009), in every single increase in cumulatively consumed alcohol leads to about 13% rise in absenteeism due to sickness mostly in men while women revealed no statistical significance relationship. It is said that the entire organization feels the biggest weight or carries the biggest burden since the absent employee totally will not deliver anything and the remaining coworkers may have too much workload that they may be unable to deliver (Dale & Livingston, 2010).

Past research papers revealed the fact that there is an effect on increasingly coming late to work or absenting self from the workplace (Asatsa, 2015). The effect of staff productivity may not be measured into a percentage but the fact remains that reduced productivity among staff members within an organization is worse than the economic effect that the same organization might be facing. According to Berger, (2009), alcohol addict employees were found to be more socially oriented in their workplace alcohol social control. Problem drinker’s employees were revealed to be more likely as compared to non-problem drinkers who reported higher levels concerning the availability of alcohol at various workplaces (Berger, 2009).

According to the national survey conducted by Pidd and Roche (2016), it was found that there existed a pattern between the consumption of alcohol and work absenteeism where a total of 13,582 respondents were interviewed and gave reports on how alcohol had contributed to their absenteeism at work. Pidd and Roche (2016) also established that at least 40per cent of the workforce in Australia were alcohol users. The study also found that the probability of absenteeism of alcohol users was 22 times more compared to the absenteeism of non – users. However, absenteeism associated with alcohol is not only restricted to heavy drinkers, but it also involves a large number of frequent users who drink less but at risky levels.
Wadsworth, Moss & Simpson (2004), also carried out a study on the influence of alcohol and substance use in the workplace in Europe where it was established that at employees in two of the organizations interviewed had been dismissed on the ground of absenteeism which was found to have been as a result of alcohol and substance use. It was also found that at least half of the respondents had not attended work due to substance use. Therefore, it was concluded that the use of substance and alcohol had a significant influence on work absenteeism.

Analysis by French et al., (2011), on the impact of alcohol and substance abuse on the full absenteeism of the employees and the pattern of partial absenteeism of how the employees reported to and left from work, found a significant relationship between absenteeism whether full or partial and substance use.

A Local study conducted by Aden et al., (2006) on the social and economic effect of miraa in the District of Ijara which is situated in the Northern region of Kenya, found a 32per cent miraa related absenteeism and a 40per result of inefficiency and low productivity as a result of miraa use. However, 40per cent of the respondents established that the use of miraa was mainly used by night security guards, night shift workers and students to keep them awake at night. In summary, the studies above have highlighted the influence of substance abuse on work absenteeism. However, there exists a significant gap as a majority of the studies focussed on the influence of substance abuse in developed countries where there is a little focus on the sensitivity of substance abuse to the health sector. This study will explore the impact of substance abuse on absenteeism in Kenya with a focus on the industry of health.

2.2.2 Working Environments
High or overindulgence in alcohol use may end up in a burnout, where the employee experiences extreme fatigue due to work-related stress (Ahola et al., 2006). Unsafe working environment (Frone, 2006), overworked employees (Butler, Dodge, & Faurote, 2010), and poor work environment (Peretti-Watel, Seror, Constance, & Beck, 2009) similarly encourage alcohol abuse and hence its related problems. Several studies have indicated that several working environments record a high rate of deaths linked to abuse of alcohol. These include bars, hospitality industry, catering, and entertainment business environments (Hemmingsson, Lundberg, Romelsjö & Alfredsson, 1997).
Substance abuse is not only a problem in the society but it is also an authentic issue in the workplace regardless of contradictory research. According to Romeri, Baker & Griffiths (2007), there has been a significant reduction of mortality related to alcohol among the male practitioners in the health sector wherein the year 1960 to 1980 the field of medicine was ranked as the highest occupation associated with alcohol mortality in the United Kingdom while in the year 2001 to 2005 the medical field was ranked among the lowest occupations with mortality rates associated with alcohol. Although a portion of business losses can be linked to reducing employee output as a result of drinking while on duty, a greater economic impact is as a result of taking alcohol away from the working environment including drinking during breaks.

Additionally, employees who are addicted to alcohol as referenced by Henderson, Hutcheson, & Davies (1996), form about 10 per cent of the workforce and negatively impact employee output since employees who are mild drinkers may at some point overindulge in drinking, therefore, resulting to reduced productivity too (Frone, 2006).

2.2.3 Alcohol and Substance Abuse Treatment
The aspect of mitigating the abuse of substance tests the commitment of the organization to its personnel. Many organizations have also recognized the impact of substance abuse and thus setting up a treatment program to mitigate the effect. Early research proposed that treatment of substance abusers could help reduce the rate of accidents and damages at work. According to Beishon (1999), the Employee Assistance Programs (EAP) was focused on the impact of alcohol use on performance in the year 1940 to 1950 but expanded to include other issues related to mental health. The programs have helped to recognize and help those employees with health, social, and job productivity issues. It pushes an employee to seek a long term appropriate solution to aid fast recovery. The services of EAP are grouped into two categories: direct delivery of service to users and maintenance of service to organizations. The services to customers involve the intervention of crisis, valuation and referral, therapy and support, therapy follow-up and monitoring of treatment.

2.3 The Prevalence Rate of Alcohol and Substance Abuse among Employees
Today, according to Valencia and Gomez (2005), the abuse of alcohol and substance at the workplace affects all countries, irrespective of their growth, valuation enterprises and corporations' finances which endangers not only the lives of substance users but also the lives of their colleagues. Moreover, the risk is a prevalent menace in the society where the
rate of use of the addictive is high in the labor force as compared to the entire society. Besides, this statistic has been affirmed by ILO (2003), where the abuse of substance has shifted from alcohol use and smoking of cigarettes to more risky substances such as the use of marijuana, heroin, and cocaine where it was estimated that approximately 40 per cent to 70 per cent of the workforce were abusing substances.

According to Frone (2006), the use of alcohol and substance at work have caught the interest of various researchers, policymakers and organisation's management where it was revealed that in a period of 12 months, the use of alcohol in the workplace was estimated to be 15.3 percent (19.2 million) workers of the total workforce while the use of illicit substances was estimated to be 3.1 percent (3.9 million) workers of the total U.S workforce. It was also that 2.9 percent (3.6 million) workers of the total U.S workforce were under the influence of illegal substances. Frone (2006a and 2006 b) additionally, exposed that the frequency rate of substance use by the male employees was high and estimated to be 28 percent while only 10.6 percent of female employees were substance users.

However, the harmful effect of substance use is now broadly understood by both the organization and the workforce at the workplace (ILO, 2003). According to the Canadian Centre on Substance abuse- CCSA (2006), substance abuse is the usage of a potentially harmful substance to an extent of adverse effect on the performance and safety at the workplace which occurs through direct intoxication or after-effect or ultimately through societal or health-related problems. Moreover, more researchers have found that the menace is experienced in all businesses and that it affects everyone regardless of age, one's income, and the profession where approximately 70%–75% of the total substance users are working (Substance Abuse and Mental Health Services Administration (SAMHSA), 1996).

The negative impacts of the abuse of substance at work include the compromise of safety mechanisms in the workstation where the accidents could result in severe injuries or even death especially where heavy machinery is associated. Substance use also strains the working relationship between workers and customers. Employee behavior is also impacted by substance use where cases such as disorderly behavior, poor etiquette and unprofessional display towards clients have been reported. Resentfulness towards roles and
responsibilities and after-effect of substance use may also be observed among substance users.

Employee productivity is most likely to be affected as a result of lateness and absenteeism. This will result in low quality and magnitude of work as a result of inadequate decision making, stalling of operations and the challenge of covering the roles of those employees affected by alcohol. There are also cost effects attributed to alcohol abuse including staff compensation and employer liabilities, skill loss and costs of the replacement and training new employees due to the affected employees being laid off or staff turnover. The cost of rehabilitative interventions is a burden to the organization in the long term.

According to Gmel and Rehm (2013), the abuse of substance and alcohol at work has customarily been seen with a contemptuous attitude and every so often disregarded on the ground of moral principles than a health concern. Yet, it is has been stated that this is a problem which cannot be isolated from the workplace. However, the harmful effect of substance use is now broadly understood by both the organization and the workforce at the workplace (ILO, 2003). Moreover, more researchers have found that the menace is experienced in all businesses and that it affects everyone regardless of age, one's income, and the profession. According to the Canadian Centre on Substance abuse- CCSA (2006), substance abuse is the usage of a potentially harmful substance to an extent of adverse effect on the performance and safety at the workplace which occurs through direct intoxication or after-effect or ultimately through societal or health-related problems.

According to NACADA Survey conducted in 2014 on Alcohol and Substance Abuse Situation among Workers in the Public Sector found that the main causes of alcohol use in the workplace include; Workplace Culture: Gender mix of a workplace determine its tolerance of drinking. Several types of research indicate that male-dominated occupations are associated with heavy and frequent drinking cultures where workers drink to enhance their solidarity and hence recording high rates of alcohol-related problems. Workplace Alienation: duties that are labeled to be isolating, tedious or demanding may result in the drinking of employees. Employee's habitual drinking can also be linked to ease of job, independence, minimal control or having no power or authority in the workplace pesterling of employees both bodily; sexually and orally. Availability and easiness in accessing the drink may affect the habit of the use of alcohol at work. Having rules and regulations that
restrict the accessibility of the drink to the employees may control their alcohol use at the workplace.

In Kenya, the abuse of the substance is swiftly rising from alcohol use and cigarettes smoking to the use of more risky substances which include the use of marijuana, cocaine and also the use of heroin amongst other substances. Moreover, there has been a rapid change in the profile of substance users where women and youth are progressively initiating the use of the substance. According to the research done by NACADA (2014), it was found that at least 8 percent of youth aged between 10 and 14 years had tested alcohol at least once and 13 percent had used other substances such as rollups. It was also found that approximately 40 percent of adults who are aged between 15 and 65 years have used more than one type of alcoholic drink where there was an enormous disparity in the types and the level of the consumption across all regions, residences, age, gender, the level of education, faith, and the financial status. Nacada also found that in Kenya, all regions except the North Eastern had 13 percent alcohol consumers of people aged between 15 to 65 years.

2.3.1 Socio-Cultural Factors
The access to alcoholic beverages and tobacco is easy in Kenya especially because the materials used to make the two substances are extensively obtainable in the country. Moreover, other substances like miraa, which was legitimately permitted in 1977, are grown in Meru which is in the central region of the country; though cannabis is prohibited it is still secretly grown and other unlawful substances have also frequently found their way through main international entrances into the country. This has exposed children and youths to more than average risk levels as children and young people will more likely use the substances as it is readily available especially during the adolescent stage where the substance is trafficked in the neighborhood and also through family members (INCB, 2009).

