The Effects of Drug and Substance Abuse on Employees’ Job Performance on
Selected Insurance Companies in Nairobi, Kenya

By

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UNITED STATES INTERNATIONAL UNIVERSITY – AFRICA

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THE EFFECTS OF DRUG AND SUSTANCE ABUSE ON EMPLOYEES’ JOB PERFORMANCE ON SELECTED INSURANCE COMPANIES IN NAIROBI, KENYA

BY

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A thesis project submitted to the School of Humanities and Social Science in partial fulfillment of the Requirement for the Masters of Arts in Counselling Psychology

(MA Counselling Psychology)

UNITED STATES INTERNATIONAL UNIVERSITY – AFRICA

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STUDENT’S DECLARATION

I, the undersigned, hereby declare that the thesis project presented herein is my original work and has not been presented to any other institution of higher learning except the United States International University-Africa in Nairobi for academic purposes.

Signed: ___________________________  Date: ___________________________

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

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Dr. Peterson K. Mwangi, Supervisor

Signed______________________________  Date___________________

Prof. Martin C. Njoroge - Dean, School of Humanities and Social Sciences.

Signed______________________________  Date___________________

Amb (Prof) Ruthie Rono - Deputy Vice Chancellor, Academic and Student Affairs.
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ABSTRACT

The success of the insurance industry depends on perception, mannerism and the face to face interactions members of staff have with their clients. The current research sought to determine the impact of drug abuse on work performance amongst employees in the insurance industry in Kenya using selected insurance institutions within Nairobi. The study was guided by the given objectives: To determine the extent to which drug abuse influence workplace absenteeism among employees in the insurance companies; to establish the effect of drug abuse on workplace behaviour change among employees in the insurance companies and to examine the influence of drug abuse on the level of productivity among employees in the insurance companies. The study was based on both reinforcement and social cognitive theory. The study targeted employees who engaged in drug and substance abuse. They were drawn from six selected insurance companies in Nairobi, Kenya. A sample size of 106 employees was chosen using snow ball sampling. Purposive sampling on the other hand was used in selecting key informants including the managers and departmental heads. A questionnaire and an interview schedule were the instruments used for collection of study data. Analysis of the primary data using descriptive statistics was done using the Statistical Package for Social Sciences (SPSS version 22). Thematic analysis was employed to interpret qualitative data from the interview schedules. The results of the study showed that drug abuse impacted negatively on employee job performance within the selected insurance companies with a significant relationship found between drug abuse and each of the three work performance parameters. The study thus concluded that drug abuse contributed to workplace absenteeism, workplace behavior change and decreased levels of productivity among employees of insurance companies in Kenya. The study recommends that the insurance companies in Kenya may develop an organizational policy on substance abuse. In addition, the insurance companies may regularly organize for awareness programs and training workshops on the dangers of drug abuse. These may also be integrated with staff-health counseling to promote wholesome health awareness among individual employees. The insurance companies in Kenya may also create an Employee Assistance Program (EAP) to help employees affected by the drug abuse problem to get treatment and/or help.
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CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.0 Introduction

This chapter explains how drug and substance abuse affects performance of employees at their work place. It brings out the statement of the problem as well as the main objectives of this study.

1.1 Background to the Study

The insurance industry is a vital sector for the Kenyan socio-economic development and is becoming one of the major sources of revenue for the Kenyan Government in Kenya (KNBS., 2007). Shauri and Omondi (2004) assert that this sector has been influential in the increased growth of the country’s Gross Domestic Product (GDP), for creation of jobs for the young people, increases the foreign exchange earnings and provides economic diversification means since it lowers the over-dependency on the exportation of the country’s raw resources. The reason behind this is because the insurance industry has forward and backward linkages with other sectors of the economy, increasing its potential multiplier effect on the economy (Crawley, 2000; Ondara, 2007).

According to Frone (2009 and WHO (2004), the definition of a drug can be said to be any chemical substance that influences an individual’s body function when ingested into the person’s body. Drugs can be substances that can be either or both useful or harmful to the body.
While some of these drugs are illicit or in violation of the law, others are licit, meaning that, the sale, use, being in possession or the buying of such substances is not illegal (NACADA, 2007). Gmel & Rehm (2003) and Sanjay (2001) point out that there is a difference between substance abuse and drug abuse pointing out that the former refers to the abuse of an array of chemicals while the latter is the wrong use of legal drugs or the taking of illegal drugs.

Alcohol contributes to ramifications at the workplace such as loss of workplace productivity through absenteeism, falling sick at work, lateness or leaving early, accidents, challenges completing work related responsibilities and negative influence on customer and work colleagues’ relationships (Roche & Pidd, 2007). This leads to organizational constraints like high staff turnover and recruitment, use of personal health benefits due to cases of accidents and illnesses resulting from alcohol use (Mitchell, Driscoll, & Healey, 2004). Substance abuse has negative effects on an individual working ability as it has been shown to cause depression, relocation requests, shifting and the regular change in supervisors and colleagues in the workplace (ILO, 2010). Studies indicate that individuals that are substance abusers are likely to have an accident two to four times more than those who do not abuse drugs or other substances. Abuse on the other hand is said to be the cause of 40% of fatalities that occur in industries (Zumpano, 2009).

As noted by the National Council on Alcoholism and Drug Dependence (NCADD) in a study carried out in the United States, employers must part with approximately $81 billion every year which is used on expenditure from drug abuse (Smith, 2014).
In America of the 14.8 individuals who abuse drugs in the country, 70% of them are employed. Studies have also shown that employees who have had three or more jobs in the past five years are twice as likely to be drug abusers compared to employees who have reported to have had two or less jobs in the same duration (Smith, 2014). Additionally, use of alcohol among workers can negatively affect the safety of the public more so in cases of critical duties such as security and medical care, or acts of aggression among employees or with clients (Lokesh, 2002). Furthermore, substance abuse causes gigantic psychosocial fatalities such as suffering and pain to the users, their loved ones and significant people in the abusers’ lives including employer (Kazan, 2006). The harm caused by the abuse of alcohol and other drugs in a person’s place of work can be seen in terms of injuries and fatalities and in terms of reduced productivity, poor work results and reduction in the number of employees’ in the workplace (WHO, 2011). Alcohol is noted as a major contributor to 4% of work related accidents (National Occupational Health & Safety Commission 1998) and it is also a key contributor to 3-11% to the injuries experienced in the workplaces (Kazan, 2006).

Consequently, the drugs’ impact can be noted in terms of monetary loss, increased insurance claims, sick days, and tardiness and time costs. Additionally, other negative impacts include poor relations with others, negative reputation from others and spending of more time abusing the drugs rather than doing more constructive tasks (Bayer & Waverly, 2005; Frone, 2013). If one is to effectively operate in any workplace, he or she needs to be alert, accurate and have proper reflexes.
Frone (2013) and International Center for Alcohol Policies (2013) agrees that shortcomings that employees might have can negatively impact on the employees’ safety and performance and this can further result to accidents and reduced efficiency and accuracy of performing tasks. Other impacts have to do with the after-effects of drug abuse such as withdrawal or hangover symptoms which leads to reduced productivity, illnesses or absenteeism. Additionally, drug abusers might also be too preoccupied with using or getting the drugs which can negatively impact on their concentration and attention spans. This can also lead to illegal practices of selling drugs and negatively affect the abusers and other workers’ wellbeing (Frone, 2013; Rono, 2014; Konchellah, 2016).

Several factors are said to be related to higher drug abuse in work places (Frone, 2009; Kimanthi, 2010). Some of them are stress that is related to the persons occupation (Hodgin, 2009); socialization, leisure, and recreation purposes (Moore, Cunradi, Duke, & Ames, 2009); experimentation, pressure from peers and media adverts (Lehmann & Bennet, 2002); isolation or alienation (Imbosa, 2002); easy access or availability of the illegal substances and drugs (Frone & Brown, 2010); practices and beliefs based on one’s religion (Shauri & Omondi, 2004); culture (Ames, Curnadi, Moore, & Stern, 2007; Saxena, 2003) and unplanned pregnancies (Johnstone, 2000; Liska, 2004).

While the global average death from drug and substance abuse related deaths is approximately 200,000 persons in Africa alone, drug and substance abuse related deaths in 2016 were slightly above 400,000 persons (UNODC, 2017).

Research has indicated that drug abuse has a negative effect on workplace performance. For instance, 30% of the Costa Ricans accidents and absenteeism in the work place were because of dependency on alcohol (Ames, Grube, & Moore, 2000). In the case of France, drug abuse is the cause of 10 to 20% of the country’s accidents. According to data from Australia employees who abused drugs are 2.7 times more likely to skip work because of drug abuse related injuries than their colleagues who are not drug abusers (WHO, 2004). 90% of British personnel managers pointed out that drug abuse was the main cause of employees’ health challenges, decreased productivity, absenteeism, negative corporate image, poor relations between employees and negative work behavior. Additionally, drug abuse in this country resulted to 60% of the fatal accidents and 25% of accidents (Hughes & Bellis, 2000). Rohman and Blum (2002) data shows that alcohol causes a 10% reduction in workers’ productivity. The largest economic costs that are directly or indirectly caused by drug abuse can be said to be concentrated on several issues including loss of production, increased accidents and injuries, fatal accidents or death and more cases of absenteeism or extra sick leave days (Anderson & Larimer, 2002, Canada Centre for Occupational Health and Safety, 2005, Reinert, Allen, 2002, & Reingman & Gmel, 2001). Abuse of drugs is not only a serious issue in the insurance sector but in other sectors as well (NACADA, 2007; Moore et al., 2009).
In the insurance industry, success, effectiveness, competitiveness, profitability and the service quality delivered to the customers depends largely on perception, mannerism and the interactions that employees have with customers (Armstrong, 2003; Johnston and Jones, 2004).

Although the Kenyan insurance industry is highly competitive, the insurance sector plays a vital role in the growth of the country’s economy. To compete successfully in a dynamic business environment insurance companies have continually used innovative technologies and better performing data analysis tools to improve the company’s claims management, pricing, marketing and underwriting processes and the overall performance of the company (Deloitte Center for Financial Services, 2015). The insurance industry significantly contributes to the growth and development of the economy since it encourages investors to invest in a risky business that is well protected and regulated. Those who chose to invest in the Kenyan insurance industry must use profit centered methods. They also have to use intense marketing efforts to control the market, use online methods to attract more customers and venture into untapped section of the market to compete effectively (Kenya Insurance Survey, 2014).

As noted by the Kenya Economic Survey (KNBS, 2009 & 2010) the revenues from the Kenyan insurance industry rose from about Ksh.15 million in 1970s to about 50 billion in 2009 and almost surpassed revenues from other sectors of economy. In addition, the industry provides about 200,000 direct and 500,000 indirect job opportunities (Crawley, 2000; C.B.S., 2006; Ondara, 2007). The insurance firms are largely found in Nairobi with about 100 companies located in the city.
The concentration in the capital laden with stiff competition has limited the benefits of insurance services to a minimal area but has also exposed its employees to various socio-economic problems (Crawley, 2000). More so because of the structural and socio-economic challenges that affect the industry in Kenya (Akama & Kieti, 2007). A major socio-economic challenge affecting the industry is drug use, abuse and drug trafficking (Shauri & Omondi, 2004).

The Anti-Narcotic Unit of Kenya (2002 as cited by NACADA, 2003) shows that drug trafficking and use has risen in recent years. The United Nations Office of Drug and Crime in its 2010 World Drug Report (UNODC, 2010) put Nairobi, the capital of Kenya, among the top four African cities that have a serious drug problem and highlighted the port of Mombasa as the transit point for drug trafficking. Data shows that the most abused substance in Kenya is alcohol at an abuse rate of 36.3%, Nicotine follows at 17.5%, *Cannabis Sativa – Bhangi* is next at 9.9 per cent, followed by heroin at 8.0%, *Catha edulis - Miraa* comes in after Heroin at 2.7% and Cocaine at 2.2% (Ndetei et al., 2004). The Kenyan National Agency for the Campaign against Drug Abuse (National Agency for the Campaign against Drug Abuse, 2004) data shows that a population of 5,835,007, youths that represents 60% of the Kenyan population are involved in drug abuse especially alcohol abuse. A survey done by the Global Youth Tobacco (GYTS, 2001) indicated that drug abuse is a serious problem in Kenya. According to the survey results, more than one million Kenyan youths in the age groups of between 10 and 24 years abused tobacco. Of the more than one million abusers, 13% are primary school going students. However, none of the studies done had looked at the impact and effect of drug abuse in the workplace.
The significance of the insurance industry is well known and there was need to look at the effect of drug abuse especially when it came to challenges such as absenteeism, workplace behavior changes and decreased productivity in the insurance industry workplace (ILO and OSHA, 2001 & WHO, 2004).