Many studies have also shown that the youth especially those in the adolescents' stage have fallen prey to popular culture as the youth have imitated the popular movie and music superstars who are substance users. Correspondingly, the popular figures have portrayed the use of the substance as correlated with admiration, achievement, superiority, sex appeal and freedom (NACADA, 2004). According to Mwaniki (1982), active commercialization of substances has encouraged its use, especially among the youngsters. Most tobacco and
beer enterprises were supporting many sports events especially among the youth, prior the presentation of Mututho Law in 2011 that saw the restriction of the number of hours that alcoholic beverages could be legally accessed in Kenya and the prohibition of the erection of alcohol and tobacco advertisements inside a radius of 300 meters from schools across the country.

2.3.2 Socio-Psychological Factors

According to INCB (2009), the use of substance amongst the youth could be attributed to relieving of issues related to mental health. In puberty, an acceptance seeking character is at more risk for substance use as well as those with anxiety problems. Research has also revealed that early withdrawals like in-affection from guardians, and abandonment or mistreatment, have an intense effect on the growth of a child throughout their life. Children whose parents are substance abusers are at a higher risk of using the substance later in their lives (INCB 2009). According to Ndirangu (2000), hostile socialization of youngsters by guardians such as severe and erratic punishment and aggression are the major causative factors to the abuse of substance in Kenya. Therefore, people mainly associate with substance use as an escape channel to family problems which are too overwhelming to handle and thus the abuse of substance become a comfort from the actual problem encountered while growing up (NACADA, 2004).

2.3.3 Economic Factors

Kenya, like many countries over the world, the high levels of poverty and the high rates of unemployment have contributed to substance abuse amongst the youth. According to NACADA (2004); Ray and Ksir (1996), idle youth from poor families who are usually unable to access gainful employment, are usually associated with the abuse of cheap alcoholic beverages. Ironically, wealth and poverty are the major causative factors of substance abuse, where the rich can afford the substance and thus it is readily available to them while the poor falls to the trap of cheap substance as a way of stress relieve (NACADA, 2004). According to the previous study conducted by Mwaniki (1982), it was established that the societal and financial circumstances had a significant impact on the abuse of the substance. The study also found that the substance users in the low-income groups were 14% more than those with high income.
2.4 Common Alcohol and Substance Abuse

Alcohol and substance abuse is one of the biggest problems confronting Kenya, especially among the youth. Incidents of substance and alcohol abuse and related anti-social behavior have increased in recent years. This has resultantly become a matter of concern to the government, parents, teachers, non-governmental organizations and all other relevant agencies. The term "substances of abuse" usually brings to mind traditional street substances, such as cocaine, heroin, marijuana, and methamphetamine (Stephen et al., 2011). The substance scene, however, is constantly evolving (Albert and Ostheimer, 2002). As various law enforcement agencies (Anti-Narcotics, Pharmacy and Poisons Board) pursue and dismantle distribution and production, organizations of the usual substances of abuse, dealers, and users are turning to less known, more accessible, and often currently legal substances. The widespread growth of the Internet with its vast distribution of information has increased the accessibility of a host of substances and facilitated synthesis and production of various substances by individuals (Evans-Brown et al., 2011). The problem of substance abuse is slowly gaining momentum in major urban centers. It is presumed to have a high prevalence in Mombasa and Nairobi Counties because of their City Status. This presumption is buttressed by past anecdotal media accounts of widespread use and (suspected) serious adverse substance reactions. These had led many women and religious groups to publicly protest, asking for better enforcement of the laws against some of these substances (Browne-Miller, 2009).

The opportunity for rational debate and effective policy making has also been limited. Policy measures that reflect such errors may be regarded as disproportionate and illegitimate by the sections of society that are the intended focus, which in turn could bring about unintended harmful consequences (Bivins, 2008). A country-wide needs assessment study undertaken by NACADA (2012) revealed that substance abuse has permeated all strata of Kenyan society, the youth, and young adults being the most affected groups. New psychoactive substances pose a particular challenge to those formulating substances’ policy and related public health responses targeting these segments of the population (Bivins, 2008).

While National Authority Campaign Against Alcohol and substance abuse (NACADA) has made some progress in addressing alcohol and other substances, little has been done to address new and emerging substances. These substances are eating into the very core of our society i.e. the youth, who prefer them to the mainstream and often criminalized illicit
substances (Evans Brown et al., 2011). Nairobi and Mombasa are idea ‘breeding grounds’ for new and emerging substances due to their demographics. Most emerging substances e.g. shisha and kuber are associated with affluence or class that goes hand in hand with urban life (personal observation). Both counties have a cosmopolitan outlook that allows easy cross-pollination of ideas and cultures among different nationalities and racial as well as ethnic groups. Nairobi and Mombasa counties are home to several tourist attraction sites such as Nairobi National Park and Fort-Jesus respectively whose influence on cultural confluence cannot be underestimated. The location is particularly important in precipitating substance trade. Mombasa is home to Kilindini Harbour, Kenya's largest sea port and is a link to the Middle East through the Indian Ocean. Nairobi, on the other hand, is a link to the rest of the Sub Saharan and North African Countries through the landlocked ‘pearl of Africa' i.e Uganda through Busia and Malaba borders. Lastly, recent reports (NACADA, 2012) and media accounts have been highlighting coastal substance problems, especially in Mombasa County terming them as drowning. Scientists have generally categorized substances of abuse into depressants, stimulants, hallucinogens, narcotics, and inhalants (Evans-Brown, et al., 2011).

The most commonly abused substances in Kenya include alcohol, bhang, miraa, heroin, and cocaine. Some substances are stimulants, while others are depressants. Below are brief descriptions of some of these substances:

Alcohol: Alcohol abuse is one of the leading preventable cause of death in the world, accounting for 75000 deaths each year in the US. The annual cost of alcohol abuse is approximately $191.6 million. Since access to alcoholic beverages is convenient, alcohol abuse affects a large population among them the employees (World Health Organization, 2004).

2.4.1 Alcohol
Due to conveniences caused by the accessibility of alcoholic beverages, alcohol abuse affects a large population among employees (World Health Organization, 2004). Licit and illicit alcohol is readily available in every region of Kenya thanks to social acceptability, lack of awareness and weak law enforcement including the availability of raw materials.

According to NACADA (2010), the use of alcohol becomes current when the users report a month of frequent use. People living in urban areas are approximately 16.6% users of alcohol as compared to11.4% which is experienced in the rural dwellers.
Rapid survey of 2007 on a representation of a marginal decline from the estimates. In North-Eastern province and the central region as well where alcohol usage is extremely low at 10% entirely in the provinces and other 10% being current alcohol consumers (NACADA, 2012).

Bearing in mind individual alcoholic beverages, Nairobi recorded the highest percentage at 9.2% for legal/packed alcohol, followed by Central province with 15.7%, then for chang'aa usage Nairobi still was ranked top at 7.2%, followed by Western at 7.1%. Rift valley was not exempted in being top of the list for consuming traditional liquor at 6.0%, followed by Nyanza at 5.1%. Lastly, second generation alcohol, Rift valley at 2.0% AND Nairobi at 1.3%, (NACADA, 2012).

2.4.2 Tobacco
Over 8 billion stocks of cigarettes are smoked in Kenya every year. This is according to recent statistics from the World Health Organization (WHO). This represents a significant increase of about 6.4 billion that were revealed to have stickled to smoking despite smoking being stopped by the civil groups. Because smoking has been in the rise in Kenya for example, there has been a rise in diseases like lung cancer, pneumonia asthma. Because of cigarette smoking, we have lost a lot as a country due to losing young lives that are productive to the country.

The current usage of tobacco in Kenya today is 8.6% thus according to (KNBS, 2011). On gender representation, it was found that 16.8% were male users of tobacco products (NACADA, 2010). The least represented were females that recorded as low as 2.1%. Across all regions, data was found to be enough for pointing out men. The leading province was Central with a percentage of 22.5%. When it comes to females it was found out that Eastern region 5.7% of all the females interviewed that used tobacco products (NACADA, 2012).

Tobacco has a lot of effects including respiratory problems like increased rate of coughing, wheezing, breathing problem and chest colds (World Health Organization, 2004). There are numerous health problems caused by tobacco such as ear infections, osteoporosis, ulcers, pneumonia, and strokes. Smokers lose averagely 15 years of life and at the same time, tobacco kills 1,200 people a day (WHO, 2011). Scholars estimate that about 50% of those smokers who began smoking at a young age die of illnesses that are caused by smoking. Smokers have more colds than non-smokers because their bodies are not as
efficient at clearing out germs. Four out of five lung cancers are caused by smoking and nine out of 10 people who get lung cancer die from the disease, usually within two years of diagnosis (WHO, 2011). More people die from smoking than from AIDS, car accidents, suicide, murder, fires, and other substances combined (ILO, 2010).

2.4.3 Bhang/Marijuana

Marijuana remains the most abused substance among the youth aged 15-24 years. The following substance has numerous effects on the human body such as weakening of the memory, may result in suicide cases due to psychiatric effects, it also causes tuberculosis and might worsen one's diabetics. Bhang will also result in brain damage of the frequent user.

Studies have been conducted to prove the fact that male sex hormone testosterone is depressed in the blood for those that use bhang and inhabitation of reproductive function is done (Gfroerer, 2007; Clayton & Scott, 2006). The number of abnormal sperm increases, low sperm count and decrease in sperm motility. Since bhang is anti-androgenic its effect may lead to low libido and reduced fertility (World Health Organization, 2004). When it comes to females bhang may cause hormonal imbalance or disruptions in the female reproductive hormone which is ovarian function suspension and menstruation disorder (WHO, 2011).

2.4.4 Khat/Miraa

Long-term use can precipitate the following effects: Negative impact on liver function, permanent tooth darkening (of a greenish tinge), susceptibility to ulcers, and diminished sex drive. Those who abuse the substance generally cannot stay without it for more than 4–5 days, feeling tired and having difficulty concentrating. Occasionally a psychosis can result, resembling a hypomanic state in presentation (NACADA, 2011). Current use of miraa in Kenya is 3.9%; it also varies by region of residence and gender. Like tobacco products, use of miraa is largely a male dominated affair. In the North-Eastern region, 35.8% of the male respondents reported using miraa. This was closely followed by Coast at 12.8%. Miraa usage is marginal in Nyanza and Western Kenya. In Eastern region where the bulk of the miraa comes from, only 9.4% reported being current users of the substance. It is also interesting to note that the North-Eastern region (7.6%) has the highest proportion of female users of miraa (NACADA, 2012).
2.5 Level of Awareness versus Employee Performance

Awareness of drug and substance use on employee performance is seen in different ways. While National Authority Campaign Against Alcohol and substance abuse (NACADA) has made some progress in addressing alcohol and other substances, little has been done to address new and emerging substances. These substances are eating into the very core of our society i.e. the youth, who prefer them to the mainstream and often criminalized illicit substances (Evans Brown et al., 2011). Nairobi and Mombasa are idea ‘breeding grounds’ for new and emerging substances due to their demographics. Most emerging substances e.g. shisha and kuber are associated with affluence or class that goes hand in hand with urban life (personal observation). Both counties have a cosmopolitan outlook that allows easy cross-pollination of ideas and cultures among different nationalities and racial as well as ethnic groups.