1.2 Statement of the Problem

Many studies have looked at the negative impact of drug abuse at the workplace. However minimal empirical and documented data exist on the impact of drug abuse on the productivity of employees in developing nations (ILO and OSHA, 2001, WHO, 2004 & NACADAA, 2007). If an insurance company is to be successful in a competitive environment, it must be keen on its perception, mannerism and its face to face interactions between its employees and its customers. Furthermore, the number of registered insurance companies in Kenya has increased tremendously indicating the level of competition this industry faces. The presence of drug and substance abuse by insurance employees may impede optimum performance and thus, affect competitive advantage.

Locally, there are a few studies that have been conducted regarding the effects of drug and substance abuse on employees’ performance in various industries. These include: Agumba (2011) who did a study in a few renowned hotels located at the country’s coast; Rono (2014) - in Eldoret Municipal Council; Kaithuru and Stephen (2015) - in Kenya Meteorological station, Nairobi; and Konchellah (2016) - in Kenya Ports Authority.

However, some of the studies that had been conducted on the Kenyan insurance industry on job performance had failed to focus on the influence of drug and substance abuse.
Such include: the factors influencing the Kenyan general insurance financial results (Wanjugu, 2014); organizational resources, external environment, innovation and performance of insurance companies in Kenya (Ombaka, 2014); the challenges insurance firms faced while trying to remain competitive in the industry (Kiragu, 2014); and organizational capabilities and performance of insurance companies in Nairobi County (Kogo & Kimenzu, 2018). From the foregoing, it was evident that minimal data existed on the effects of drug and substance abuse on employees’ job performance in the insurance sector in Kenya. This was the information gap that this research sought to fill.

1.3 Objectives of the Study

This research determined the effects of drug abuse on work performance amongst employees in the Kenyan insurance industry using a few chosen Nairobi based insurance firms. The below specific objectives were guides to the key objective of the study:

i. To determine the extent to which drug abuse influence workplace absenteeism among employees in the insurance companies.

ii. To establish the effects of drug abuse on workplace behavior change among employees in the insurance companies.

iii. To examine the influence of drug abuse on the level of productivity among employees in the insurance companies.
1.4 Hypotheses

The below null hypotheses were determined by this research:

**Ho₁** - There is no significant relationship between drug abuse and employee absenteeism among employees in the insurance companies of Kenya.

**Ho₂** - There is no significant relationship between drug abuse and workplace behavior change among employees in the insurances of Kenya.

**Ho₃** - There is no significant relationship between drug abuse and the level of productivity of employees in the insurance companies.

1.5 Justification of the Study

The insurance sector in Kenya plays an important role in the economic growth and development of the country through employment creation and mobilization of funds for productive use. As such, the productivity of its employees to the success of the sector cannot be overemphasized (Kiragu, 2014). However, in the recent past, there has been a surge in the number of insurance companies’ employees reported to be suffering from drug abuse - a development that is bound to negatively impact the performance of the sector, if it remains unchecked (Kiragu, 2014). According to statistics from the Association of Kenyan Insurers, a total of 37 insurance firms’ employees were discharged from their jobs in 2013 due to drug abuse related problems and this number grew to 56 in 2016 – a 51.4% increase over the 3-year period.
The Association of Kenyan Insurers also notes that the insurance firms in the country reported that they had 1,672 drug related cases among their employees under investigation in 2013 and this number rose to 2,801 cases by 2016 representing a 67.5% increase over the 3-year period (AKI, 2017). This clearly illustrated existence of drug abuse problem in the insurance sector in Kenya and which required further investigation.

1.6 Scope of the study

The research aim was to determine the effects of drug abuse on employee job performance in the insurance industry in Kenya using a few chosen insurance firms. Nairobi city was purposely chosen as the research site because it is Kenya’s economic hub and is very vulnerable to drug abuse with Jomo Kenyatta International Airport being one of the major transit points for drug trafficking in Africa (Muraya, 2017). The study area focused on about 30 insurance companies within Nairobi. The study covered the period 2018-2019.

1.7 Definitions of Terms

The following terms were defined as follows in relation to this research:

Absenteeism: This is the failure of a worker to be at his or her place of work due to avoidable reasons such as drug abuse in this study’s case (Armstrong, 2003).

Addiction: It is a dependency on a harmful substance and the continued use of the substance despite its negative effects (WHO, 2004).

Alcohol and Drug Abuse: Taking of prohibited drugs or misuse of legal drugs that might lead to drug dependence (NACADA, 2004).
Current Usage: The misuse of drugs or substances in the past 30 days by employees in the insurance industry (Frone, 2004).

Drug Dependence: The inability of the drug abuser to stop using drugs despite the negative effects of this use to him or her and to others in the society (Mosby's Medical, Nursing and Allied Health Dictionary, 2002).

Partial Factor Productivity (PFP): These are given inputs that are easy to pinpoint for a given situation. An example is the provision of quality service to a given number of customers to expected standards (Jones & Siag, 2009).

Prevention: The act of stopping something bad such as drug misuse from occurring or from continuing to occur (Rizzo, 2001).

Productivity: Performing ones’ workplace duties efficiently and successfully without absenteeism, feigning sickness, causing injuries and accidents and without wasting time especially in the insurance industry (Atkinson & Brown, 2001).

Single Factor Productivity (SFP): This is the output ration of one product Y over the input resources for another product X (Johnstone & Jones, 2004).

Workplace: This is an area of work operations for employees in this case it will refer to the insurance industry (International Labour Organization, 2003).

Workplace Policy: A document that acts as a guide for employees and employer responsibilities and rights in relation to drug abuse more so in the insurance industry (NACADA, 2009)
Total Factor Productivity (TFP): This is the total output ration of all the services and products to the total resource inputs ratio which can be separated to different products and services productivity (Johnstone & Jones, 2004).

1.8 Summary of the Chapter

This chapter provided an over view on background of the study where several studies were compared to reveal a gap for the current study. The chapter also presented statement of the research problem, the research objectives, and study hypotheses, justification of the study, scope and operational definition of terms.
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of the literature about alcohol and drug abuse and work performance in the insurance industry. The chapter looks at the drug abuse concept, how drugs are abused at the workplace, the impact of drug abuse at the workplace, and the effects of drug abuse on employee job productivity in the workplace especially in the insurance industry.

2.2 Theoretical Review

Generally, the theories of drug abuse depict that several factors determine the dependence of people on certain drugs; the factors are different in regard to various people. The study was grounded on two theories; Reinforcement theory and Social cognitive theory.

2.2.1 Reinforcement Theory

The reinforcement theory is a psychological based theory developed by Frederic Skinner in 1957. This theory overlooks the aspect of difference in personality between drug users and nonusers of drugs. It emphasizes the role of reinforcement in drug abuse which states that people mostly look at maximizing reward and minimizing punishment; people continue doing specific things because historically, they have been rewarded for them (Collins & Frank, 2014). This theory argues that all drugs and substances activate the brain reinforcement system and thereby act as rewards biologically.
The drug or substance when taken once induces a reinforcement process which triggers a future chance of an increase in the drug taking behavior. Keramati and Gutkin (2014) stated that drug-reinforcement theory is generally and extremely helpful for understanding the biological substrates of a drug and substance taking behaviors. They however add that it does not explain why an individual would love taking several drugs at a given time whereas another would only take a single drug and neglect any other. In relation to the current study, this theory was relevant as it helped explain why most employees develop the tendency of using drugs or substances such as to relieve stress or alleviate their anxiety and/or to enhance their relaxation. This however, may negatively affect work performance.

2.2.2 Social Cognitive Theory

The social cognitive theory constitutes the social learning theory. Albert (1986) formulated both theories. Social Cognitive Theory was later modified by Samuel Smith (2017). According to this theory individuals, their environment and behavior work concurrently, thus influencing all aspects of their reality (Smith, 2017) adds that behavior does not only result from environmental stimuli but people have the capability of thinking and developing opinions from any circumstance, measuring the consequences of their specific behavior through reflections and further deciding on the best course of action. Social cognitive learning theory is often used in drug abuse as it purports that abusers have positive attitudes and expectation of drug use because of trying to imitate the positive attitudes towards drug abuse of their peers (Giovazolias & Themeli, 2014).
Two aspects, denoting the cognitive processes that affect an individual’s behavior, make up this theory: self-efficacy and outcome expectancies. As noted by Marks, Murray, Evans, and Willig (2000), self-efficacy relates to an individual’s belief that they can successfully control the factors affecting their lives but it is made up of a general cognitive mechanism which is part of an individual response when it comes to an external stimulus. An individual’s belief that being involved in certain behavior will yield certain expected result or not, entails their outcome expectancies. A person’s immediate results from certain behavior determine their outcome expectancies. The expectancies can also be because of observing other people’s experiences from their behaviors. This theory was useful to the current study given that the problem of drugs and substance abuse among employees in an organization could emanate from peer influence and/or the expectation that the behavior would help the employee(s) forget about their daily struggles or aspects of life or work that they consider as stressful - a perspective emphasized by the theory.

2.3 Conceptual Framework

Camp (2001) explains that a conceptual framework is a diagram or structure used to explain the phenomenon under study progression. It is a structure providing the relationship between the independent and dependent variables of the research. It gives an easy to understand glimpse of the relationship existing between these variables (Mugenda & Mugenda, 2003). The below diagram, labeled as Figure 2.1, represents the current study’s conceptual framework.
This study conceptualized that drug and substance abuse (independent variable) influenced employees’ job performance (dependent variable) in the local insurance industry. The major aspects of employees’ job performance focused on in the current study were workplace absenteeism, workplace behavior change and level of productivity. The study hypothesized ideally that no relationship would be found between drug and substance abuse and employees’ work performance. However, variables like demographic features (such as age, gender, marital status) and government policies among others, intervene to mediate the connection between drug & substance abuse and work performance. The intervening variables therefore are influenced and determined by independent variables while at the same time were likely to affect and determine the direction and extent of the dependent variable. The intervening variables were built and controlled as part of the study while being looked at together with the dependent and independent variables.
2.4 The Concept of Drug/Substance Abuse

According to WHO, substance abuse is the hazardous or harmful use of substances that are psychoactive in nature. Such substances often result to dependency World Health Organization (WHO, 2016). In this study substance abuse is looked at in terms of hazardous or harmful use of psychoactive substances that can include drugs that are illegal, alcohol, and prescription drugs (Outlaw et al., 2012) that include opioid analgesics and benzodiazepines.

According to Frone (2013) a few of the drugs that are commonly abused include amphetamines, alcohol, benzodiazepines, barbiturates, and opiates (heroin, codeine, hydrocodone, morphine, cigarettes, etc.). It is not certain which drugs and substance abuse area mostly used in insurance industry. However, the current study will bring out the issue clearly. The abuse of the named drugs can result being found guilty of a criminal offence and further result to social, physical and psychological harm to the victims or to others Substance Abuse and Mental Health Services Administration (SAMHSA), 2015.

According to Frone (2013) and (SAMHSA, 2012), the use of drugs may lead to addiction or dependence. In medical intervention of physiologic dependence there is the need to develop tolerance which results to withdrawal symptoms on the patient’s part. A few studies (French et al., 2001, WHO, 2004, Mohr, Charles, & Truxillo, 2005) have looked at the difference between drug dependence, abuse and addiction.
In addition to many of these studies is the compulsion to continually use the drug substances despite it impacting negatively on the person. However, this might not be characterized by chemical dependency. Dependence on the other hand, is shown to include abuse which cannot happen without dependence especially if the person is just beginning to abuse the drugs. Substance abuse is a complex relationship between the substance abused and the community at large, but dependence is a psychological phenomenon (Mosby's Medical, Nursing and Allied Health Dictionary, 2002).

2.5 Prevalence Rate of Alcohol and Drug Abuse

The abuse of alcohol and other drugs does not discriminate as it affects different countries, whether developed or not. It also leads to very high costs for firms and businesses and lost time and endangers other members of the society (World Drug Report, 2014). Additionally, the problem is prevalent in many societies and the rates of addicted drug users are higher in labor force than the rate of the number of abusers in the whole society.

Researchers, policy makers and firm managers are concerned when it comes to the issue of alcohol and drug abuse. Weber (2016) notes that in the U.S, the number of employees that are testing positive for drug abuse is increasing at an alarming rate. Data from Quest Diagnostics Inc., which is a renowned provider of medical diagnostic testing shows that the number of positive drug use results from general workers increased from 4.1% in 2011 to 4.8 percent in 2015 (Weber, 2016). Results obtained from Drug Testing Index (Quest Diagnostics, 2012) where 4.8 million workers were tested for drugs use showed that there was a rise in the use of cocaine, amphetamines, opiates, and oxycodone from those recorded in 2011.
The positive rates when it came to Amphetamine had increased from 16.7% in 2010 to 75% in 2017, cocaine rates had risen by 8%, oxycodone rates had increased from 10% in 2010 to 25% in 2017, and opiate rates increased from 7.7% in 2005 to 20% in 2017. The data further indicated that more than three of the positive tests showed marijuana use while the use of heroin had increased. The increase in heroin positives is in line with the findings from the Centers for Disease Control and Prevention’s that show that the use of heroin by women and men from different income levels and age groups in the US is on the rise (Centers for Disease Control and Prevention, 2016). Additionally, findings from CDC agree with the Quest data that three of every four new heroin users were found to have earlier abused prescription opiates before abusing heroin.

The fact that more and more employees are drug abusers is a serious issue. More than 77% of those who abuse drugs and other substances are not employed and the loss of jobs due to drug use is continually on the rise. For instance, alcohol abuse is said to cause 500 million lost work days for employees annually (Cidambi, 2017). The abuse of drugs and alcohol cannot be pegged on one social group as it affects everyone regardless of their economic, social or education status and even professional in the legal field are subjected to stresses that can lead to drug abuse. In South Africa, estimates show that almost 70% of workers who are in active workforce drink alcohol and take drugs and employers report to losing 86 work days annually because of absence caused by the alcohol and drug use (Meneses, 2011).

Abuse of alcohol is different in various sectors. In the mining industry, the rates are very high at 25% (Harker, Dada, Linda, Myers; Parry, 2013, McCann, Burnhams, Albertyn, & Bhoola, 2011). However, other sectors are not spared either as the rates are not any better.
For instance, a research done at Western Cape Town among farm workers in the fruit growing areas showed that on average, workers consumed 750ml of alcohol, spirits or wines on a weekend from Friday to Sunday night (Haeker et al., 2013). Additionally, another recent research done on police officers in Limpopo indicated that 55% of the officers engaged in abuse of alcohol (Harker et al., 2013).

In Kenya, a survey conducted by NACADA in 2011 revealed that 56% of people who served in the public service have taken alcohol in their lifetime, 23% had taken tobacco products, 16% had ever chewed miraa/Khat/Muguuka, while 6.6% and 1.3% had ever taken bhang and other drugs such as heroin, cocaine or mandrax respectively at least once in their life. This study revealed that alcohol is the substance that was very highly abused within the public officers’ ranks, with a prevalence of 33%. Other revelations were that 17% of the employees working in the public-sector use alcohol and reportedly drunk with workmates. More efforts may be made therefore to ensure that there exist sober civil servants by having workplace initiative of stopping alcoholism in public institutions (NACADA 2011). Use of alcohol and drugs negatively affects the growth and development of any Kenyan organization (Wekesa & Waudo, 2013).

In Kenya drug abuse is increasingly shifting from cigarettes and alcohol use to the use of more dangerous drugs and substances such as heroin, cocaine, marijuana among others. Further, there is a change in the user’s demographic profiles with more women and youth being initiated into drug use. NACADA (2011) in a study done in 2011 revealed that 9.1 per cent of children aged between 10 and 14 years used alcohol in their lifetime while 13% have used other substances such as cigarettes in their life.
Further, the study results also indicated that 40% of people aged between 15 and 65 years had used an alcoholic beverage in their life. The study showed differences in the rates and types of alcohol and drug use across gender, age, regions, religion, education levels, economic status and residence.

2.6 Alcohol and Drug Abuse and Absenteeism

A study by Belhassen and Shani (2012) indicated that USA went through a productivity loss in the estimates of $81 billion because of loss of concentration and tiredness due to drugs use. Further workers who use drugs are 3.6 times more likely to be part of workplace fatalities and 5 times more likely to seek for employees’ compensation claims (Belhassen & Shani, 2012, p. 1293).

Generally, the studies done indicate that with the rise of drug use, the users are likely to be absent from their workplaces. For example, Belhassen and Shani (2012), point out that workers that use alcohol and other drugs are likely to bring their personal problems to their workplaces. Studies show that 80% of the drug abusers steal from their workplaces while drug abuse is the third key cause of violence in places of work. A well-known fact is that alcohol and drug abuse increases the rate of workers’ absenteeism and employee’s turnover rates especially in the hospitality industry (Bacharach, Biron; Bamberger, 2010).

Workers who abuse drugs are 10 times more likely to miss going to work and are responsible for three times healthcare costs compared to their non-abusing counterparts. Hickox (2012) did a research on the impact of alcohol and drugs use among Europe companies.
The results revealed that more than half of the sampled participants were absent from their workplaces and two out of the five firms that were part of the study had dismissed workers because of absenteeism cases that were associated with drug abuse. The use of drugs was established to have a significant relationship with workplace absenteeism.

In South Africa, a study by McCann et al., (2011) on substance-abuse-related absenteeism done using male individuals who were alcoholics where 67% of them were employed showed that on average each of the respondents lost about 86 working days every year due to absenteeism from work. Of the sampled individuals 66% of them confessed to have arrived late at work; 61% of them confessed to Monday-morning absenteeism; 62% of the respondents confessed to drinking alcohol at work on occasions while 12% drank alcohol at work regularly.

Locally, Aden et al. (2006) did a research seeking to determine the socio-economic influence of chewing of miraa in Kenyan Ijara District. The findings of the research indicated that 40% of the participants blamed the use of Miraa for decreased work productivity and decreased efficiency. Further 32% of the participants blamed the vice for work absenteeism. However, 44% of the respondents pointed out that Miraa was a socially accepted substance and its use helped keep students and workers on night shifts alert.

The named studies results show that drug abuse does lead to workplace absenteeism. However, most of these studies were done in developed nations and were not focused on insurance industry. The current study hopes to focus on the Kenyan insurance industry.
In addition, Kimathi (2010) in his study on the effects of abuse of drugs on the performance of workers who worked in Meru municipality transport and hospitality firms established that there were few cases of reported absenteeism at work. Per the study, 89.9% of the respondents confirmed that during the past year they have never faked permission to stay away from duty due to drug/ substance abuse related reasons. This is a clear indication that there were few cases of absenteeism resulting from drug abuse. 92.2% claimed that they had never taken a sick leave at their work place after the weekend due to drug/substance abuse related reasons further evidence that it did not affect employee performance. The reason behind this might be the fact that most of the respondents took drugs after work in public places as previously indicated.

2.7 Drug Abuse and Workplace Behaviour Change

The abuse of drugs has been shown to be a key cause of behavior change in the workplace (ILO, 2011). Those who abuse alcohol and drugs are more likely to exhibit behavior change at workplace, which may affect the way they perform and relate with fellow colleagues at work. As noted by Wekesa and Waudo (2013), some of behavior changes exhibited by persons abusing drugs include mood changes like being highly irritable, violent and anxious. According to Reingman and Gmel (2001), the abuse of drugs or alcohol by the users also affects others people that are in contact with the abuser.

Deteriorating drug abuse at the workplace may endanger colleagues, employers and the people that relate to the firm which may include clients, consumers, suppliers or partners. Therefore, it is critical to monitor employees’ behaviors at the workplace to identify any deviate behavior and seek to identify the causes for such behavior (Kiragu, 2014).
Negative behavioral changes among majority of the persons in the working age are attributed to drug abuse and particularly to alcohol misuse. The adverse behavioral change because of alcohol abuse significantly impact the employer’s costs that results from lost productivity and additional resources used in rehabilitation and/or recruiting and training of replacements (Frone, 2009). According to World Health Organization (2011) the illnesses related to alcohol further impact the organizational cost on healthcare, compensations, legal fees and insurance.

Working while intoxicated increasing the chances of getting injuries and thus, reducing productivity. Frone (2013) estimated that between 40% – 65% of employees that abuse drugs exhibit behavioral changes including being irritable, argumentative, low self-esteem and being overly or minimally talkative.

In addition, adverse behavioral changes that are drug abuse related can also affect the organization’s reputation and performance (Frone, 2013). Frone (2013) study on the impact of drugs on workplace behavioral outcomes revealed that such conducts such as being uncontrollable, being oversensitive, anxiety and irritation at the workplace were positively related to substance abuse. Other important behavioral changes that occurred among employees because of them actively engaging in drug abuse included one’s susceptibility to lying and violent conduct at the slightest provocation.

In Kenya, a study done by Kimathi (2010) on the effects of abuse of drugs on the performance of workers who worked in Meru municipality transport and hospitality firms revealed high number of cases deviant behavior among those workers who abused drugs.
Indeed, majority (72.9%) of the participants who engaged in substance/drug abuse indicated experiencing increased levels of mood change characterized by irritability, unwarranted arguing and even violent behavior. This is further evidence that drugs abuse affected the natural behaviors of affected workers in the hospitality and transport industry in Meru Municipality. Similarly, in a study carried out in South Africa, majority (90.3%) of the employees who agreed to having abused drugs claimed that they had experienced behavior changes due to drug/ substance abuse related reasons. There is therefore overwhelming evidence that drug abuse impacted on one’s behaviors which could in turn affect their output levels at the workplace (Harker et al., 2013).

2.8 Drug Abuse and Level of Job Productivity

As noted in other studies, the impact of drug abuse on work place activities is revealed through the decreased productivity level of the user which reduces their performance on the job (Frone, 2010, Lehman; Bennet, 2002). Several studies reveal that many work place challenges are caused by drug use (ILO, 2003; Hodgins et al., 2009). The use of drugs in the workplaces reduces productivity and even those who consume minimal doses of drugs have been shown to have low levels of job performance (CCHOS, 2005, Rizzo, 2001; Roche & Pidd, 2007). Pryce (2008) notes that workers who abuse drugs are more likely to be less productive, have more cases of absenteeism and file for employees’ compensation claims.

Additionally, they are likely to have health drug related challenges which can result to distractions, personal issues and lack of concentration in the workplace.
Hughes and Bellis (2000) pointed out that in Britain drug abuse has resulted to decreased job productivity, health issues, poor employee relations, absenteeism, negative corporate image and negative behavior.

The findings of different studies show that illicit drug abuse negatively influences performance, productivity, attendance, safety, and relationships in the work place (Zhu, Tews, Stafford; George, 2010, Frone, 2013; SAMHSA, 2015). In South Africa, various studies (Eberlein, 2010, International Center for Alcohol Policies, 2013, & National Drug Master Plan, 2012-2016) showcase that the abuse of drugs and other substances both on work site and out of work site leads to work mistakes, reduced productivity, tardiness and wasted resources which leads to very high losses for companies annually. The result is that employers lose millions of monies annually.

Alcohol and Drug Abuse (ADA) are major challenges facing Kenya and her workforce today that calls for urgent mitigating measures. The problem is so deep rooted that both public and the private sectors are affected, thus likely to threaten the realization of the Kenya Vision 2030. The menace is not only affecting the young unemployed adults but also the employed adults in the public and the non-state actors. Drug and substance abuse phenomena being a major threat to socio-economic and political development of Kenya have implications on social stability of the country, the East African region and the World at large, since the World is a global village. Drugs and substance abuse creates socio-economic hardships, breeding misery which leads to rise in violence, crime and reduces the available human and material resources.
In recent years, there has been an upsurge in the cultivation, consumption and trafficking of illicit drugs in Kenya resulting in negative production of social capital. Alcohol and Drug Abuse (ADA) also poses danger to the public health system and the quality of life of the citizenry, with great implications in political, economic and social stability of Kenya (NACADA, 2011).

In Kenya, a study by Konchellah (2014) sought to determine the impact of the abuse of alcohol on workers’ absenteeism and performance in Kenya Ports. In determining the relationship between alcohol abuse and staff productivity, the study strongly revealed that KPA has well established procedures to measure employee productivity which further assists to curb effects of alcohol abuse within the organization. It was however unclear whether alcohol abuse has a huge negative impact on employee ability to execute their duties within scheduled time, whether KPA losses man-hours annually and if additional costs are incurred by the organization to cover for the unattained productivity level because of alcohol abuse that results to slow output delivery. This was attributed to the organization’s unclear procedure in measuring time losses to the organization because of alcohol abuse. The study further indicated that alcohol abuse has a direct negative impact on KPA’s clients and net revenues. Additionally, the findings strongly revealed that absenteeism due to alcohol abuse greatly affects attaining of set productivity levels while poor interactions among employees resulting to a bad coordination can also be attributed to alcohol abuse. It was also clear that alcohol abusing employees” record more careless and wreck less decisions at work. The findings generally revealed that staff productivity is greatly influenced by alcohol abuse.
It was also established that alcohol abuse also results to inability of the staff to recall own mistakes and difficulty in recalling directives (Konchellah, 2014).