Due to conveniences caused by the accessibility of alcoholic beverages, alcohol abuse affects a large population among employees (World Health Organization, 2004). Licit and illicit alcohol is readily available in every region of Kenya thanks to social acceptability, lack of awareness and weak law enforcement including the availability of raw materials. According to NACADA (2010), the use of alcohol becomes current when the users report a month of frequent use. People living in urban areas are approximately 16.6% users of alcohol as compared to 11.4% which is experienced in the rural dwellers. According to Rapid survey of 2007 on a representation of a marginal decline from the estimates. In North-Eastern province and the central region as well where alcohol usage is extremely low at 10% entirely in the provinces and other 10% being current alcohol consumers (NACADA, 2012).

Most cases of alcohol and substance abuse are common with individuals that fall in the age bracket 18-45, many of whom are youths and form a large portion of the working population. A common misconception in many African countries is that the epidemic of alcohol and substance abuse is a minor issue; this indicates that many African countries have no substantial and accurate data on the Alcohol and substance abuse. In recent years there have been changes in the culture of drinking in Mauritius (Sobhee, Tandrayen-Ragoobur, Kasseeah, Gopaul, 2016). Furthermore, substance abuse also brings about poor mental and physical health among co-workers who may be sharing the burden of accommodating the abuse expressed on them by the substance or drug users (Hernandez, 2014). In situations where drug users experience poor health hence a lot of money is spent
in treatment hence making them have less to spend on other family expenses making such households experience a financial crisis. On the other hand, when there is little or less to spend then even the quality of healthcare is poor due to no money to spend on self (Parks & Marlatt, 2014).

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Nairobi National Park and Fort-Jesus respectively whose influence on cultural confluence cannot be underestimated. The location is particularly important in precipitating substance trade. Mombasa is home to Kilindini Harbour, Kenya's largest sea port and is a link to the Middle East through the Indian Ocean. Nairobi, on the other hand, is a link to the rest of the Sub Saharan and North African Countries through the landlocked ‘pearl of Africa’ i.e Uganda through Busia and Malaba borders. Lastly, recent reports (NACADA, 2012) and media accounts have been highlighting coastal substance problems, especially in Mombasa County terming them as drowning. Scientists have generally categorized substances of abuse into depressants, stimulants, hallucinogens, narcotics, and inhalants (Evans-Brown, et al., 2011).

The most commonly abused substances in Kenya include alcohol, bhang, miraa, heroin, and cocaine. Some substances are stimulants, while others are depressants. Below are brief descriptions of some of these substances:

Alcohol: Alcohol abuse is one of the leading preventable cause of death in the world, accounting for 75000 deaths each year in the US. The annual cost of alcohol abuse is approximately $191.6 million. Since access to alcoholic beverages is convenient, alcohol abuse affects a large population among them the employees (World Health Organization, 2004).
2.6 Chapter Summary

The literature reviewed in the study reveals that employee's abuse of alcohol at the workplace and that the abuse is the increase amongst employees in many organizations. Human resources supervisors find the trend of alcohol abuse as a challenge that cannot be ignored anymore. Several theories have been developed to explain the challenge of alcohol and substance abuse including the Reinforcement Theory, Social Cognitive Theory, and Biological Theory.

With regards to the alcohol and substance abuse, there is a growing amount of scientific evidence that suggests genetics play a major role. A study also found out that the main causes of alcohol abuse at the workplace include; Workplace Culture, Workplace Alienation, and Alcohol Availability. Alcohol abuse can also be associated with culture as social and cultural factors such as ethnic group norms and attitudes can influence alcohol abuse.

Harmful drinking of alcohol can have several adverse impacts on workplace which include compromised safety; hampered relationships among workers, between workers and clients; reduced productivity; employee absenteeism and increased organizational expenses. However, this study was limited to alcohol abuse and its effect on work performance and employee absenteeism at the Kenya Ports Authority. Fundamentally, this does not down play the other factors influenced by alcohol at the workplace. From the reviewed literature, the research, therefore, concludes that alcohol abuse at the workplace should be treated as a matter of interest among all stakeholders in organizations. The literature reviewed reveals that there exists a relationship between alcohol abuse and the two main aspects of this study; employee absenteeism and employee productivity, where abuse of the drink negatively affects these aspects.

Although there is an increase in the literature on the aspect of alcohol and substance use disorder, there is little empirical evidence of research conducted on the effects of the substance and alcohol abuse in organizations in Kenya and how these effects are being curbed. The following research, therefore, steps in to attempt to fill this gap by examining the effects of alcohol and substance abuse on employee’s workplace performance on Moi Teaching Referral Hospital.
The next chapter will cover the research design and methodology used in the entire study. Therefore the presentation of methodology was explained, arriving at target population, sample size and sampling technique, data collection procedure/methods and chapter summary.
CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction
This chapter entails about the research design and methodology used in the entire study. Therefore the presentation of methodology was explained, arriving at target population, sample size and sampling technique, data collection procedure/methods and chapter summary.

3.2 Research Design
The study used a cross-sectional research survey design. This kind of design addresses unique characteristics within a population of study at a specific time provided the relationships of the variables are tested (Gill & Johnson, 2010). Descriptive studies are concerned with finding out who, what, where, when or how much. They also try to measure the types of activities, how often, when, where and by whom. The descriptive survey is, therefore, the best method that can fulfill the objectives of this study as it ensures bias minimization and maximization of reliability of evidence collected.

3.3 Population and Sampling Designs

3.3.1 Target Population of the Study
The study population was 560 supervisors at Moi Teaching and Referral Hospital.

3.3.2 Sampling Design

3.3.2.1 Sampling Frame
According to McDaniel & Gates, (2001), the sampling frame is known as a list of the population that is used in the selection of units or elements used in the study. The sampling frame that was used in the study was the full list of supervisory staff at MTRH. The sampling frame followed the MTRH straight numerical system of personnel staff numbers.

Inclusion Criteria:
  i. Supervisory staff on permanent and pensionable terms

Exclusion Criteria:
  i. Supervisory staff who are currently on interdiction or suspension.
3.3.2.2 Sampling Technique

According to Kothari, (2014), sampling is known as the basis in which a judgment can be influenced in totality to come up with a real idea. Because it is not plausible to obtain information from the whole universe to accurately, accomplish study objectives. A computer randomly selected the list of personal file numbers for all supervisors. This simple random sampling technique was based on the calculated sample size, the number of Research Assistants needed to cover this sample size and the need for the sample to be representative of the population.

A simple random sampling technique was used as demonstrated in the figure below:

![Sampling Technique Diagram]

3.3.2.3 Sample Size.

A portion of a population that is carefully selected in exemplifying population is referred to as the sample size Cooper and Schindler (2008). Estimation is upon the researchers to find out if in any case, the sample size is a function of variation. Simple random sampling technique will be used because a good sample size does not imply that it is large, however, it should be representative and doesn't necessarily have some proportional relationship to the size of the population from which it is drawn. The researcher allowed computer do to random sampling as a computer has no bias or feelings that may make the respondents feel like there are biased and a feeling of being favored. In addition to that, the researcher set aside 15 respondents that were privately interviewed on the same to make sure that the number stands for those that were not interviewed. If the sample size is too large then much time and resources may be wasted and therefore in determining the sample size the study used the formula below. According to Nassiuma (2000), the sample size is determined by:
\[ S = \frac{N(Cv^2)}{Cv^2 + (N - 1) \cdot e^2} \]

Where;

- \( S \) = Sample size
- \( N \) = Population
- \( CV \) = Coefficient of valuation (take 0.5)
- \( e \) = Tolerance at the desired level.

\[ S = \frac{560 \cdot (0.5^2)}{(0.5^2) + (560 - 1) \cdot 0.05^2} \]

\[ S = \frac{140}{1.4286} \]

\[ S = 98 \]

### 3.4 Data Collection Methods

Data collection method encompasses all the activities carried out in gathering the research study. The study used a structured close-ended questionnaire that was distributed to the entire study population. The decision to use the close-ended questionnaires was driven by the ability of the method to collect a wide range of information within a time convenient manner. Besides, questionnaires were easy and quick to answer conclusive questions and facilitate fast data analysis.

According to Mugenda and Mugenda, (2003), accurate methods of research is the requirement and pride of all researchers, less expensive, very easy to explain and fast speed that comes together with extreme difficulties. Basing on this fact, questionnaires and focus group discussions were used for the study to achieve the research main aim and objectives.

Primary data was collected using the Questionnaire in Appendix I was led by four (4) trained research assistants. To deal with issues of power relations the Principal Investigator remained anonymized and the data collected were re-identified. Empirical validation of the study on Perceptions of Supervisors on Alcohol and Substance Abuse on Employee’s Performance was conducted using a Questionnaire administered to 88 Supervisors. The Questionnaire is based on the three main categories namely: effects of alcohol and substance abuse on the performance of employees; commonly abused alcohol and substances among employees; and levels of awareness of alcohol and substance abuse at MTRH. The research questionnaires were divided into four different sections that are
introduction—which explained to the respondents the validity and reliability of the questionnaires. The following sections were also divided into sub-sections indicating the three research objectives of the study. The closed-ended items in the questionnaires was rated on a 5-Point Scale ranging from Strongly Agree (SA) to Strongly Disagree (SD). The response to various statements was scored in such a way that a response indicative of the most favorable dimension was given the highest score of 5 and that with the most unfavorable dimension given the lowest score of 1. The significance level was set at probability p< 0.05 for every statistical set. Interpretation of the statistical outputs was done and discussed in the presentation of results and findings. Data collection was done between a period of three months and then entered into excel coded and analyzed as per research tools.

3.5 Research Procedures
This included the preparation of a cross-sectional, close-ended structured questionnaire. The respondents were called and informed that they have been selected to participate in the study and therefore an appropriate time was sought. The participants may refuse to take part in the research or exit the survey at any time without penalty. They are free to decline to answer any particular question that they do not wish to answer for any reason. If for any reason the respondent declines to participate then the next respondent within the stratum was randomly selected to participate. Data was composed using questionnaires and were administered to the Supervisors at MTRH in July 2019 as per the Departments. The respondents are to fill the questionnaire on the spot and if not possible they were collected after 2 days or as agreed with the respondent.

3.5.1 Pilot Testing
Pilot testing was carried out on August 2019 and it was conducted in St. Lukes Orthopedic and Trauma Hospital and Mediheal Hospital, which had more than 200-bed capacities. These hospitals were used in a pilot study to crosscheck any weakness in design and the type of instrumentation used in making sure that a probability sample was selected without proxy. This was to be ensured by the researcher that all those who participated in the pilot study were not to take place in the main study. According to Mugenda and Mugenda (2003), in making sure that accurate data is collected then there must be a well-established data collection tool in terms of reliability and validity. The test-retest method was used in determining the consistency of the interviewed responses within individuals (Kothari $
Garg, 2014). Before the final administration, the feedback from piloting was used in adjusting the questionnaires (Kothari & Garg, 2014).