Similarly, a study by Rono (2014) on the impact of the abuse of drugs and other substances on the performance of workers who were employed at the Eldoret Municipal Council (now Uasin Gishu County Government) showed that drugs and other substances resulted to high absenteeism and high labour turnover rates (96.6%), lower productivity (96.6%), poor judgement (89.7%), poor work quality and quantity, increased medical costs, injuries, deprivations, trauma and poor relations with customers. The study concluded that drugs and substance abuse in the workplace have significant negative consequences not only to employee wellbeing and welfare but also significant monetary costs to the organization.

Similar findings were reported in studies by Magaju (2010) who evaluated the influence of drug and substance abuse on work performance in Meru Municipality, Kenya as well as in the study by Agumba (2011) who looked at the impact of abuse of alcohol and drugs on the performance of employees in renowned hotels located at the Kenyan Coast.

In sum, the empirical studies reviewed indicate that drug abuse is common in many workplaces and it is associated with cases of job loss, decreased productivity, theft, health issues, behavior change and absenteeism. For the abusers, it is a contributory factor to family challenges, social deprivation, poverty, job loss, injury, deteriorating health and disciplinary action. For the employers, it is associated with loss of competitive advantage, decreased productivity, low service delivery, increased expenditures and safety issues that affect the firm, the public and other workers as well (Hodgins et al., 2009).
2.9 Summary of Literature Review

From the literature reviewed, it is evident that substance abuse is on the rise especially among workers. Little research had been done in this area especially when it came to the Kenyan insurance industry. Other than drug abuse, there were other factors that were positively related to absenteeism, decreased productivity and work related injuries including family issues, education, and work environment among others. However, the current research limited its study to drug and substance abuse and its effect on work performance in the insurance industry in Nairobi, Kenya. This does not disregard or purport that additional factors that could affect the dependent variable are irrelevant.
CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methodological concerns that were used in conducting this research. It describes the research design, research population, sample size and sampling procedures, data collection and finally analysis of data and ethical considerations.

3.2 Research Design

Research design is a guide to the process of data collection, data analysis, interpretation of the findings through dialect and inference on the data relations (Mugenda, 2008). The researcher employed descriptive research design which used a questionnaire and interview guides to collect data from the study’s participants. The objective of descriptive research was to generate an accurate understanding of behaviours, events or situations (Kothari, 2004). Descriptive research design defines the phenomenon in their natural context in descriptional terms like when, how why, where and who. Descriptive research design is a method which enables the researcher to summarize and organize data in an effective and meaningful way (Mugenda, 2008).

3.3 Target Population

A study’s population as noted by Mugenda and Mugenda (2003) is made up of people, elements, group of things, or an event under investigation. According to Cooper and Schindler (2003) a target population is a population having the desired information.
Notably a target population is further defined as the population on which results obtained can be generalized on (Orodho, 2003). The target population of this study was employees who engaged in drug/substance abuse drawn from the six selected insurance companies in Kenya and who worked in the companies’ headquarters in Nairobi.

3.4 Sample Size and Sampling Procedure

A sample size is the exact number of elements that is subjected to research questions (Kothari, 2011). For this study, the sample size was 106 employees who engaged in drug/substance abuse working in insurance companies. According to Borg and Gal (2003), 10-30% provides a fair representation of the accessible population in a study as long the population is less than 1000. In relation to the insurance companies, the study selected 10% of the 55 registered insurance companies (10/100*55). This resulted to six insurance companies that were selected for the study. The companies were chosen using simple random sampling technique. Snow ball sampling method was employed to choose the 106 respondents who participated in the study. Formation of the sample group started with only one subject then the first subject recruited to the sample group provided either a single referral or multiple referrals. Each new referral was explored until primary data from a sufficient amount of the sample was collected.

Further, purposive sampling method was used in selecting the key informants who included the manager and 2 departmental heads in-charge of Operations from each of the six selected insurance companies in Nairobi.
The following formula as given by Kothari (2011) helped to calculate the sample size:

\[ n = \frac{(Z^2pq)}{d^2} \]

Where: \( n \) = the desired sample size.

\( Z \) = the Z value, usually 1.96 at 95% confidence level.

\( p \) = the target population portion that assumed the traits that were sought in the study. For the current study the assumption was a 50:50 basis or a probability of 50% (0.5).

\( q \) = the balance that remains after a value of \( p \) is obtained so that the total is 100%. That is, 1-\( p \), and in our case, 1 - 0.5, resulting to 0.5.

\( d \) = Significance level set at 0.095.

Therefore, the current research sample was obtained using the following formulae

\[ n = \frac{(1.96^2 \times 0.5 \times 0.5)}{(0.095)^2} = 106. \]

Thus, the sample size of the study was 106 employees.
3.5 Data Collection Tools

To establish the effects of drug and substance abuse on work performance among employees of selected insurance companies, self-administered drop and pick later questionnaires were used on the selected staff. Key informant interviews were then conducted on departmental heads and managers, using a key informants interview schedule, to obtain detailed and in depth information regarding the study topic.

3.6 Data Collection

Primary data was obtained using a questionnaire which was dropped to the employees of insurance companies selected by the researcher. A total of 106 questionnaires were administered to the participants provided they met the inclusion criteria. According to Blumberg, Cooper, and Schindler (2011) a questionnaire is a powerful tool to collect primary data since it allows respondents to express their opinion freely. Mugenda and Mugenda (2003) explain that questionnaires are great tools for data collection since the participants are able to give the needed data without being forced to do it.

Data was also collected from the key informants using personal interviews and telephone interviews which were conducted by the researcher. Personal interview method involved the researcher, acting as the interviewer, asking questions to the key informant in a face-to-face interview at the interviewee’s appointed time. The telephone interviews were used in cases where it was hard to have face-to-face interviews with the key informant(s) (Kothari, 2004).
3.7 Validity and Reliability of Research Instruments

3.7.1 Validity
Validity as explained by Blumberg, Cooper, and Schindler (2011) is the extent to which a measure quantifies what it is purported to quantify. Validity is categorized into three types: Content-related, Criterion related and Construct validity. For this study, construct validity was used to determine the validity of the research tool. This type of validity looks at the extent to which a test measures a given hypothetical construct (Mugenda, 2003). A panel of experts is often sought to look at the questionnaire and deduce the specific construct a specific question intends to measure (Kothari, 2005). The researcher sought the help of experts in the insurance field. These experts helped to deduce whether the research tool positively measured the effect of drug and substance abuse on employees’ performance. The advice of the industry experts was used in the improvement of the research tool. Construct validity was evaluated using the Convergent test with a coefficient of $\geq 0.6$ indicating that the data collection instrument was valid (Klein and Ford, 2003).

3.7.2 Reliability
Reliability looks at how consistency the research tool is when measuring what it is expected to measure (Fink, 2003). Mugenda and Mugenda (2003) definition of reliability is the degree of consistency of a research tool after it is used to measure the same phenomenon repeatedly. Reliability could be achieved through three ways: internal consistency, equivalent-forms and test-retest methods.

However, random error in any research could affect reliability. Random error is caused by factors that were not well addressed in the study that could affect the research tool.
This could be caused by ambiguous instructions to the respondents, wrong coding, and interview bias or interview fatigue. The availability of many random errors in a research tool decreases the reliability of the tool. This study used Cronbach’s alpha coefficient with the threshold of items set at a cut-off at 0.8 and above sufficient to ascertain reliability of instruments.

3.8 Pilot Test.

The study conducted a pilot test with a view of determining the suitability and ease of use of the research instrument as well as establish the validity and reliability of the research instrument. Validity tests was conducted to ascertain the degree to which the measuring instrument was accurately measuring what it was intended to measure. For this study, construct validity was used to determine the validity of the research tool. Construct validity was evaluated using the Convergent test with a coefficient of ≥0.6 indicating whether the data collection instrument was valid (Klein and Ford, 2003). Reliability test was to establish the extent to which the questionnaire would produce similar and consistent results in various occasions under similar conditions. The reliability of the research instrument was estimated using Cronbach’s Alpha Coefficient which is a measure of internal coefficient. This was done by coding the questionnaire and thereafter entering the data into SPSS v.23. This was followed by running the reliability test with the Cronbach alpha chosen as the test statistic for this purpose. In addition to testing the validity of the research questionnaire, the study also tested the validity of the key informants’ interview schedule. This was done by seeking the expert opinion of a counsellor, randomly selected from one of the insurance companies, regarding the content of the instrument and as to whether it accurately measured what it intended to measure.
3.9 Data Analysis

Data analysis includes data entry, data sorting and interpretations of the results, after the questionnaires had been obtained from the respondents. For this study, the final analysis involved information from respondents who indicated that they consumed any of the listed drug(s) / substance(s) given the adopted meaning of drug and substance abuse in this study. Completed questionnaires were edited by scrutinizing to ascertain some areas that may not have been addressed by respondents. Both quantitative and qualitative analysis were utilized. Content analysis helped in qualitative analysis which is the provision of a qualitative description of materials and objects used in the research (Mugenda and Mugenda, 2003). It is characterized by observation and giving an analysis of items, things or objects that make the study phenomenon. The data collected under the questionnaire was analyzed using descriptive statistics. The data was entered and coded into the Statistical Package for Social Sciences (SPSS version 22). Descriptive technique was preferred as it gave a basis for deducing the study variable weights. In addition to this, linear regression model was used to test relationship of variables. The study findings for ease of understanding were presented as pie charts, tables and bar graphs.
3.10 Ethical considerations

Permit to undertake the study was sought from the concerned bodies, including from USIU-A IRB, cover letters from USIU-A for the respondents as well as directors from the selected insurance companies. The researcher conducted herself in a manner that would not contravene the rights of study participants. Participation in the study was voluntary and no one was penalized if they chose to withdraw at any stage of data collection. While collecting data, the identity of the respondents remained anonymous and secret. To ensure confidentiality, the questionnaires carried no personal identification numbers or names except the coding necessary for data identifications at the time of editing data. The participants were assured that whatever information they gave would be kept confidential and used for the purpose of this study only and that any emerging issues would only be cited anonymously. All the filled questionnaires were stored in a secure place under lock and key and are to be destroyed by burning after five years from the time of the study.
CHAPTER FOUR:

RESULTS AND FINDINGS

4.1 Introduction

This chapter presents the findings of the study as set out in the research methodology. The results are presented on the effects of drug and substance abuse on employees’ job performance of selected insurance companies in Nairobi, Kenya.

4.1.1 Response Rate

The research sample was made up of 106 employees drawn from the six selected insurance companies in Nairobi, Kenya and who engaged in drug and substance abuse. These were the study respondents. Out of the 106 questionnaires administered, 58 were adequately filled and returned contributing to a response rate of 54.7% as shown in Table while 45.3% of the respondent did not return the filled form. 45.3% were because of some staff not being able to fill in within the given time, others just decided not to return without giving any explanation.

This response rate was both representative and sufficient and conforms to Mugenda and Mugenda (2003) stipulation that a response rate of 50% is adequate for analysis and reporting, 60% is good while 70% and above is excellent.
Table 4.1

Response rate

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responses received</td>
<td>58</td>
<td>54.7</td>
</tr>
<tr>
<td>No response</td>
<td>48</td>
<td>45.3</td>
</tr>
<tr>
<td>Total</td>
<td>118</td>
<td>100.0</td>
</tr>
</tbody>
</table>

In addition to the questionnaires, the study conducted interviews among the manager and 2 departmental heads in-charge of Operations from each of the six selected insurance companies in Nairobi who acted as the key informants. However, only five departmental heads and 2 managers were interviewed as the others were unavailable due to work related commitments.

4.2 Pilot Test Results

The study conducted a pilot test on 11 selected employees from the six selected insurance companies, who met the inclusion criteria of 1) being drug abusers, 2) being 18 years and above of age and 3) willingly consented to take part in the pilot test, with a view of determining the suitability and ease of use of the questionnaire. Their selection was done using snow ball sampling technique. The 11 participants of the pilot test were not included in the final study. The main objective of the pilot test was to establish the validity and reliability of the research instrument. All aspects of the questionnaire were pre-tested including question content, wording, sequence, form and layout, question difficulty and instructions.
4.2.1 Validity of the Research Questionnaire

Table 4.2

*Convergent test results for validity*

<table>
<thead>
<tr>
<th>Constructs</th>
<th>Factors/Aspects representing the construct</th>
<th>Convergent test coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug and substance abuse</td>
<td>Type of drug/substance</td>
<td>.729</td>
</tr>
<tr>
<td></td>
<td>Frequency of abuse</td>
<td>.753</td>
</tr>
<tr>
<td></td>
<td>Duration of abuse</td>
<td>.846</td>
</tr>
<tr>
<td></td>
<td>Regular unreported absence</td>
<td>.831</td>
</tr>
<tr>
<td></td>
<td>Seeking unnecessary leaves</td>
<td>.880</td>
</tr>
<tr>
<td>Drug abuse and workplace absenteeism</td>
<td>Frequent leaving of work area during work time</td>
<td>.817</td>
</tr>
<tr>
<td></td>
<td>Reporting late at work</td>
<td>.766</td>
</tr>
<tr>
<td></td>
<td>Feigning sickness to get off days</td>
<td>.794</td>
</tr>
<tr>
<td></td>
<td>Frequently giving explanations for absenteeism</td>
<td>.852</td>
</tr>
<tr>
<td>Drug abuse and workplace behavior change</td>
<td>Being/feeling anxious</td>
<td>.775</td>
</tr>
<tr>
<td></td>
<td>Being irritable</td>
<td>.738</td>
</tr>
<tr>
<td></td>
<td>Being withdrawn</td>
<td>.743</td>
</tr>
<tr>
<td></td>
<td>Being defensive</td>
<td>.806</td>
</tr>
<tr>
<td></td>
<td>Being emotionally unstable</td>
<td>.814</td>
</tr>
<tr>
<td></td>
<td>Mood changes</td>
<td>.868</td>
</tr>
<tr>
<td></td>
<td>Meeting set performance targets</td>
<td>.711</td>
</tr>
<tr>
<td></td>
<td>Timely completion of assigned duties</td>
<td>.698</td>
</tr>
<tr>
<td>Drug abuse and employees’ productivity</td>
<td>Bringing/recruiting new customers for your company</td>
<td>.674</td>
</tr>
<tr>
<td></td>
<td>Assisting your company to increase the number of policies sold out</td>
<td>.795</td>
</tr>
<tr>
<td></td>
<td>Meeting of customers’ needs in a timely manner</td>
<td>.700</td>
</tr>
<tr>
<td></td>
<td>Ease of working closely with others</td>
<td>.825</td>
</tr>
</tbody>
</table>
From Table 4.2 above, the results show that all the factors representing the various constructs in the study had a Convergent test coefficient greater than 0.6. Therefore, the study concludes that the questionnaire is valid.

4.2.2 Reliability of the Research Questionnaire

The study also sought to establish the reliability of the questionnaire which is a measure of the extent to which the questionnaire would produce similar and consistent results in various occasions under similar conditions. The reliability of the questionnaire was estimated using Cronbach’s Alpha Coefficient which is a measure of internal coefficient. In this study, the acceptable Cronbach alpha threshold was set at a cut-off of 0.8 and above.

Table 4.3 shows that the overall Cronbach’s Alpha is 0.954, implying that the internal consistency of the study variables was very high. This was done by coding the questionnaire and thereafter entering the data into SPSS v.23. This was followed by running the reliability test with the Cronbach alpha chosen as the test statistic for this purpose. [Note: the value 37 shown in Table 2 below represents the total number of coded items from the questionnaire]

Table 4.3

*Overall Reliability Statistics*

<table>
<thead>
<tr>
<th>Cronbach’s Alpha</th>
<th>Cronbach’s Alpha Based on Standardized Items</th>
<th>N of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>.954</td>
<td>.961</td>
<td>37</td>
</tr>
</tbody>
</table>
Further, the reliability of each of the study variables was also tested. This was done by running the reliability test for each of the data representing each variable separately, using SPSS v.23 with the Cronbach alpha chosen as the test statistic for this purpose. The results are as shown in Table 4.3.

Table 4.4
Summary of Reliability Statistics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Cronbach's Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug and substance abuse</td>
<td>.861</td>
</tr>
<tr>
<td>Drug abuse and workplace absenteeism</td>
<td>.887</td>
</tr>
<tr>
<td>Drug abuse and workplace behaviour change</td>
<td>.892</td>
</tr>
<tr>
<td>Drug abuse and employees’ productivity</td>
<td>.903</td>
</tr>
</tbody>
</table>

From the Table 4.4 above, the results show that all variables in the study had a reliability coefficient greater than the set threshold of 0.8. Therefore, the study concludes that there is internal consistency of the responses by the respondents in the questionnaire. Based on these validity and reliability tests results, no changes will be made to the research instrument, as it is both valid and reliable.

4.2.3 Validity of the Key Informants Interview Schedule

In addition to testing the validity of the research questionnaire, the study also tested the validity of the key informants’ interview schedule. This was done by seeking the expert opinion of a counselor, randomly selected from one of the six selected insurance companies, regarding the content of the instrument and as to whether it accurately measures what it intends to measure.
The response from the reviewer indicated that the interview schedule had adequately covered all the variables in the study and that it adequately covered the subject under study. The reviewer also noted that the questions in the interview schedule were a good translation of all the study constructs. Based on this assessment, the study concludes that the key informants’ interview schedule is found to be valid since the relevant content domain for all the constructs have been covered. As such, there will also be no changes to be made in the tool.

4.3 Demographic Information

The research established the participants’ demographic profile. The demographic attributes considered included: the respondents’ gender, age, education level, marital status, duration worked in the current organization and their department. The results are as presented in the subsequent subsections.

4.3.1 Gender Distribution of the Respondent

The study participants were requested to indicate their gender. The results in Table 4.5 indicate that majority (74.1%) of the respondents were male while 25.9% were female. Similarly, majority (85.7%) of the key informants were male while 14.3% were female.
Table 4.5
Respondents’ gender distribution

<table>
<thead>
<tr>
<th></th>
<th>Respondents</th>
<th>Key informants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>Male</td>
<td>43</td>
<td>74.1</td>
</tr>
<tr>
<td>Female</td>
<td>15</td>
<td>25.9</td>
</tr>
<tr>
<td>Total</td>
<td>58</td>
<td>100.0</td>
</tr>
</tbody>
</table>

This implied that more males took part in the study than the females.

4.3.2 Age Distribution of the Respondents

The study participants were requested to indicate their age. This indicated that 44.8% were aged 41 to 50 years, 29.3% were aged 31 to 40 years, 15.5% had 18 to 30 years, 8.6% had 51 to 60 years while 1.7% were aged above 60 years. This showed that the study respondents were spread across different age brackets. However, majority of the respondents were aged 50 years and below.

Figure 4.1 Respondents’ age distribution
4.3.3 Education Level of the Respondents

The highest education level of the respondents was sought and the findings were as indicated in Figure 4.2

![Figure 4.2 Education level of the respondents](image)

According to the results most of the study participants represented by 43.1% were Graduates, 27.6% were Diploma holders, 15.5% were Masters Holders, 10.3% were O-Level studies holders while 3.4% had only Primary level education. This indicated that most of the respondents had a sound academic background.

4.3.4 Marital Status of the Respondents

The respondents were requested to indicate their marital status. According to the results shown in Table 4.6, majority of the study participants were married as indicated by 77.6%. The results also indicate that 13.8% of the respondents were single, 5.2% were divorced/separated while 3.4% were widowed. Hence, majority of the respondents were married.
Table 4.6

Marital status of the respondents

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>8</td>
<td>13.8</td>
</tr>
<tr>
<td>Married</td>
<td>45</td>
<td>77.6</td>
</tr>
<tr>
<td>Widowed</td>
<td>2</td>
<td>3.4</td>
</tr>
<tr>
<td>Divorced/separated</td>
<td>3</td>
<td>5.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>58</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

4.3.5 Years Worked in the Company

The respondents were requested to indicate how long they had worked in their company. The results are as shown in Figure 4.3. The results indicate that 41.4% of the respondents had worked in their company for 6-10 years, 29.3% had worked for 11-15 years, 17.2% had worked for 1-5 years while 12.1% of the respondents had worked in their company for over 15 years. This showed that majority of the respondents had worked in their company for a considerable period.

Figure 4.3 Respondents’ distribution based on the duration worked in their company
4.3.6 Departments in which the Respondents Worked

The respondents were required to indicate their department within the company and the findings are as shown in Table 4.7. The findings show that 32.8% of the respondents worked in the Premium Administration department, 24.1% worked in the Claims department, 17.2% worked in the Operations department, 12.1% worked in the Retail department, 6.9% worked in the Finance department while another 6.9% worked in the corporate department. This showed that the study participants were drawn from different departments.

Table 4.7

<table>
<thead>
<tr>
<th>Department</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims</td>
<td>14</td>
<td>24.1</td>
</tr>
<tr>
<td>Operations</td>
<td>10</td>
<td>17.2</td>
</tr>
<tr>
<td>Finance</td>
<td>4</td>
<td>6.9</td>
</tr>
<tr>
<td>Retail</td>
<td>7</td>
<td>12.1</td>
</tr>
<tr>
<td>Corporate</td>
<td>4</td>
<td>6.9</td>
</tr>
<tr>
<td>Premium Admin</td>
<td>19</td>
<td>32.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>58</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

4.3.7 Key Informants’ Position and Duration Served in the Position

The study required the key informants to indicate the position they held in the organization and the duration that they had served in that position. According to the results shown in Table 4.8, 28.6% of the key informants held the position of a manager while 71.4% held head of department position.
For the managers, one had served in the position for 1-5 years while the other had served in the position for 6-10 years. For the departmental heads, 40% had served in the position for 1-5 years, 40% had served in the position for 6-10 years while 20% had served in the position for 11-15 years. This showed that the key informants had held their leadership/managerial positions for considerable time duration and as such were able to comment about drug abuse among staff in the organizations.

Table 4.8
*Key informants’ position and duration served in the position*

<table>
<thead>
<tr>
<th>Position held</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager</td>
<td>2</td>
<td>28.6</td>
</tr>
<tr>
<td>Departmental head</td>
<td>5</td>
<td>71.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duration in the position</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5 years</td>
<td>1</td>
<td>50.0</td>
</tr>
<tr>
<td>6-10 years</td>
<td>1</td>
<td>50.0</td>
</tr>
<tr>
<td>Departmental heads</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5 years</td>
<td>2</td>
<td>40.0</td>
</tr>
<tr>
<td>6-10 years</td>
<td>2</td>
<td>40.0</td>
</tr>
<tr>
<td>11-15 years</td>
<td>1</td>
<td>20.0</td>
</tr>
</tbody>
</table>

4.3.8 Awareness about Existence of Employees Engaging in Drug Abuse

The key informants were requested to indicate whether they were aware of existence of employees who abused drugs in their organization. The findings in Table 4.9 indicate that all (100%) of the key informants indicated that they were aware of there being employees who abused substances in their organization.
This showed that substance abuse among some employees was a well-known fact by management in the selected insurance companies.