3.5.2 Validity of Research Instruments
According to Paton (2002), validity is referred to as the quality that is attributed to measuring the degree to which knowledge is measured. Therefore, validity is achieved when instruments are used in measuring what they can measure. In analysing the validity of the research instrument for this study, content validation was used for discussing items in the research study. Therefore, the results are used in analysing the entire study content and its validity.

3.5.3 Reliability of Research Instruments
Reliability is the ability to test the accuracy and consistency of results, which are not varying from time to time. Therefore, if in any case consistency and accuracy are maintained over time, then it is said that the reliability level is achieved because a test is free from measuring errors (Fraenkel & Wallen, 2003). Therefore, Cronbach's alpha was used in testing the reliability of the instrument. Therefore, the ranges expected in the alpha values were from 0 and 1 which was obtained by reliability which was subjected to increase with an increase in value. The coefficient level was maintained at 0.7 for the stability of the research aim (Amin, 2005).

3.6 Data Analysis Methods
Measures of central tendency (mean, mode and median) as guided by descriptive statistics as well as the procedures of dispersion unambiguously the standard deviation and the variance. Statistical package for social sciences was used popularly known as (SPSS version 21.0) in analyzing the data. Study presentation was done in the form of figures, histograms and APA tables where necessary (Saunders, Lewis, and Thornhill 2016). The obtained data was keyed into excel and then transferred to SPSS for analysis. The variables to control the study-involved independent variables: effects of alcohol and substance abuse, commonly abused alcohol and substances, and levels of awareness of alcohol and substance abuse and the dependent variable are employee performance at MTRH. A regression analysis was undertaken in determining the relationship between the study variables. The study used Macon software in rectifying numerical analysis that was not clear and ANOVA output was given in determining the significance level.
3.7 Chapter Summary

This chapter provided an overview of the methods and procedures that were used to conduct the study. It included a discussion of the research design, target population, sampling design which includes the sampling frame, sampling technique, and finally the data analysis methods that were employed in the study. The target population was 3,300 and sample size was also 330 be captured at the same time the census survey method was used to include the entire employee in the study, and data were analyzed through the SPSS software. Therefore, with that knowledge in place the researcher administered questionnaires to pregnant women attending MCH making a total of 1, 100 and the head of households as 2,200 hence making a total number of 3,300. The research design for this study was a descriptive cross-sectional survey. The study used a structured close-ended questionnaire that was distributed to the entire study population. The decision to use the close-ended questionnaires was driven by the ability of the method to collect a wide range of information within a time convenient manner. Besides, questionnaires were easy and quick to answer conclusive questions and facilitate fast data analysis.

Primary data was collected using the Questionnaire in Appendix II by the Principal Investigator, assisted by five Research Assistants who were hired and trained. Overall responsibility on data collection lied on the Principal Investigator. Empirical validation of the study on factors influencing EHR adoption by Nurses were conducted using a Questionnaire administered to 279 Nurses. The research procedure included preparation of a cross-sectional, closed-ended structured questionnaire. A pilot test was carried out in July 2019 with the population of Physicians and Nurses in the neighboring St. Lukes Orthopedic and Trauma Hospital and Mediheal Hospital which have over 200-bed capacities and assisted in detecting weakness in design and instrumentation and to provide proxy data for the selection of a probability sample. Measures of central tendency (mean, mode and median) as guided by descriptive statistics as well as the procedures of dispersion unambiguously the standard deviation and the variance. Statistical package for social sciences was used popularly known as (SPSS version 21.0) in analyzing the data. Study presentation was done in the form of figures, histograms and APA tables where necessary.
CHAPTER FOUR

4.0 RESULTS AND FINDINGS

4.1 Introduction

This chapter provides a presentation, analysis, and discussion of the empirical findings on the perceptions of supervisors on alcohol and substance abuse on employees' performance in institutions: a case of Moi Teaching & Referral Hospital. The findings are organized according to the study-specific research objectives: To describe perceptions of supervisors on alcohol and substance abuse on the performance of employees at Moi Teaching and Referral Hospital. To ascertain the commonly abused alcohol and substances among employees at Moi Teaching and Referral Hospital and to establish the levels of awareness of alcohol and substance abuse at Moi Teaching and Referral Hospital.

4.2 Demographic Characteristics of the Respondents

The researcher collected information on demographic characteristics of the respondents including gender, age, department, educational level and several years worked. The tabulations are presented in figures, tables, and histograms, which summarizes the results.

4.2.1 Response Rate

The study targeted 98 respondents on providing the information concerning the study topic of which 88 questionnaires were returned. Therefore out of the 98 questionnaires distributed to the respondents that acted as the study sample size 10 of the said questionnaires were not returned. This gave a response rate of 89.79%, which is acceptable for the study according to Sekaran (2003). This is a clear indication that the study response is enough to generalize the study findings.

Table 4.1 Response rate

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>98</td>
<td>88</td>
<td>89.79%</td>
<td>89.79%</td>
</tr>
</tbody>
</table>
4.2.2 Age of the respondents

Table 4.2: Age of the Respondents

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>21-30</td>
<td>12</td>
<td>13.6</td>
<td>13.6</td>
</tr>
<tr>
<td></td>
<td>31-40</td>
<td>36</td>
<td>40.9</td>
<td>54.5</td>
</tr>
<tr>
<td></td>
<td>41-50</td>
<td>33</td>
<td>37.5</td>
<td>92.0</td>
</tr>
<tr>
<td></td>
<td>51-60</td>
<td>7</td>
<td>8.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>88</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

When the researcher tested the age of the respondents to find out the leading age group when it comes to the perceptions of supervisors on Alcohol and substance abuse. The study found out that, out of all the 88 respondents interviewed the highest age group was between (31-40 years) giving a frequency of 36 (40.9%), then (41-50 years) giving a frequency of 33 (37.5%) and lastly (21-30 years) giving a frequency of 12 (13.6%).

4.1.2 Gender

Table 4.3: Gender Distribution

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Male</td>
<td>48</td>
<td>54.5</td>
<td>54.5</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>40</td>
<td>45.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>88</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

From table 4.1 above, it is clear that the males were more than the females within the organization with frequency of 48 representing 54.5 % and frequency of 40 representing 45.5%) respectively. Even though the percentages were close to each other it shows that, the researcher was not gender bias.
4.1.3 Level of Education
The researcher felt like the respondents that were selected to participate in the study ought to have been interviewed concerning their level of education to find out if they had enough knowledge of alcohol and substance abuse in the institution.

<table>
<thead>
<tr>
<th>Valid</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Valid present</th>
<th>Cumulative percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master's</td>
<td>20</td>
<td>22.7</td>
<td>22.7</td>
<td>22.7</td>
</tr>
<tr>
<td>Bachelor's</td>
<td>46</td>
<td>52.3</td>
<td>52.3</td>
<td>75.0</td>
</tr>
<tr>
<td>Diploma</td>
<td>20</td>
<td>22.7</td>
<td>22.7</td>
<td>97.7</td>
</tr>
<tr>
<td>Certificate</td>
<td>2</td>
<td>2.3</td>
<td>2.3</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>88</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

The study revealed that the highest education level achieved by most of the respondents was bachelor's degree that had a frequency of 46(52.3%), then masters and diploma making a general tally at a frequency of 20 each giving a percentage of 22.7% and lastly certificate level being the bottom with a frequency of 2 representing 2.3%. This confirmed that out of all the respondents interviewed, they were all educated and majority of them were degree holders.

4.1.4 Years in Service
The researcher again felt that the respondents ought to be interviewed on the number of years in which they have been in service to find out if they had enough experience and could be trusted to answer the questions that could be generalized for the entire study.

<table>
<thead>
<tr>
<th>Valid</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 years</td>
<td>1</td>
<td>1.1</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>6-10 years</td>
<td>33</td>
<td>37.5</td>
<td>37.5</td>
<td>38.6</td>
</tr>
<tr>
<td>11-15 years</td>
<td>32</td>
<td>36.4</td>
<td>36.4</td>
<td>75.0</td>
</tr>
</tbody>
</table>
The study revealed that when it comes to years in service then the highest duration of services for the respondents that had stayed in the services lasted between (6-10 years) where the total frequency was 33 (37.5%), followed by (11-15 years) for 32 (36.4%), then (16-20 years) for 17 (19.3%), then (21-25 years) for 5 (5.7%) and lastly (1-5 years) for 1 (1.1%). This revealed that majority of the respondents had stayed within the organization for 6 years and beyond.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>16-20 years</td>
<td>17</td>
<td>19.3</td>
<td>19.3</td>
</tr>
<tr>
<td>21-25 years</td>
<td>5</td>
<td>5.7</td>
<td>5.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>88</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
### 4.1.5 Departments

#### Table 4.6: Directorates/Departments

<table>
<thead>
<tr>
<th>Valid</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>8</td>
<td>9.1</td>
<td>9.1</td>
<td>9.1</td>
</tr>
<tr>
<td>HRIS</td>
<td>4</td>
<td>4.5</td>
<td>4.5</td>
<td>13.6</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>14</td>
<td>15.9</td>
<td>15.9</td>
<td>29.5</td>
</tr>
<tr>
<td>Security</td>
<td>8</td>
<td>9.1</td>
<td>9.1</td>
<td>38.6</td>
</tr>
<tr>
<td>Laundry</td>
<td>2</td>
<td>2.3</td>
<td>2.3</td>
<td>40.9</td>
</tr>
<tr>
<td>PH</td>
<td>5</td>
<td>5.7</td>
<td>5.7</td>
<td>46.6</td>
</tr>
<tr>
<td>G.Engineering</td>
<td>1</td>
<td>1.1</td>
<td>1.1</td>
<td>47.7</td>
</tr>
<tr>
<td>Biomed</td>
<td>4</td>
<td>4.5</td>
<td>4.5</td>
<td>52.3</td>
</tr>
<tr>
<td>Supplies</td>
<td>5</td>
<td>5.7</td>
<td>5.7</td>
<td>58.0</td>
</tr>
<tr>
<td>Clinical</td>
<td>1</td>
<td>1.1</td>
<td>1.1</td>
<td>59.1</td>
</tr>
<tr>
<td>Medicine</td>
<td>LAB</td>
<td>3</td>
<td>3.4</td>
<td>62.5</td>
</tr>
<tr>
<td>Catering</td>
<td>4</td>
<td>4.5</td>
<td>4.5</td>
<td>67.0</td>
</tr>
<tr>
<td>Social Work</td>
<td>6</td>
<td>6.8</td>
<td>6.8</td>
<td>73.9</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>3</td>
<td>3.4</td>
<td>3.4</td>
<td>77.3</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>2</td>
<td>2.3</td>
<td>2.3</td>
<td>79.5</td>
</tr>
<tr>
<td>Orthopedic &amp; trauma</td>
<td>1</td>
<td>1.1</td>
<td>1.1</td>
<td>80.7</td>
</tr>
<tr>
<td>Orthopedic &amp; Plaster</td>
<td>1</td>
<td>1.1</td>
<td>1.1</td>
<td>81.8</td>
</tr>
<tr>
<td>Transport</td>
<td>1</td>
<td>1.1</td>
<td>1.1</td>
<td>83.0</td>
</tr>
<tr>
<td>H.Administration</td>
<td>2</td>
<td>2.3</td>
<td>2.3</td>
<td>85.2</td>
</tr>
<tr>
<td>Corporate Communication</td>
<td>5</td>
<td>5.7</td>
<td>5.7</td>
<td>90.9</td>
</tr>
<tr>
<td>Finance</td>
<td>6</td>
<td>6.8</td>
<td>6.8</td>
<td>97.7</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>1</td>
<td>1.1</td>
<td>1.1</td>
<td>98.9</td>
</tr>
<tr>
<td>QA</td>
<td>1</td>
<td>1.1</td>
<td>1.1</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>88</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

The researcher tested departments at MTRH and found out that the leading department with the highest number of frequency was housekeeping with 14(15.9%), then nursing 8(9.1%), then social work and finance tying at 6(6.8%), then suppliers and cooperate communication again tying at 5(5.7%) and lastly the least one being Orthopedic & trauma, orthopedic & Plaster, M&E and Quality Assurance at 1(1.1%).
4.3 Effect of Alcohol and Substance Abuse on Employees’ Performance at MTRH

The researcher got interested in looking into details on objective one: Effect of Alcohol and Substance Abuse on Employees’ Performance at MTRH. The study on a scale of 1 to 5 WHERE 5- Strongly Agree; 4 - Agree; 3 -Undecided; 2 - Disagree; 1- Strongly Disagree.

Table 4.7: Effect of Alcohol and Substance Abuse on Employees’ Performance at MTRH

<table>
<thead>
<tr>
<th>Statement</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Mean</th>
<th>Std</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is reduced efficiency at the workplace from employees who indulge in alcohol and substance abuse.</td>
<td>48</td>
<td>29</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>17.15</td>
<td>18.15</td>
</tr>
<tr>
<td>There is rampant lateness at work from employees who indulge in alcohol and substance abuse.</td>
<td>33</td>
<td>47</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>17.84</td>
<td>18.84</td>
</tr>
<tr>
<td>Employees taking alcohol and substance abuse produce poor work quality</td>
<td>43</td>
<td>36</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>17.09</td>
<td>18.09</td>
</tr>
<tr>
<td>Employees indulging is alcohol and substance abuse exhibit a high rate of absenteeism at the workplace</td>
<td>45</td>
<td>36</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>17.93</td>
<td>18.93</td>
</tr>
<tr>
<td>There are low job productivity and performance from employees indulging in substance abuse.</td>
<td>50</td>
<td>35</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>19.88</td>
<td>20.88</td>
</tr>
<tr>
<td>Alcoholism and substance abuse lead to poor staff interaction with Customers</td>
<td>56</td>
<td>28</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>20.80</td>
<td>21.80</td>
</tr>
<tr>
<td>Employees indulging in alcohol and substance abuse are not committed to their duties at the workplace</td>
<td>59</td>
<td>26</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>21.85</td>
<td>22.85</td>
</tr>
<tr>
<td>Staff indulging in alcohol and substance abuse have a poor relationship with colleagues</td>
<td>59</td>
<td>19</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>20.62</td>
<td>21.62</td>
</tr>
</tbody>
</table>

The study revealed that the highest standard deviation was seen on the statement employees indulging in alcohol and substance abuse are not committed to their duties at the workplace that gave an STD=22.85, followed by Staff indulging in alcohol and substance abuse have poor relationship with colleagues at STD=21.80, then Staff indulging in alcohol and substance abuse have poor relationship with colleagues at STD=21.62, followed by there
is low job productivity and performance from employees indulging in substance abuse STD=20.88 and lastly employees taking alcohol and substance abuse produce poor work quality STD=18.09. This confirms to the fact in the literature review that Alcohol and Substance Abuse on performance is no more secret to the users as it has minor to major challenges with the major challenges outweighing the minor ones.

4.4 Regression Coefficient on Effect of Alcohol and Substance Abuse

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.722a</td>
<td>.634</td>
<td>.714</td>
<td>.17346</td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), VtQ1. Dependent Variable: Effects of alcohol and substance abuse on employees’ performance in institutions.

The regression model in Table 4.8 above explains into details that R-value is at the Estimate = .17346 while R² interpreted to mean = 63.4% meaning that effect of alcohol on substance abuse is 63.4% of employee performance and 36.6% are influenced by other factors not considered in this study. This can be interpreted to mean that the predictor constant is directly significant to the dependent variable which in this case happens to be our study main objective: Effects of alcohol and substance abuse on employees’ performance in institutions.

4.9 ANOVA for Effect of Alcohol and Substance Abuse on Employee Performance at MTRH

The ANOVA output indicates significant values of 0.000 in perception of supervisors on alcohol and substance abuse and effect of alcohol and substance abuse on employee performance. This means that the test is significant for the analysis since p-value is less than 0.05. The null hypothesis was comparing if there is no significance means between the two variables.
The perception of supervisors on alcohol and substance abuse has F-statistics 1165.04, 1 degrees of freedom. Effect of Alcohol and Substance Abuse on Employee Performance at MTRH has f-statistics of 673.945, 1, degrees of freedom. Since the test is statistically significant, we reject the null hypothesis and conclude that there is a significant relationship between the two variables.

**Table 4.9: ANOVA**

<table>
<thead>
<tr>
<th>Sum of Squares</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>252.618</td>
<td>1</td>
<td>252.618</td>
<td>673.945</td>
</tr>
<tr>
<td>Residual</td>
<td>599.440</td>
<td>87</td>
<td>599.440</td>
<td></td>
</tr>
</tbody>
</table>

**Predictors (Constant):** Alcohol and substance abuse

**Dependent variable:** Employee Performance

**4.5: Ascertaining commonly abused alcohol and substances among employees at Moi Teaching and Referral Hospital**

The researcher was interested in ascertaining commonly abused alcohol and substance among employees at MTRH. Although hundreds of studies have been published regarding the effects of substance and alcohol abuse on the individual's life, very little is said about the effects of alcohol and substance abuse on employees in an organization. Therefore, the following research steps in to attempt to bridge this gap by examining the Perceptions of supervisors on Alcohol and Substance Abuse on the performance of employees at Moi Teaching and Referral Hospital.
Table 4.10: Level of disagreement or agreement with commonly abused alcohol and substances

<table>
<thead>
<tr>
<th>Statement</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Mean</th>
<th>S.T.D</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is low morale among employees covering for the frequent absentee staff due to alcohol and substance use.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17.4</td>
<td>19.40</td>
</tr>
<tr>
<td>Employees addicted to alcohol and substance abuse deliver inconsistent quality and quantity output</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17.6</td>
<td>19.40</td>
</tr>
<tr>
<td>Alcohol and substance abuse has a huge negative impact on employee ability to execute their duties within the scheduled time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17.7</td>
<td>20.33</td>
</tr>
<tr>
<td>There is loss of man-hours annually due to alcohol and substance abuse from low output delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17.8</td>
<td>22.35</td>
</tr>
</tbody>
</table>

The study revealed that majority of the respondents strongly agreed that there is loss of man-hours annually due to alcohol and substance abuse from low output delivery STD=22.35, followed by Alcohol and substance abuse has a huge negative impact on employee ability to execute their duties within scheduled time STD=20.33, then employees addicted to alcohol and substance abuse deliver inconsistent quality and quantity output and there is low morale among employees covering for the frequent absentee staff due to alcohol and substance use with a similar STD=19.40.
Table 4.11: Contribution of Alcohol and Substance Abuse
The following statements seek your opinion and stand on the contribution of alcohol and substance abuse on employee performance in the workplace.

Rate your opinion on the following scale: On A scale of 1 to 5 WHERE 5 - Strongly Agree; 4 - Agree; 3 - Undecided; 2 - Disagree; 1 - Strongly Disagree.

Table 4.11: Contribution of Alcohol and Substance Abuse

<table>
<thead>
<tr>
<th>Statement</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Mean</th>
<th>S.T.D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and substance abuse has a direct negative impact on MTRH image</td>
<td>58</td>
<td>26</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>15.76</td>
<td>22.34</td>
</tr>
<tr>
<td>Alcohol and substance abuse affects interactions among employees at MTRH resulting in lack of teamwork</td>
<td>47</td>
<td>37</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>14.73</td>
<td>20.18</td>
</tr>
<tr>
<td>Alcohol and substance abuse leads to depression and trauma</td>
<td>60</td>
<td>20</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>13.87</td>
<td>22.26</td>
</tr>
</tbody>
</table>

When the respondents were asked on their opinion concerning alcohol and substance abuse. The study found out that the highest recorded standard deviation SD=22.34 represented the opinion of the respondent that believed Alcohol and substance abuse has a direct negative impact on MTRH image. This was followed by Alcohol and substance abuse affects depression and trauma SD=22.26 and lastly, Alcohol and substance abuse affects interactions among employees at MTRH resulting in lack of teamwork SD=20.18.

4.5.1 Aspects of inefficiencies noticed in performance among employees
In your opinion what aspects of inefficiencies have you noticed in performance among employees using alcohol and substance abuse at MTRH

Rate your opinion on the following scale: On A scale of 1 to 5 WHERE 5 - Strongly Disagree; 4 - Agree; 3 - Undecided; 2 - Disagree; 1 - Strongly Disagree.
Table 4.12: Aspects of inefficiencies noticed in performance among employees

<table>
<thead>
<tr>
<th>Statement</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Mean</th>
<th>S.T.D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees exhibit poor judgment and make rampant mistakes.</td>
<td>52</td>
<td>31</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>19.61</td>
<td>20.62</td>
</tr>
<tr>
<td>Employees exhibit lapses in the concentration of work</td>
<td>47</td>
<td>36</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>18.83</td>
<td>19.84</td>
</tr>
<tr>
<td>Employees have difficulties in recalling instructions</td>
<td>37</td>
<td>45</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>18.27</td>
<td>19.28</td>
</tr>
<tr>
<td>Employees have difficulties in recalling own mistakes</td>
<td>34</td>
<td>43</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>16.29</td>
<td>17.30</td>
</tr>
<tr>
<td>Employees spend more time to complete work and meet deadlines.</td>
<td>44</td>
<td>37</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>17.84</td>
<td>18.85</td>
</tr>
</tbody>
</table>

When the respondents were interviewed on the aspects of inefficiencies noticed in performance among employees. The study found out that the highest standard deviation SD=20.62 that proved the fact that employees exhibit poor judgment and make rampant mistakes. This was followed closely by employees exhibit lapses in the concentration of work SD=19.84 and lastly, employees have difficulties in recalling instructions at SD=19.28 and the last one in the list being SD=17.30 that represented employees have difficulties in recalling own mistakes.
4.5.2 Commonly Abused Alcohol and Substances

The researcher was interested in interviewing the respondents on alcohol and substance use that most staffs take at MTRH.