Table 4.9

*Key informants’ knowledge of existence of employees who abused drugs*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>7</td>
<td>100.0</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.4 Drug and Substance Abuse

4.4.1 Kinds of Substances that the Respondents Abused

The study sought to establish the kind of drugs/substances that the respondents were abusing. On the kind of drugs/substances that the respondents were abusing, the results presented in Table 4.10 indicate that 89.7% of the respondents took alcohol, 32.8% of the respondents smoked cigarettes, 19% took miraa, 12.1% smoked marijuana/bang, 6.9% smoked shisha, 1.7% said they abused cocaine while another 1.7% of the respondents said they abused heroine. This showed that the study participants engaged in abuse of various drugs, though it is evident that alcohol was the most abused substance among the respondents. It is also evident that both cocaine and heroin were the substances abused by the least number of the respondents.
Table 4.10  
*Substances Abused by the Respondents*

<table>
<thead>
<tr>
<th>Drugs/substances abused</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>52</td>
<td>89.7</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>19</td>
<td>32.8</td>
</tr>
<tr>
<td>Marijuana/Bhangi</td>
<td>7</td>
<td>12.1</td>
</tr>
<tr>
<td>Shisha</td>
<td>4</td>
<td>6.9</td>
</tr>
<tr>
<td>Miraar</td>
<td>11</td>
<td>19.0</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>Heroine</td>
<td>1</td>
<td>1.7</td>
</tr>
</tbody>
</table>

4.4.2 Frequency of Substance Abuse among the Respondents

The study participants were requested to indicate the frequency with which they consumed the identified substances. The results are as shown in Table 4.10. The results indicate that: for those that abused alcohol, 28.8% took it daily, 59.6% took it often (meaning, at least 3 days in a week), 9.6% took it moderately (meaning, once in a week) while 1.9% indicated that they took it occasionally (meaning, once or twice in a month). This shows that most of the respondents who abused alcohol did take it on an often basis. For those that abused cigarettes, 68.4% took it daily, 26.3% took it often (meaning, at least 3 days in a week) while 5.3% took it moderately (meaning, once in a week). This shows that majority of the respondents who smoked cigarettes did so daily or on often basis. For those that abused marijuana/bhang, 14.3% took it daily, 57.1% took it often (meaning, at least 3 days in a week) while 28.6% took it moderately (meaning, once in a week). This shows that majority of the respondents who smoked marijuana/bhang did so on an often basis.
For those that abused Shisha, 50% said they took it daily while the other 50% said that they took it often (meaning, at least 3 days in a week). This shows that the respondents who smoked shisha did so on an often basis. For those that abused miraa, 54.5% said they took it daily, 36.4% took it often (meaning, at least 3 days in a week) while 9.1% indicated that they took it moderately (meaning, once in a week). It is therefore evident that most of the respondents who abused miraa did so quite frequently.

In addition, 100% of the respondents that abused cocaine said they took it moderately (meaning, once in a week). Similarly, 100% of the respondents that abused heroine said they took it took it moderately (meaning, once in a week). This clearly shows that the respondents who abused cocaine and heroin did so on a lesser frequent basis compared with those that abused the other cited substances.

Table 4.11

Substances Abused by the Respondents

<table>
<thead>
<tr>
<th>Drugs/substances</th>
<th>Frequency of abuse</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always (daily)</td>
<td>Often (at least 3 days in a week)</td>
<td>Moderately (meaning once in a week)</td>
<td>Occasionally (meaning once or twice in a month)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>15</td>
<td>28.8</td>
<td>31</td>
<td>59.6</td>
<td>5</td>
<td>9.6</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>13</td>
<td>68.4</td>
<td>5</td>
<td>26.3</td>
<td>1</td>
<td>5.3</td>
</tr>
<tr>
<td>Marijuana/Bhangi</td>
<td>1</td>
<td>14.3</td>
<td>4</td>
<td>57.1</td>
<td>2</td>
<td>28.6</td>
</tr>
<tr>
<td>Shisha</td>
<td>2</td>
<td>50.0</td>
<td>2</td>
<td>50.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Miraa</td>
<td>6</td>
<td>54.5</td>
<td>4</td>
<td>36.4</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>100.0</td>
</tr>
<tr>
<td>Heroine</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>100.0</td>
</tr>
</tbody>
</table>
4.4.3 Reasons for Engaging in Substance Abuse

The respondents were requested to give reasons as to why they engaged in substance abuse. The respondents cited a wide range of reasons for their engaging in substance abuse which can broadly grouped into work-related and personal/family related reasons. The work-related reasons included work overload, pressure to deliver assigned responsibilities in time, interpersonal conflicts at the workplace, lack of voice at the workplace, unfulfilled promises relating to improvement of working conditions, poor pay and peer influence.

The personal/family related reasons included personality issues (such as low self-esteem and self-criticism), financial challenges and marital instability. This implied that both work-related and personal/family-related aspects were the major drivers behind the respondents’ engaging in substance abuse.

4.5 Drug Abuse and Workplace Absenteeism

The first objective of the study sought to determine the extent to which drug abuse influenced workplace absenteeism among employees in the selected insurance companies. The respondents were requested to indicate the extent to which they engaged in cited absenteeism related aspects/behaviors because of their substance abuse. According to the findings in Table 4.12, the employees of the selected insurance companies were in agreement that, as a result of their drug abuse, they made frequent use of unplanned vacation time (mean = 4.34); they were regularly required to give explanations for absenteeism (mean = 4.31); they left the work area, during working hours, more times than necessary (mean = 4.28); they had regular unreported absence at work (mean = 4.17) and that they took/sought unnecessary leaves (mean = 3.88).
Similar views were expressed by the key informants who pointed that drug and substance abuse by some of the employees directly impacted on their workplace absenteeism with higher levels of unexplained absenteeism from work noted among this group of staff. The key informants also indicated that those employees with drug abuse related problems had regular unreported absence at work, they sought on a frequent basis unjustified work leaves and were always being required to show cause for their increased incidences of absence from work without following due procedure.

The key informants also observed that workplace absenteeism was one of the notable aspects among most of the employees with drug abuse related challenges. This implied that drug abuse among the employees of the selected insurance companies did contribute to the employees’ workplace absenteeism behaviors.

Table 4.12

<table>
<thead>
<tr>
<th>Workplace absenteeism aspects/behaviors</th>
<th>Mean</th>
<th>Std. Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular unreported absence at work</td>
<td>4.17</td>
<td>0.653</td>
</tr>
<tr>
<td>Frequent use of unplanned vacation time</td>
<td>4.34</td>
<td>0.579</td>
</tr>
<tr>
<td>Taking/seeking unnecessary leaves</td>
<td>3.88</td>
<td>0.839</td>
</tr>
<tr>
<td>Leaving the work area, during working hours, more times than necessary</td>
<td>4.28</td>
<td>0.744</td>
</tr>
<tr>
<td>Feigning sickness to be allowed days off work</td>
<td>4.02</td>
<td>0.805</td>
</tr>
<tr>
<td>Regularly being required to give explanations for absenteeism</td>
<td>4.31</td>
<td>0.706</td>
</tr>
</tbody>
</table>
4.6 Drug Abuse and Workplace Behaviour Change

The second objective of the study sought to establish the effect of drug abuse on workplace behavior change among employees in the insurance companies. The respondents were requested to indicate the extent to which they had suffered or experienced identified workplace behavior changes attributable to their drug abuse. According to the findings in Table 4.13, the employees of the selected insurance companies indicated that, as a result of their drug abuse, they suffered/experienced the following workplace behavior changes to a great extent: over-reaction to real or imaginary criticism (mean = 4.45); being withdrawn (mean = 4.38); unwarranted mood changes (mean = 4.26); emotional unsteadiness (mean = 4.12); anxiety (mean = 4.10); irritation and being unnecessarily argumentative (mean = 4.07); use of improper/rude language (mean = 4.03); being cunning/lying tendencies (mean = 3.78) and display of violent behavior (mean = 3.59). Similar views were expressed by the key informants who pointed that drug and substance abuse had a direct impact on the workplace behavior change among the affected employees. The key informants indicated that they observed notable behavior change among employees with drug abuse concerns with some of the notable changes in behavior being the employees had a short temper and became irritated and angry at the slightest provocation, the employees were unnecessarily argumentative while other were largely withdrawn, some exhibited violent conduct, some were rude and others were not emotionally stable as they exhibited unwarranted mood swings. The key informants also observed that workplace behavior change was one of the notable attributes common among most of the employees with drug abuse related challenges. This implied that drug abuse occasioned workplace behavior changes among the employees of the selected insurance companies.
Table 4.13
*Respondents’ workplace behaviour changes due to drug abuse*

<table>
<thead>
<tr>
<th>Workplace behaviour change attributes</th>
<th>Mean</th>
<th>Std. Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>4.10</td>
<td>0.765</td>
</tr>
<tr>
<td>Irritation</td>
<td>4.07</td>
<td>0.769</td>
</tr>
<tr>
<td>Unwarranted mood changes</td>
<td>4.26</td>
<td>0.664</td>
</tr>
<tr>
<td>Display of violent behaviour</td>
<td>3.59</td>
<td>1.109</td>
</tr>
<tr>
<td>Being unnecessarily argumentative</td>
<td>4.07</td>
<td>0.746</td>
</tr>
<tr>
<td>Being withdrawn</td>
<td>4.38</td>
<td>0.644</td>
</tr>
<tr>
<td>Over-reaction to real or imaginary criticism</td>
<td>4.45</td>
<td>0.567</td>
</tr>
<tr>
<td>Use of improper/rude language</td>
<td>4.03</td>
<td>0.794</td>
</tr>
<tr>
<td>Emotional unsteadiness</td>
<td>4.12</td>
<td>0.774</td>
</tr>
<tr>
<td>Being cunning/lying tendencies</td>
<td>3.78</td>
<td>0.918</td>
</tr>
</tbody>
</table>

4.7 Drug Abuse and Employees’ Productivity

This objective sought to examine the influence of drug abuse on the level of productivity among employees in the insurance companies. The respondents were requested to rate their level of productivity at work based on a given set of productivity measurement parameters.

The rating was based on a scale of 1-5 where 1 - extremely poor, 2 - poor, 3 - fair, 4 - good and 5 - excellent. According to findings in Table 4.14, employees of the selected insurance companies rated their productivity at work as generally poor as indicated by the following productivity measurement scores: meeting set performance targets (mean = 2.02); timely completion of assigned duties (mean = 1.95); bringing/recruiting new customers for their company (mean = 2.26); assisting their company to increase the number of policies sold out (mean = 2.21); meeting of customers’ needs in a timely manner (mean = 2.47); ease of working closely with others (mean = 2.09); growing of company margins (mean = 2.62) and reporting on product offering failings on a timely basis (mean = 2.33).
As such the respondents seemed to agree with the notion that substance abuse negatively affected their productivity in the workplace. This view was also expressed by the key informants who indicated that they observed a decline in the levels of productivity in staff who later came to be identified as engaging in substance abuse. The key informants indicated that substance abuse negatively affected the performance of concerned employees as evidenced by the inability to meet set performance targets and their inability to complete assigned tasks within the set timelines. The key informants also noted that employees who engaged in drug abuse scored poorly in interpersonal relationships and team work based responsibilities as well as in handling customers within the workplace. As such their overall contribution to the attainment of organizational objectives was not at optimal levels. This showed that drug abuse among the employees of the selected insurance companies had an adverse impact on their workplace productivity.

Table 4.14

*Addressing the Drug Abuse Problem*

<table>
<thead>
<tr>
<th>Productivity measurement parameters</th>
<th>Mean</th>
<th>Std. Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting set performance targets</td>
<td>2.02</td>
<td>0.827</td>
</tr>
<tr>
<td>Timely completion of assigned duties</td>
<td>1.95</td>
<td>0.759</td>
</tr>
<tr>
<td>Bringing/recruiting new customers for your company</td>
<td>2.26</td>
<td>0.965</td>
</tr>
<tr>
<td>Assisting your company to increase the number of policies sold out</td>
<td>2.21</td>
<td>1.005</td>
</tr>
<tr>
<td>Meeting of customers’ needs in a timely manner</td>
<td>2.47</td>
<td>1.030</td>
</tr>
<tr>
<td>Ease of working closely with others</td>
<td>2.09</td>
<td>0.864</td>
</tr>
<tr>
<td>Growing of company margins</td>
<td>2.62</td>
<td>1.089</td>
</tr>
<tr>
<td>Reporting on product offering failings on a timely basis</td>
<td>2.33</td>
<td>1.066</td>
</tr>
</tbody>
</table>
4. 8 Addressing the Drug Abuse Problem

The key informants were requested to give their opinion on measures that could be taken to address the problem of drug and substance abuse among employees in the workplace.