**Table 4.13: Commonly Abused and Substance**

<table>
<thead>
<tr>
<th>Commonly Abused Alcohol and Substances</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most staff used Cigarettes</td>
<td>30</td>
<td>34.1</td>
<td>34.1</td>
<td>34.1</td>
</tr>
<tr>
<td></td>
<td>58</td>
<td>65.9</td>
<td>65.9</td>
<td>65.9</td>
</tr>
<tr>
<td></td>
<td>N=88</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Most staff use beer</td>
<td>67</td>
<td>76.1</td>
<td>76.1</td>
<td>76.1</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>23.9</td>
<td>23.9</td>
<td>23.9</td>
</tr>
<tr>
<td></td>
<td>N=88</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Most Staff use changaa</td>
<td>4</td>
<td>4.5</td>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td></td>
<td>84</td>
<td>95.5</td>
<td>95.5</td>
<td>95.5</td>
</tr>
<tr>
<td></td>
<td>N=88</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Most Staff use spirit</td>
<td>2</td>
<td>11.4</td>
<td>11.4</td>
<td>11.4</td>
</tr>
<tr>
<td></td>
<td>86</td>
<td>88.6</td>
<td>88.6</td>
<td>88.6</td>
</tr>
<tr>
<td></td>
<td>N=88</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Most Staff use kumikumi</td>
<td>2</td>
<td>2.3</td>
<td>2.3</td>
<td>2.3</td>
</tr>
<tr>
<td></td>
<td>86</td>
<td>97.7</td>
<td>97.7</td>
<td>97.7</td>
</tr>
<tr>
<td></td>
<td>N=88</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Most staff use Glue, bang, cocaine, heroin, kuber, miraa and other forms of drugs</td>
<td>88</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>N=88</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

The study findings revealed that 65.9% of the respondents interviewed indicated that majority of staff under them use cigarettes while 34.1% did not use cigarettes. The study findings revealed that most staff use beer at 67% and the remaining 23.9% did not use any form of beer. The study findings revealed that most staff use spirit at a very high percentage of 88.6%, followed by 11.4% that denied not using any form of a spirit. The study revealed
that the use of changaa was high at 95.5% and those that did not use changaa stood at 4.5%. The study also revealed that most staff use kumikumi that recorded 97.7% and the ones that did not use the kumikumi were recorded to be very less almost infinite at 2.3%. The study revealed that 100% of all the respondents interviewed use glue, bang, heroin, miraa and other forms of drug and substances.

Table 4.14: Extent of abuse of alcohol and substance

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very</td>
<td>28</td>
<td>31.8</td>
<td>31.8</td>
</tr>
<tr>
<td>High</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>43</td>
<td>48.9</td>
<td>80.7</td>
</tr>
<tr>
<td>Average</td>
<td>10</td>
<td>11.4</td>
<td>92.0</td>
</tr>
<tr>
<td>Low</td>
<td>4</td>
<td>4.5</td>
<td>96.6</td>
</tr>
<tr>
<td>Very</td>
<td>3</td>
<td>3.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Low</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>88</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The results revealed that the extent of abuse of alcohol and substance was at its peak at 48.9%, then 31.8% very high and lastly 4.5% at low.

4.5.3 Peer pressure is a factor in alcohol and substance abuse

The respondents were interviewed on peer pressure as a factor to peer pressure and substance abuse.

Table 4.15: Peer pressure is a factor for alcohol and substance abuse

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A factor</td>
<td>17</td>
<td>19.3</td>
<td>100.0</td>
</tr>
<tr>
<td>System</td>
<td>71</td>
<td>80.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Missin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>88</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
The study results revealed that peer pressure is a factor that contributes heavily at 71% which is followed by 17% that had no peer pressure factor. This confirms to the literature review that Continentally, Alcohol and substances abuse has been culturally rooted in African communities of late there are notable changes that this is widening day after day.

The findings also interviewed that awareness level of alcohol, substance abuse 88%, followed by family break up is a factor to alcohol and substance abuse at 71%, socialization, fun is a factor to alcohol and substance abuse 75%, and stress is a factor to alcohol and substance abuse at 52%.

4.6 Awareness Level of Alcohol and Substance Abuse at MTRH
The researcher interviewed the respondents on the extent that the staff uses alcohol and substance to gauge the extent of use.

4.16: Extent do staff use alcohol and substance

<table>
<thead>
<tr>
<th>Valid</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very</td>
<td>24</td>
<td>27.3</td>
<td>27.3</td>
<td>27.3</td>
</tr>
<tr>
<td>High</td>
<td>42</td>
<td>47.7</td>
<td>47.7</td>
<td>75.0</td>
</tr>
<tr>
<td>Average</td>
<td>12</td>
<td>13.6</td>
<td>13.6</td>
<td>88.6</td>
</tr>
<tr>
<td>Low</td>
<td>3</td>
<td>3.4</td>
<td>3.4</td>
<td>92.0</td>
</tr>
<tr>
<td>Very</td>
<td>7</td>
<td>8.0</td>
<td>8.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Low</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>88</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The study revealed that staffs extent of using alcohol and substance stood at 47.7% for being high, followed by 27.3% very high and lastly 13.6 for being average. This confirms to the fact that a common misconception in many African countries is that the epidemic of alcohol and substance abuse is a minor issue; this indicates that many African countries have no substantial and accurate date on the Alcohol and substance abuse.
4.6.1 Experience staff indiscipline due to alcohol
The last item that was interviewed by the researcher has experienced staff indiscipline due to alcohol and the results were as shown below:

Table 4.17: Experience staff indiscipline due to alcohol

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Yes</td>
<td>80</td>
<td>90.9</td>
<td>90.9</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>8</td>
<td>9.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>88</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.6.2: Multiple Regressions

Table 4.18: Regression Coefficient on levels of awareness of alcohol and substance abuse at Moi Teaching and Referral Hospital

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R2</th>
<th>Adjusted R2</th>
<th>Std. error of estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.658a</td>
<td>.427</td>
<td>.353</td>
<td>2.428021</td>
</tr>
</tbody>
</table>

The results indicated that supervisors are aware about the level of alcohol and drug abuse and this was explained by 42.7% variation with employees’ performance. Therefore, 57.3% was explained by other factors that were not considered in the study.
4.12 Analysis of Variance (ANOVA)

**Table 4.19: ANOVA**

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regression</td>
<td>4.137</td>
<td>6</td>
<td>.690</td>
<td>1.575</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>35.454</td>
<td>81</td>
<td>.438</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>39.591</strong></td>
<td><strong>87</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. **Dependent Variable:** Employee performance

b. Predictors: (Constant), awareness of alcohol and substance abuse.

The ANOVA indicates that the model meets the threshold at (P=0.000).

4.7 Chapter Summary

The study results revealed that peer pressure is a factor that contributes heavily at 71% which is followed by 17% that had no peer pressure factor. This confirms to the literature review that Continentally, Alcohol and substances abuse has been culturally rooted in African communities of late there are notable changes that this is widening day after day. The multiple regression had a unique R-value at .658a, with an R-square value of .427 and adjusted R-square =.353 and standard error of estimate 2.428021. The study found out that equal variances assumed, produce poor quality of work = -.17, equal variances not assumed with mean difference = - 025, high rate of absenteeism =-.046, low job productivity &performance = -.158 and for reduced efficiency @ workplace, mean= -100 rampant lateness @ work. Chapter five that involves summary, conclusions, findings, and recommendations followed this.
CHAPTER FIVE

5.0 DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction
This chapter summarizes the research findings in line with the specific research objectives, gives conclusions and makes recommendations for the study. It also provides suggestions for further research, which involves the gaps, which the researcher feels, still need to be investigated.

5.2 Summary of Research Findings
Summary of research findings was done as per research objectives: to describe perceptions of supervisors on alcohol and substance abuse on performance of employees: to ascertain the commonly abused alcohol and substances among employees and to establish the levels of awareness of alcohol and substance abuse at Moi Teaching and Referral Hospital.

5.2.1 Effects of alcohol and substance abuse on the performance of employees
The study findings revealed that the highest standard deviation was seen on the statement employees indulging in alcohol and substance abuse are not committed to their duties at the workplace that gave an STD=22.85, followed by Staff indulging in alcohol and substance abuse have poor relationship with colleagues at STD=21.80, then Staff indulging in alcohol and substance abuse have poor relationship with colleagues at STD=21.62, followed by there is low job productivity and performance from employees indulging in substance abuse STD=20.88 and lastly employees taking alcohol and substance abuse produce poor work quality STD=18.09.

This confirms to the fact in the literature review that Alcohol on performance is no more secret to the users as it has minor to major challenges with the major challenges outweighing the minor ones. To begin with, the cost of substance abuse is very expensive as a result of the consequences. Decrease in financial gain and strength that an individual needs in making ends meet. For instance, when workers are drunk at workplace then they can generally be lazy to work or absent themselves from work, engage in illness caused by drug use, increased spending on healthcare, low motivation at work and premature death (Hernandez, 2014).
5.2.2 Commonly abused alcohol and substances among employees

The researcher was interested in ascertaining commonly abused alcohol and substance among employees at MTRH. Although hundreds of studies have been published regarding the effects on substance and alcohol abuse on the individual’s life, very little is said about the effects of employee alcohol and substance abuse on an organization. Therefore, the following research steps in to attempt to curb this gap by examining the effects of alcohol and substance abuse on the performance of employees at Moi Teaching and Referral Hospital.

The study revealed that majority of the respondents strongly agreed that there is loss of man-hours annually due to alcohol and substance abuse from low output delivery STD=22.35, followed by Alcohol and substance abuse has a huge negative impact on employee ability to execute their duties within scheduled time STD=20.33, then employees addicted to alcohol and substance abuse deliver inconsistent quality and quantity output and there is low morale among employees covering for the frequent absentee staff due to alcohol and substance use with a similar STD=19.40.

When the respondents were asked on their opinion concerning alcohol and substance abuse. The study found out that the highest recorded standard deviation SD=22.34 represented the opinion of the respondent that believed Alcohol and substance abuse has a direct negative impact on MTRH image. This was followed by Alcohol and substance abuse leads to depression and trauma SD=22.26 and lastly, Alcohol and substance abuse affects interactions among employees at MTRH resulting in lack of teamwork SD=20.18.

The study results revealed that peer pressure is a factor that contributes heavily at 71% which is followed by 17% that had no peer pressure factor. This confirms to the literature review that Continentally, Alcohol and substances abuse has been culturally rooted in African communities of late there are notable changes that this is widening day after day. According to the African Union Ministerial Conference on Drug Control in African (2014), it reported that there were at least 16 countries in Africa who abuse of opiates, and its prevalence rates range from 0.01 to 0.8 percent for the population aged 15 and above. The abuse of Cocaine was reported in twelve (12) countries and its prevalence was from 0.01 to 1.5 percent for this age bracket. It is noted that the age for those who are introduced to alcohol and substance is going down but has its large numbers of in-school and out-of-school youth consuming substances.
5.2.3 Levels of awareness of alcohol and substance abuse at Moi Teaching and Referral Hospital.
The researcher interviewed the respondents on the extent that the staff uses alcohol and substance to gauge the extent of use. The study revealed that staffs extent of using alcohol and substance stood at 47.7% for being high, followed by 27.3% very high and lastly 13.6 for being average. This confirms to the fact that a common misconception in many African countries is that the epidemic of alcohol and substance abuse is a minor issue; this indicates that many African countries have no substantial and accurate date on the Alcohol and substance abuse. In recent years there have been changes in the culture of drinking in Mauritius (Sobhee, Tandrayen-Ragoobur, Kasseeah, Gopaul, 2016).
The study found out that equal variances assumed, produce poor quality of work = -.17, equal variances not assumed with mean difference = - 025, high rate of absenteeism =-.046, low job productivity &performance = -.158 and for reduced efficiency @ workplace, mean= -100 rampant lateness @ work.

Furthermore, substance abuse also brings about poor mental and physical health among co-workers who may be sharing the burden of accommodating the abuse expressed on them by the substance or drug users (Hernandez, 2014).In situations where drug users experience poor health hence a lot of money is spent in treatment hence making them have less to spend on other family expenses making such households experience a financial crisis. On the other hand, when there is little or less to spend then even the quality of healthcare is poor due to no money to spend on self (Parks & Marlatt, 2014).

5.3 Discussions
The researcher concluded the study as per research objectives.

5.3.1 Effects of alcohol and substance abuse on the performance of employees
On objective one: the supervisors believed that there is loss of man-hours annually due to alcohol and substance abuse from low output delivery, followed by Alcohol and substance abuse has a huge negative impact on employee ability to execute their duties within scheduled time, then employees addicted to alcohol and substance abuse deliver inconsistent quality and quantity output and there is low morale among employees covering for the frequent absentee staff due to alcohol and substance use with a similar standard deviation.
Hangovers may result after too much drinking which might make employees report late or absent themselves from work without permission. Bacharach et al., (2010), confirms that heavy drinking results in an increased number of sick times spent by employees. According to Nordstrom and Moan (2009), in every single increase in cumulatively consumed alcohol leads to about 13% rise in absenteeism due to sickness mostly in men while women revealed no statistical significance relationship. It is said that the entire organization feels the biggest weight or carries the biggest burden because the absent employee totally will not deliver anything and the remaining coworkers may have too much workload that they may be unable to deliver (Dale & Livingston, 2010).

Lastly, it is revealed in the study that Alcoholism has caused and continues to cause significant social and economic effects on the workplace. This is mainly due to reduced productivity. Lost productivity is counted as the main social cost of alcohol abuse. Lunchtime drinking or drinking heavily after work is some of the productivity losses experienced by the organization. However, a small percentage of this loss is attributed to workplace drinking, these regular drinkers account for approximately 10% of the workforce problems as their drinking habits result to reduction in productivity (Henderson, Hutcheson and Davies, 1996).

Consumption of Alcoholic drinks has substantially increased over the years. In 2010, studies have pointed dependence on alcohol on the island as high as it stood at 1.9 percent against 1.4 percent for the African region (Word Drug Report, 2014). Alcohol abuse in Mauritius is 4.5 percent exceeding the average of 3.3 percent for the African region. Alcohol per capita consumption (15+ years) for the period 2008-2010 was 3.6 liters of pure alcohol per year (Martinez, Røislien, Naidoo, & Clausen, 2011). Alcohol consumption in African countries shows a high consumption which ranges from 1 percent in Malawi to 30 percent in Burkina Faso. Heavy drinkers are noted to come from Ghana and Chad with 4 percent and 41 percent respectively. The one, which is perceived to be risky, is the single-occasion drinking with Mauritius having less than 1 percent and Chad with 58 percent.

### 5.3.2 Commonly abused alcohol and substances among employees

Although hundreds of studies have been published regarding the effects on substance and alcohol abuse on the individual’s life, very little is said about the effects of employee alcohol and substance abuse on an organization. Therefore, the following research steps in
to attempt to curb this gap by examining the effects of alcohol and substance abuse on the performance of employees at Moi Teaching and Referral Hospital.

In objective two: The study revealed that majority of the respondents strongly agreed that there is loss of man-hours annually due to alcohol and substance abuse from low output delivery, followed by Alcohol and substance abuse has a huge negative impact on employee ability to execute their duties within scheduled time, then employees addicted to alcohol and substance abuse deliver inconsistent quality and quantity output and there is low morale among employees covering for the frequent absentee staff due to alcohol and substance use with a similar standard deviation.

When the respondents were asked on their opinion concerning alcohol and substance abuse. The study found out that the highest recorded standard deviation which represented the opinion of the respondent that believed Alcohol and substance abuse has a direct negative impact on MTRH image. This was followed by Alcohol and substance abuse leads to depression and trauma and lastly, Alcohol and substance abuse affects interactions among employees at MTRH resulting in lack of teamwork. This is in line with the literature review that Continentally, Alcohol and substances abuse have been culturally rooted in African communities of late there are notable changes that this is widening day after day. According to the African Union Ministerial Conference on Drug Control in African (2014), it reported that there were at least 16 countries in Africa who abuse of opiates, and its prevalence rates range from 0.01 to 0.8 percent for the population aged 15 and above. The abuse of Cocaine was reported in twelve (12) countries and its prevalence was from 0.01 to 1.5 percent for this age bracket. It is noted that the age for those who are introduced to alcohol and substance is going down but has its large numbers of in-school and out-of-school youth consuming substances.

5.3.3 Levels of awareness of alcohol and substance abuse
The researcher interviewed the respondents on the extent that the staff uses alcohol and substance to gauge the extent of use. The study revealed that staffs extent of using alcohol and substance is high. This confirms to the fact that a common misconception in many African countries is that the epidemic of alcohol and substance abuse is a minor issue; this indicates that many African countries have no substantial and accurate date on the Alcohol and substance abuse. In recent years there have been changes in the culture of drinking in Mauritius (Sobhee, Tandrayen-Ragoobur, Kassseeah, Gopaul, 2016).
On objective three: The researcher interviewed the respondents on the extent that the staff uses alcohol and substance to gauge the extent of use. It is said that substance abuse also brings about poor mental and physical health among co-workers who may be sharing the burden of accommodating the abuse expressed on them by the substance or drug users (Hernandez, 2014). In situations where drug users experience poor health hence a lot of money is spent in treatment hence making them have less to spend on other family expenses making such households experience a financial crisis. On the other hand, when there is little or less to spend then even the quality of healthcare is poor due to no money to spend on self (Parks & Marlatt, 2014).
5.4 Conclusions

5.4.1: Effects of alcohol and substance abuse on the performance of employees
In conclusion, alcohol and substance abuse has a huge negative impact on employee ability to execute their duties within scheduled time, then employees addicted to alcohol and substance abuse deliver inconsistent quality and quantity output and there is low morale among employees covering for the frequent absentee staff due to alcohol and substance use with a similar standard deviation.

5.4.2: Commonly abused alcohol and substances among employees
In conclusion, alcohol and substance abuse lead to depression and trauma and lastly, Alcohol and substance abuse affect interactions among employees at MTRH resulting in lack of teamwork. This is in line with the literature review that Continentally, Alcohol and substances abuse have been culturally rooted in African communities of late there are notable changes that this is widening day after day.

5.4.3: Levels of awareness of alcohol and substance abuse
In conclusion, the study revealed that staffs extent of using alcohol and substance is high. It is said that substance abuse also brings about poor mental and physical health among co-workers who may be sharing the burden of accommodating the abuse expressed on them by the substance or drug users.
5.5 Recommendations

5.5.1 Recommendation for improvement

The study recommends that staffs that use drugs and substance should be supervised to make sure that they don’t humiliate others at various workplaces.

5.5.1.1: Recommendation on Perceptions of supervisors on alcohol and substance abuse on the performance of employees

The study recommends that supervisors should not perceive employees using drugs and substance as lesser beings but should incase provide guidance and counseling for them.

5.5.1.2: Recommendation on commonly abused alcohol and substances among employees

The study recommends that clubs and wines and spirits or even the change dens, kumikumi around hospital facilities should be eradicated by the government to give room for service and not for alcoholics to take advantage of the situation.

5.5.1.3 Recommendation on levels of awareness of alcohol and substance abuse

The study recommends that training should be organized for drug users to abstain as it leads to an early death.

5.6 Suggestions for further research

The researcher realized that the most abused type of drug is the ones that are cheap and can easily be afforded to everyone. Therefore, a further study should be done on factors promoting high consumption of cheap liquor as compared to expensive ones.
REFERENCES


NACADA, (2014c): Youth in the Peril study. NACADA: Nairobi


National Health and Medical Research Council (NHMRC), 2015.


Perception of Supervisors on Alcohol and Substance Abuse on Employee’s Performance in Institution’s: A Case of Moi Teaching and Referral Hospital.

You are invited to participate in a Survey titled “Perceptions of supervisors on Alcohol and Substance Abuse on Employee’s Performance in Institution’s: A Case of Moi Teaching and Referral Hospital. This is a study being conducted by a Masters student. It should take you approximately 15 minutes to complete.

PARTICIPATION
Your participation in this survey is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty. You are free to decline to answer any particular question you do not wish to answer for any reason.

BENEFITS
You will receive no direct benefits from participating in this research study. However, your responses may help us learn more about factors influencing Electronic Health Records Adoption by Physicians and Nurses at MTRH.

RISKS
The possible risks or discomforts of the study are minimal. You may feel a little uncomfortable answering personal/ or job - related survey questions.

CONFIDENTIALITY
Your survey answers will be sent to a secure computer where data will be stored in a password protected electronic format. We do not collect identifying information such as your name, email address, or IP address. Therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study.

CONTACT
If you have questions at any time about the study or the procedures, you may contact the search Assistant.

If you feel you have not been treated according to the descriptions in this form, or that your rights as a participant in research have not been honoured during the course of this project, or you have any questions, concerns, or complaints that you wish to address to someone.
other than the investigator, you may contact Catherine Okwiri, IREC Administrator on cokwiri@gmail.com.