The key informants expressed the view that a wide range of measures could be taken to address the drug abuse problem among employees and which included, the management remaining objective and focusing on verifiable facts when dealing with affected employees, creation of awareness programs on the dangers of drug abuse, developing an organizational policy on substance abuse (which may be far-reaching with provisions for disciplinary action, ways of assisting drug users, employee’s rights to confidentiality and everything in between), creating an Employee Assistance Program (EAP) to help affected employees to get treatment and/or help, creating and placing emphasis on a drug-free workplace environment that promotes positive attributes such as work culture, safety, employee productivity, professionalism, among others, initiation of drug screening/testing programs which could be done before hiring and during the employment period to help the organization identify drug abusing employees, minimize the risk of hiring new employees who could be drug users and to curb substance abuse among the employees and development of programs such as stress management and worker-health counseling which focus at promoting health awareness among individual employees. This implied that possible solutions existed for the substance abuse problem among employees in the workplace.
4.9 Inferential Statistics

This study applied linear regression analysis model to analyze the relationship between the study variables and to test the study hypotheses. The linear regression model was as follows;

\[ Y = \alpha + \beta X + \epsilon \]

Where; \( Y \) – Employee job performance (The dependent variable)

\( \alpha \) – Constant

\( \beta \) – Beta coefficient of the independent variable

\( X \) – Drug abuse (The independent variable)

\( \epsilon \) – Error term

The findings of the linear regression analysis are as described below;

Table 4.15
Aggregated regression analysis results

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>Number of obs = 58</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
<td>113.11</td>
<td>1</td>
<td>113.11</td>
<td>F (1, 57) = 91.706</td>
</tr>
<tr>
<td>Residual</td>
<td>69.07</td>
<td>56</td>
<td>1.2334</td>
<td>Prob &gt; F = 0.000</td>
</tr>
<tr>
<td>Total</td>
<td>182.18</td>
<td>57</td>
<td></td>
<td>R-squared = 0.621</td>
</tr>
</tbody>
</table>

Adj. R-squared = 0.614
Based on the regression analysis results shown in Table 4.15, the linear regression model became;

\[ Y = 4.793 + 0.632 X + \varepsilon \]

The above linear regression equation shows that there exists a significant negative relationship between drug abuse and employee job performance within the selected insurance companies in Nairobi, Kenya as denoted by a beta coefficient of -0.632 and a p-value of 0.000. Further, the study ran the linear regression analysis to establish the relationship between drug abuse and each of the components of employee job performance (namely workplace absenteeism, workplace behavior change and employees’ productivity). The results are as summarized in Tables 4.16, 4.17 and 4.18 below.

Table 4.16
Regression analysis results on drug abuse and workplace absenteeism

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>Number of obs = 58</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
<td>131.77</td>
<td>1</td>
<td>131.77</td>
<td>F (1, 57) = 115.389</td>
</tr>
<tr>
<td>Residual</td>
<td>63.95</td>
<td>56</td>
<td>1.1420</td>
<td>Prob &gt; F = 0.000</td>
</tr>
<tr>
<td>Total</td>
<td>195.72</td>
<td>57</td>
<td></td>
<td>R-squared = 0.673</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adj R-squared = 0.667</td>
</tr>
</tbody>
</table>

The results in Table 4.16 above show that there exists a significant positive relationship between drug abuse and workplace absenteeism among employees in the selected insurance companies in Nairobi, Kenya as denoted by a beta coefficient of 0.581 and a p-value of 0.000.
Table 4.17
Regression analysis results on drug abuse and workplace behavior change

<table>
<thead>
<tr>
<th>Coef.</th>
<th>Std. Err.</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>3.067</td>
<td>.608</td>
<td>5.04</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>0.619</td>
<td>.153</td>
<td>4.05</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>Number of obs = 58</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
<td>91.05</td>
<td>1</td>
<td>91.05</td>
<td>F (1, 57) = 89.124</td>
</tr>
<tr>
<td>Residual</td>
<td>57.21</td>
<td>56</td>
<td>1.0216</td>
<td>Prob. &gt; F = 0.000</td>
</tr>
<tr>
<td>Total</td>
<td>148.26</td>
<td>57</td>
<td></td>
<td>R-squared = 0.614</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adj. R-squared = 0.607</td>
</tr>
</tbody>
</table>

The results in Table 4.17 above show that there exists a significant positive relationship between drug abuse and workplace behavior change among employees in the selected insurance companies in Nairobi, Kenya as denoted by a beta coefficient of 0.619 and a p-value of 0.000.

Table 4.18
Regression analysis results on drug abuse and employee productivity

<table>
<thead>
<tr>
<th>Coef.</th>
<th>Std. Err.</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>2.704</td>
<td>.418</td>
<td>6.47</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>-0.696</td>
<td>-.171</td>
<td>4.07</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>Number of obs = 58</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
<td>78.05</td>
<td>1</td>
<td>78.05</td>
<td>F (1, 57) = 146.622</td>
</tr>
<tr>
<td>Residual</td>
<td>29.81</td>
<td>56</td>
<td>.5323</td>
<td>Prob &gt; F = 0.000</td>
</tr>
<tr>
<td>Total</td>
<td>107.86</td>
<td>57</td>
<td></td>
<td>R-squared = 0.724</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adj R-squared = 0.719</td>
</tr>
</tbody>
</table>

The results in Table 4.18 above show that there exists a significant negative relationship between drug abuse and employees’ level of productivity within the selected insurance companies in Nairobi, Kenya as denoted by a beta coefficient of -0.696 and a p-value of 0.000.
Based on the afore-discussed regression analysis findings, the hypotheses tests results are as summarized in Table 4.19 below.

Table 4.19

*Hypotheses Tests Results Summary*

<table>
<thead>
<tr>
<th>Hypotheses</th>
<th>Sig.</th>
<th>Beta</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H₀₁. There is no significant relationship</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>between drug abuse and employee absenteeism among employees in the insurance companies of Kenya</td>
<td>.000</td>
<td>.05</td>
<td>Reject null hypothesis</td>
</tr>
<tr>
<td><strong>H₀₂. There is no significant relationship</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>between drug abuse and workplace behaviour change among employees in the insurance companies of Kenya</td>
<td>.000</td>
<td>.05</td>
<td>Reject null hypothesis</td>
</tr>
<tr>
<td><strong>H₀₃. There is no significant relationship</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>between drug abuse and the level of productivity of employees in the insurance companies of Kenya</td>
<td>.000</td>
<td>.05</td>
<td>Reject null hypothesis</td>
</tr>
</tbody>
</table>

Given, that all p values were < 0.05, the study rejected the three null hypotheses and consequently concluded that there exists a significant relationship between drug abuse and the three-employee job performance indicators, (workplace absenteeism, workplace behavior change and level of productivity) among employees in the insurance companies of Kenya.
CHAPTER FIVE: SUMMARY, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents summary of key findings, discussion of literature review, conclusions and recommendations of the study based on the study objectives. The chapter also highlights suggested areas for further research. The study sought to establish the effects of drug and substance abuse on employees’ job performance of selected insurance companies in Nairobi, Kenya.

5.2 Summary

This gives a summary of general and specific objectives of this study basing on results findings.

5.2.1 Drug and Substance Abuse

The study findings indicated that a wide range of drugs/substances were being abused by the employees of the six selected insurance companies who participated in this research. These included alcohol, tobacco/cigarettes, miraa, marijuana/ bang shisha as well as cocaine and heroin. The study results also showed that alcohol was the substance consumed by most of the respondents while cocaine and heroin were the substances consumed by the least number of the respondents. In addition, the findings indicated that the respondents consumed these substances on a regular basis.
The results also pointed that work overload, pressure to deliver assigned responsibilities in time, interpersonal conflicts at the workplace, lack of voice at the workplace, unfulfilled promises relating to improvement of working conditions, poor pay and peer influence were the work-related factors that made the study respondents engage in the drug abuse while personality crises, financial challenges and marital instability were cited as the personal/family-related factors that were behind the respondents’ engaging in drug abuse. This implied that drug and substance abuse was a problem among some of the staff of insurance companies in Nairobi, Kenya with both work-related and personal/family related factors contributing to the drug abuse problem.

5.2.2 Drug Abuse and Workplace Absenteeism

The findings of the study showed that the employees of the selected insurance companies agreed that, because of their drug abuse, they made frequent use of unplanned vacation time; they were regularly required to give explanations for absenteeism; they left the work area, during working hours, more times than necessary; they had regular unreported absence at work and that they took/sought unnecessary leaves. In addition, based on the regression analysis results, the null hypothesis that there was no significant relationship between drug abuse and workplace absenteeism among employees in the insurance companies of Kenya was rejected since a significant positive relationship between drug abuse and workplace absenteeism was established. This implied that drug abuse among the employees of the selected insurance companies did contribute to the employees’ workplace absenteeism behaviors.
5.2.3 Drug Abuse and Workplace Behavior Change

According to the study findings, the employees of the selected insurance companies and who participated in this study indicated that, as a result of their drug abuse, they suffered/experienced the following workplace behavior changes to a great extent: over-reaction to real or imaginary criticism; being withdrawn; unwarranted mood changes; emotional unsteadiness; anxiety; irritation and being unnecessarily argumentative; use of improper/rude language; being cunning/lying tendencies and display of violent behavior. In addition, based on the regression analysis results, the null hypothesis that there was no significant relationship between drug abuse and workplace behavior change among employees in the insurance companies of Kenya was rejected since a significant positive relationship between drug abuse and workplace behavior change was established. This implied that drug abuse occasioned workplace behavior changes among the employees of the selected insurance companies.

5.2.4 Drug Abuse and Employees’ Productivity

The study findings showed that the employees of the selected insurance companies who participated in this study rated their productivity at work as generally poor as indicated by their low/poor score in the following productivity measurement parameters: meeting set performance targets; timely completion of assigned duties; bringing/recruiting new customers for their company; assisting their company to increase the number of policies sold out; meeting of customers’ needs in a timely manner; ease of working closely with others; growing of company margins and reporting on product offering failings on a timely basis.
In addition, based on the regression analysis results, the null hypothesis that there was no significant relationship between drug abuse and the level of productivity of employees in the insurance companies in Kenya was rejected since a significant negative relationship between drug abuse and employees’ productivity was established. This showed that drug abuse among the employees of the selected insurance companies had an adverse impact on their workplace productivity.

5.3 Discussions

This gives comparison of own results with literature review, giving similarities and differences as per the findings.

5.3.1 Reinforcement Theory

The study agreed with reinforcement theory that those who abuse substance they tend to increase frequency of intake to get a more fulfilling effect. The reinforcement theory is a psychological based theory developed by Frederic Skinner in 1957. This theory overlooks the aspect of difference in personality between drug users and nonusers of drugs. It emphasizes the role of reinforcement in drug abuse which states that people mostly look at maximizing reward and minimizing punishment; people continue doing specific things because historically, they have been rewarded for them (Collins and Frank, 2014). This theory argues that all drugs and substances activate the brain reinforcement system and thereby act as rewards biologically. The drug or substance when taken once induces a reinforcement process which triggers a future chance of an increase in the drug taking behavior.
5.3.2 Social Cognitive Theory

The study also agreed with what social cognitive theory states that most of those who abuse substances, do so copying others and with high expectations of a fulfilling effect. The social cognitive theory constitutes the social learning theory. Albert (1986) formulated both theories. Social Cognitive Theory was later modified by Samuel Smith (2017). According to this theory individuals, their environment and behavior work concurrently, thus influencing all aspects of their reality (Smith (2017) adds that behavior does not only result from environmental stimuli but people have the capability of thinking and developing opinions from any circumstance, measuring the consequences of their specific behavior through reflections and further deciding on the best course of action. Social cognitive learning theory is often used in drug abuse as it purports that abusers have positive attitudes and expectation of drug use because of trying to imitate the positive attitudes towards drug abuse of their peers (Giovazolias & Themeli, 2014).

5.3.3 Conceptual Framework

The study agreed with conceptual framework that independent variable influenced dependent variable, meaning drug and substance abuse influenced job performance by causing absenteeism, work place behaviour change and affecting the level of productivity.

5.3.4 Concept of Drug and Substance Abuse.

The study agreed with concept of drug and substance abuse. It found out that this caused dependency and that alcohol was the mainly abused substance over all the others in insurance companies. Study agreed that alcohol abuse is a criminal offence resulting to social, physical and psychological harm.
According to Frone (2013) a few of the drugs that are commonly abused include amphetamines, alcohol, benzodiazepines, barbiturates, and opiates (heroin, codeine, hydrocodone, morphine, cigarettes, etc.).

5.3.5 Prevalence rate of Alcohol and Drug Abuse.

Study agreed with prevalence rate of alcohol and drug abuse that substance abuse does not discriminate and different employees abused substance regardless of their gender, age, level of education or any other demographic status. According to World Drug Report (2014), the abuse of alcohol and other drugs does not discriminate as it affects different countries whether developed or not and leads to very high costs for firms and businesses and lost time and also endangers other members of the society. Also, in Kenya, a survey conducted by NACADA in 2011 revealed that 56% of people who served in the public service have taken alcohol in their lifetime, 23% had taken tobacco products, 16% had ever chewed Miraa/Khat/Muguuka, while 6.6% and 1.3% had ever taken bhang and other drugs such as heroin, cocaine or mandrax respectively at least once in their life.