PARTICIPANT CONSENT

Please select your choice below. Ticking the box on “I agree to take part in this research” button indicates that:

- You have read the above information
- You voluntarily agree to participate
- You are 18 years of age or older

☐ I agree to take part in this research

☐ I do not agree to take part in this research
APPENDIX II: QUESTIONNAIRE

This questionnaire has been designed to solicit information for academic purposes only. To enable the researcher to complete the requirement of studies in research topic: 
**Perceptions of Supervisors on Alcohol and Substance Abuse on Employee’s Performance in Institutions: A Case of Moi Teaching and Referral Hospital.** All information given would be treated with utmost confidentiality. Thank you in advance.

**Section I: Demographic Data**

Kindly respond to the questions below by putting a tick (✓) against any of the choices provided.

1. Please tick your appropriate age in years
   - i. 20 Years and Below ( )
   - ii. 21 -30 ( )
   - iii. 31 - 39 ( )
   - iv. 41 - 49 ( )
   - v. 51 - 59 ( )
   - vi. 60 Years and Above ( )

2. What is your gender?
   - i. Male  ( )
   - ii. Female  ( )

3. What is your highest educational qualification?

<table>
<thead>
<tr>
<th>Highest Educational Qualification</th>
<th>Indicate by Use of a Tick (✓)</th>
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<tbody>
<tr>
<td>i. Doctoral degree</td>
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<tr>
<td>ii. Master’s degree</td>
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<td>iii. Bachelor’s degree</td>
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<td>iv. Diploma</td>
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<td>v. Certificate</td>
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<td>vi. Others</td>
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</table>
4. How many years of experience do you have in service?

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<tr>
<th>Years of Experience in Service</th>
<th>Indicate by Use of a Tick (✔)</th>
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<tr>
<td>i. 1-5 Years</td>
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<td>ii. 6-10 Years</td>
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<td>iii. 11-15 Years</td>
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<td>iv. 16-20 Years</td>
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<td>v. 21-25 Years</td>
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<td>vi. 26-30 Years</td>
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<td>vii. 31 years and above</td>
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5. Department at MTRH?

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<tr>
<th>Directorate/Department at MTRH</th>
<th>Indicate by Use of a Tick (✔)</th>
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<tbody>
<tr>
<td>i. Nursing</td>
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<td>ii. Pharmacy</td>
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<td>iii. Information &amp; Communication Technology</td>
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<td>iv. Health Records &amp; Information Services</td>
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<td>v. Housekeeping Services</td>
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<td>vi. Security Service</td>
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<td>vii. Laundry Services</td>
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<td>viii. Public Health</td>
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<td>ix. General Engineering</td>
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<td>x. Biomedical Engineering</td>
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<td>xi. Farewell Home</td>
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<td>xii. Supply Chain Management</td>
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<td>xiii. Clinical Medicine</td>
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<td>xiv. Laboratory Services</td>
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<td>xv. Supply Chain</td>
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<td>xvi. Catering Services</td>
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<td>xvii. Medical social work</td>
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<td>xviii. Physiotherapy</td>
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<td>xix. Occupational therapy</td>
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<td>xx. Nutrition</td>
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<td>xxii.</td>
<td>Clinical Medicine</td>
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<td>xxiii.</td>
<td>Orthopedic and Trauma</td>
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<td>Orthopedic and Plaster</td>
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<td>xxvi.</td>
<td>Health Administration</td>
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<td>xxvii.</td>
<td>Psychological Counselling</td>
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<td>xxviii.</td>
<td>Corporate Communication</td>
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<td>xxix.</td>
<td>Finance</td>
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<td>xxx.</td>
<td>Monitoring and Evaluation</td>
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<td>xxxi.</td>
<td>Telephone Services</td>
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<td>xxxii.</td>
<td>Dental Services</td>
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</table>

### Section II: Effects of Alcohol and Substance Abuse on Employees’ Performance at MTRH

<table>
<thead>
<tr>
<th>Statement</th>
<th>5</th>
<th>4</th>
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<tr>
<td>6. There is reduced efficiency at the workplace from employees who indulge in alcohol and substance abuse.</td>
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<td>7. There is rampant lateness at work from to employees who indulge in alcohol and substance abuse.</td>
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<td>8. Employees taking alcohol and substance abuse produce poor work quality</td>
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<td>9. Employees indulging is alcohol and substance abuse exhibit high rate of absenteeism at the workplace</td>
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<td>10. There is low job productivity and performance from employees indulging in substance abuse.</td>
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<td>11. Alcoholism and substance abuse lead to poor staff interaction with Customers</td>
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</tbody>
</table>
12. Employees indulging in alcohol and substance abuse are not committed to their duties at the workplace

13. Staff indulging in alcohol and substance abuse have poor relationship with colleagues

<table>
<thead>
<tr>
<th>Statement</th>
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<th>4</th>
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<tr>
<td>14  There is low morale among employees covering for the frequent absentee staff due to alcohol and substance use.</td>
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<td>15  Employees addicted to alcohol and substance abuse deliver inconsistent quality and quantity output</td>
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<tr>
<td>16  Alcohol and substance abuse has a huge negative impact on employee ability to execute their duties within scheduled time.</td>
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<tr>
<td>17  There is loss of man-hours annually due to alcohol and substance abuse from low output delivery</td>
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**B**. Please indicate your opinion as per the level of disagreement or agreement with the outlined statement using the provided scale guideline of 1 to 5

(5- Strongly Agree; 4 - Agree; 3 -Undecided; 2 - Disagree; 1- Strongly Disagree)

(E) The following statements seek your opinion and stand on the contribution of alcohol and substance abuse on employee performance in the workplace.

Rate your opinion on the following scale: (5- Strongly Agree; 4 - Agree; 3 -Undecided; 2 - Disagree; 1- Strongly Disagree)
Alcohol and substance abuse has a direct negative impact on MTRH image.

Alcohol and substance abuse affects interactions among employees at MTRH resulting in lack of teamwork.

Alcohol and substance abuse leads to depression and trauma.

F). In your opinion what aspects of inefficiencies have you noticed in performance among employees using alcohol and substance abuse at MTRH?

Rate your opinion on the following scale: (5 - Strongly Agree; 4 - Agree; 3 - Undecided; 2 - Disagree; 1 - Strongly Disagree)

<table>
<thead>
<tr>
<th>Statement</th>
<th>5</th>
<th>4</th>
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<tr>
<td>Employees exhibit poor judgment and make rampant mistakes.</td>
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<td>Employees exhibit lapses in concentration of work</td>
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<td>Employees have difficulties in recalling instructions</td>
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<td></td>
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<tr>
<td>Employees have difficulties in recalling own mistakes</td>
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<tr>
<td>Employees spend more time to complete work and meet deadlines.</td>
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</table>
Section III: Commonly Abused Alcohol and Substances Among Employees at MTRH

26. In your opinion, which alcohol and substances do most staff, take at MTRH?
   
i. Cigarettes [  ]

   ii. Beer [  ]

   iii. Spirits (Industry) [  ]

   iv. Changaa [  ]

   v. Busaa [  ]

   vi. Kumikumi [  ]

   vii. Glue [  ]

   viii. Bhang [  ]

   ix. Heroine [  ]

   x. Cocaine [  ]

   xi. Kuber [  ]

   xii. Miraa [  ]

   Others (Specify) ........................................

27. (a) In your opinion to what extent can you gauge the degree of alcohol consumption and substance abuse at MRTH?
   
i. Very high [  ]

   ii. High [  ]

   iii. Average [  ]

   iv. Low [  ]

   v. Very low [  ]

28. In your opinion which of the following factors may contribute to staff consumption of alcohol and substance abuse at MTRH?
   
i. Peer pressure [  ]

   ii. Stress [  ]
iii. Family breakup/disharmony [ ]
iv. Socialization and fun [ ]

Section IV: Awareness Level of Alcohol and Substance Abuse at MTRH

29. Are you aware of alcohol and substances abused at MTRH?
   i. Yes [ ]  ii. No [ ]

30. To what extent do staff use alcohol and substance at MTRH?
   ii. Very high [ ]
   iii. High [ ]
   iv. Average [ ]
   v. Low [ ]
   vi. Very low [ ]

31. Do you experience staff indiscipline due to alcohol and substance abuse in MTRH?
   i. Yes [ ]  ii. No [ ]

32. Please rate the current state of staff discipline at MTRH.
   i. Very satisfactory [ ]
   ii. Satisfactory [ ]
   iii. Unsatisfactory [ ]
APPENDIX III: NACOSTI RESEARCH LICENSE

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013

The Grant of Research Licenses is guided by the Science, Technology and Innovation (Research Licensing) Regulations, 2014.

CONDITIONS

1. The License is valid for the proposed research, location and specified period.
2. The License and any rights thereunder are non-transferable.
3. The Licensee shall inform the County Governor before commencement of the research.
4. Excavation, filming and collection of specimens are subject to further necessary clearance from relevant Government Agencies.
5. The License does not give authority to transfer research materials.
6. NACOSTI may monitor and evaluate the licensed research project.
7. The Licensee shall submit one hard copy and upload a soft copy of their final report within one year of completion of the research.
8. NACOSTI reserves the right to modify the conditions of the License including cancellation without prior notice.

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION
P.O. Box 30623 - 00108, Nairobi, Kenya
TEL: 020 400 7000, 0713 788787, 0735 404245
Email: dgs@nacost.go.ke, registry@nacost.go.ke
Website: www.nacost.go.ke

THIS IS TO CERTIFY THAT:

MS. ANN CHEMWORSIO
of UNITED STATES INTERNATIONAL UNIVERSITY - AFRICA, 0-800 Nairobi, has been permitted to conduct research in
Uasin-Gishu County
on the topic: EFFECTS OF ALCOHOL AND SUBSTANCE ABUSE ON EMPLOYEE'S PERFORMANCE IN TEACHING AND REFERRAL HOSPITAL
for the period ending: 23rd May, 2020

Signature

Permit No.: NACOSTI/P/19/17978/29318
Date Of Issue : 23rd May, 2019
Fee Recieved : Ksh 1000

Director General
National Commission for Science, Technology & Innovation

REPUBLIC OF KENYA
National Commission for Science, Technology and Innovation

Serial No: A 24778
CONDITIONS: see back page
NACOSTI RESEARCH AUTHORIZATION

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

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Fax: +254-20-318245, 318249
Email: dg@nacost.go.ke
Website: www.nacost.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Wanyaki Way
P.O. Box 10623-00100
NAIROBI-KENYA

Ref: No. NACOSTI/P/19/17978/29318

Date 23rd May 2019

Ann Chemworsio
United States International University
P.O. Box 14634- 00800
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on “Effects of alcohol and substance abuse on employee’s performance in institutions: A case of Moi Teaching and Referral Hospital.” I am pleased to inform you that you have been authorized to undertake research in Uasin Gishu County for the period ending 23rd May, 2020.

You are advised to report to the County Commissioner, and the County Director of Education, Uasin Gishu County before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a copy of the final research report to the Commission within one year of completion. The soft copy of the same should be submitted through the Online Research Information System.

GODFREY P. KALERWA MSc., MBA, MKIM
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Uasin Gishu County.

The County Director of Education
Uasin Gishu County.