5.4 Conclusions

The study concluded that, though the employees of the selected insurance companies abused different kinds of substances, alcohol was the most abused substance among the employees of the selected insurance companies in Nairobi, Kenya and that both work and personal/family-related factors did contribute to the problem of drug abuse among the employees.
The study also concluded that drug abuse contributed to workplace absenteeism among employees of the selected insurance companies given their regular unreported absence at work and their taking of unnecessary leaves from work. In addition, the study concluded that there existed a significant positive relationship between drug abuse and workplace absenteeism among employees of the selected insurance companies in Nairobi, Kenya.

The study also concluded that drug abuse contributed to workplace behavior change among employees of the selected insurance companies as evidenced by behaviors such as over-reaction to real or imaginary criticism, unwarranted mood changes, emotional unsteadiness; irritation and being unnecessarily argumentative and display of violent behavior. In addition, the study concluded that there existed a significant positive relationship between drug abuse and workplace behavior change among employees of the selected insurance companies in Nairobi, Kenya.

Further, the study concluded that drug abuse adversely impacted on employees’ productivity at work given their acknowledgement of failure to meet set performance targets, failure to timely complete assigned duties and their inability to meet customers’ needs in a timely manner. In addition, the study concluded that there existed a significant negative relationship between drug abuse and the level of productivity of employees of the selected insurance companies in Nairobi, Kenya.
5.5 Recommendations

Based on the findings of the study, the following recommendations are drawn thereto;

The insurance companies in Kenya may develop an organizational policy on substance abuse and this policy may contain clear provisions on what drug abuse is, disciplinary action for engagement in drug abuse, mechanisms for assisting affected staff, employee’s rights to confidentiality on the subject and everything in between. The insurance companies in Kenya may regularly organize for awareness programs and training workshops on the dangers of drug abuse that may also be integrated with staff-health counseling to promote wholesome health awareness among individual employees.

The insurance companies in Kenya may also create an Employee Assistance Program (EAP) to help employees affected by the drug abuse problem to get treatment and/or help. The management of the insurance companies in Kenya may foster a drug-free workplace environment that promotes positive attributes such as a work culture, safety, employee productivity, professionalism, teamwork among others. There could also be initiation of drug screening/testing programs which could be done before hiring and during the employment period to help the organization identify drug abusing employees, minimize the risk of hiring new employees who could be drug users and to curb substance abuse among the employees. As well as offer help to those affected through counselling.
5.6 Suggested Areas for Further Research

Since this study explored the effects of drug and substance abuse on employees’ job performance of selected insurance companies in Nairobi, Kenya, a wider study involving other companies across the different industries of the Kenyan economy is hereby recommended. This will facilitate a broader comparison and generalization of the study findings.


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APPENDICES

APPENDIX A: CONSENT FORM

Title of Study: The effects of drug and substance abuse on employees’ job performance on selected insurance companies in Nairobi, Kenya

Principal Investigator and institutional affiliation: Oliver Njoki Kainika -651559, United States International University – Africa, Nairobi, Kenya

Introduction

My name is Oliver Teresia. I am student at United States International University – Africa in Nairobi, Kenya currently undertaking Masters of Arts in Counselling Psychology studies. I am conducting a research study on “the effects of drug and substance abuse on employees’ job performance on selected insurance companies in Nairobi, Kenya” in partial fulfillment of the requirements for the Masters programme.

Purpose of the study

The objective of this study is to determine the effects of drug and substance abuse on work performance amongst employees in the Kenyan insurance industry. Specifically, the study will seek to establish the influence of drug and substance abuse on workplace absenteeism, workplace behavior change and level of productivity among employees in selected insurance companies in Nairobi, Kenya.
Meaning of drug and substance abuse

For the purpose of this study, drug and substance abuse means the consumption of any substance(s), whether legal or illegal, for the purpose of altering the functioning of the body and that might lead to its dependence.

Confidentiality

All the information provided will be treated in utmost confidentiality. In addition, all the information given herein will only be used for research purposes. Your name or anything else that may identify you will not appear anywhere in the study as the study will use statistics. The study will not collect or retain any information about your personal identity.

Voluntary participation

Your participation in this study is voluntary. As such, you may refuse to take part in the study at any time without affecting your relationship with the investigator of this study. There will be no penalties for any decline to participate and/or withdrawal at any stage of the data collection.

However, your participation is very important for the success of this study.

Benefit

The benefit for your participation is that you will help the researcher establish if indeed drug and substance abuse affect employees’ job performance within the local insurance industry.
Risks/Discomforts

The study may lead to self-disclosure about the study subject which may cause some personal discomfort.

Right to Ask Questions and Report Concerns

You have the right to ask questions about this research study and to have those questions answered by the researcher before, during or after the research. If you have any questions about the study at any time, feel free to contact the principal researcher, Oliver at tkainika@gmail.com or by telephone at 0725 118 797. In addition, if you would like, a summary of the results of the study will be sent to you.

Consent

Your signature below indicates that you have decided to volunteer as a participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study investigators.

Signature of participant ..........................................

Date ......................................................

Signature of researcher .................................

Date ......................................................
APPENDIX B: DEBRIEFING FORM

Research title: The effects of drugs and substance abuse on employees’ job performance on selected insurance companies in Nairobi, Kenya.

Principal Investigator: Oliver Teresia Kainika - 651559

Objectives of the Study

The objective of this study is to determine the effects of drug and substance abuse on work performance amongst employees in the Kenyan insurance industry. Specifically, the study will seek to establish the influence of drug and substance abuse on workplace absenteeism, workplace behaviour change and level of productivity among employees in selected insurance companies in Nairobi, Kenya.

If you feel especially concerned about any issues arising from this study, or from self-disclosure after going through the questionnaires and about further options for counselling and therapy, please contact me via the provided contacts.

Thank you for your participation in this study. If you have further questions about the study, please contact me via the provided contacts.

Name: Oliver Teresia Njoki Kainika
Cell Phone: 0725 118 797
Email: tkainika@gmail.com.
APPENDIX C: QUESTIONNAIRE FOR THE EMPLOYEES

Instruction

Fill the questionnaire by ticking [✓] the relevant boxes

Section A: Background Information

1. What is the name of the insurance company that you work for?
   ------------------------------- (optional)

2. What is your gender?
   Male [ ] Female [ ]

3. What is your age in years?
   18 – 30 [ ] 31 – 40 [ ] 41 – 50 [ ]
   51 – 60 [ ] 61 – 70 [ ]

4. What is your highest level of education?
   Primary [ ] Secondary [ ] College [ ]
   Undergraduate [ ] Others (Specify) ............... 

5. What is your marital status?
   Married [ ] Single [ ] Widowed [ ]
   Divorced/Separated [ ]

6. For how long have you worked in this company?
   1 - 5 years [ ] 6 - 10 years [ ] 11 - 15 years [ ]
   More than 15 years [ ]
7. In which department do you work within your company?

Claims [ ]  Finance [ ]  Operations [ ]

Corporate [ ]  Retail [ ]  Premium Admin. [ ]

Section B: Drug and Substance Abuse

8. Have you consumed any of the below listed drugs/substances in the last 6 months and if so how frequent do you consume it or them? Use a scale of 1 - 4 where 1 - always (meaning daily), 2 - often (meaning once in a week), 3 - rarely (meaning once in a month) and 4 – not at all.

<table>
<thead>
<tr>
<th>Drug / substance</th>
<th>Frequency of consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 (always/daily)</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Marijuana/Bhangi</td>
<td></td>
</tr>
<tr>
<td>Cigarettes</td>
<td></td>
</tr>
<tr>
<td>Heroine</td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
</tr>
<tr>
<td>Miraa</td>
<td></td>
</tr>
<tr>
<td>Others (specify)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>......................</td>
</tr>
</tbody>
</table>
9. For how long have you engaged in the abuse of the drug(s) / substance(s)?

<table>
<thead>
<tr>
<th>Drug / substance</th>
<th>Length of period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 - 5 years</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Marijuana/Bhangi</td>
<td></td>
</tr>
<tr>
<td>Cigarettes</td>
<td></td>
</tr>
<tr>
<td>Heroine</td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
</tr>
<tr>
<td>Miraa</td>
<td></td>
</tr>
<tr>
<td>Others (specify)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>...................</td>
</tr>
</tbody>
</table>

10. Based on your opinion and experience, what are the reasons why you abuse the drug(s) / substance(s)? [To be answered by those whose frequency is daily only in qn. 8 above]

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---------------------------------------------------------------
**Section C: Drug Abuse and Workplace Absenteeism**

Kindly indicate the extent to which you have engaged in the following absenteeism aspects due to your drugs / substance abuse. Use a scale of 1-5 where 1 - never, 2 - rarely, 3 - sometimes, 4 - often and 5 - very often

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular unreported absence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent use of unplanned vacation time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking-seeking unnecessary leaves</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leaving the work area, during working hours, more times than necessary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Coming in late for work because of reasons related to drug abuse</td>
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<tr>
<td>Feigning sickness to be allowed days off work</td>
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<tr>
<td>Frequently being required to give explanations for absenteeism</td>
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</tbody>
</table>
Section D: Drug Abuse and Workplace behaviour change

Kindly indicate the extent to which you have suffered or experienced the following workplace behaviour changes due to your drugs / substance abuse. Use a scale of 1-5 where 1 – no extent, 2 – little extent, 3 – moderate extent, 4 – great extent and 5 – very great extent

<table>
<thead>
<tr>
<th></th>
<th>No extent</th>
<th>Little extent</th>
<th>Moderate extent</th>
<th>Great extent</th>
<th>Very great extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td></td>
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<tr>
<td>Irritation</td>
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<tr>
<td>Unwarranted mood changes</td>
<td></td>
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<tr>
<td>Display of violent behavior</td>
<td></td>
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<tr>
<td>Being unnecessarily argumentative</td>
<td></td>
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<tr>
<td>Being withdrawn</td>
<td></td>
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<tr>
<td>Over-reaction to real or imaginary criticism</td>
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<tr>
<td>Use of improper/rude language</td>
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<tr>
<td>Emotional unsteadiness</td>
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<tr>
<td>Being cunning</td>
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</tbody>
</table>
**E: Drug Abuse and Employees’ Productivity**

Kindly rate your level of productivity at work based on the following productivity measurement parameters. Use a scale of 1-5 where 1 - extremely poor, 2 - poor, 3 - fair, 4 - good and 5 - excellent.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Extremely poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting set performance targets</td>
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<tr>
<td>Timely completion of assigned duties</td>
<td></td>
<td></td>
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<tr>
<td>Bringing/recruiting new customers for your company</td>
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<tr>
<td>Assisting your company to increase the number of policies sold out</td>
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<tr>
<td>Meeting of customers’ needs in a timely manner</td>
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<tr>
<td>Ease of working closely with others</td>
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<tr>
<td>Growing of company margins</td>
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<tr>
<td>Reporting on product offering failings on a timely basis</td>
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</tbody>
</table>

Thank for your participation
APPENDIX D: KEY INFORMANTS INTERVIEW SCHEDULE

1. What is your gender?
   Male [ ]  Female [ ]

2. What is your position in the company?

3. How long have you served in this position?
   1 - 5 years [ ]  6 - 10 years [ ]
   11 - 15 years [ ]  More than 15 years [ ]

4. Are you aware of any worker(s) in this firm who is or are abusing drugs?
   Yes [ ]  No [ ]

5. If Yes to qn. 4 above, what types of drugs are they abusing? Use a scale of 1 - 4 where 1 - always used, 2 - mostly used, 3 - moderately used and 4 - least used.

<table>
<thead>
<tr>
<th>Drug / substance</th>
<th>Frequency of abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 (always used)</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Marijuana/Bhangi</td>
<td></td>
</tr>
<tr>
<td>Cigarettes</td>
<td></td>
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<tr>
<td>Heroine</td>
<td></td>
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<tr>
<td>Cocaine</td>
<td></td>
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<tr>
<td>Miraa</td>
<td></td>
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<tr>
<td>Others (specify)</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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6. In your own assessment, in which ways does drug / substance abuse among employees’ impact on your company’s performance?


7. In your opinion, what would you say is the effect of drug and substance abuse on workplace absenteeism among employees in your organization?


8. In your opinion, what would you say is the effect of drug and substance abuse on workplace behaviour change among employees in your organization?


9. In your opinion, what would you say is the effect of drug and substance abuse among employees on their level of productivity in your organization?


10. In your opinion, what can be done to address the problem of drug and substance abuse among employees in the workplace?


Thank you for participating

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