



Research paper

Alcohol drinking behaviors and alcohol management policies under outsourcing work conditions: A qualitative study of construction workers in Taiwan



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ABSTRACT

Background: Workplace alcohol policies are crucial for workers' health and safety. The practice of outsourcing is gaining popularity around the world and was found to be associated with poorer health in the working population. This study aimed to examine how outsourcing complicates the implementation of workplace alcohol policies and affects workers' drinking behaviors.

Methods: In-depth interviews were conducted with 16 outsource workers, 3 subcontractors and 3 worksite supervisors. Information regarding workers' drinking behaviors, their knowledge, and attitudes toward workplace alcohol policy were analyzed using a qualitative thematic analysis.

Results: Factors associated with poor workplace alcohol management included smaller size and private ownership of outsourcers, subcontractors' own drinking behavior and positive attitude to alcohol, and precarious employment conditions of outsourcing workers. The multilateral relationship between outsourcers, subcontractors, and workers complicated and impaired the implementation of workplace alcohol policies.

Conclusion: The implementation of workplace alcohol management policies was hampered in outsourcing work conditions due to poor coordination of supervisors in the subcontract chain. The enforcement of alcohol policies in the workplace should be strengthened by consolidating management responsibilities of outsourcers and subcontractors.

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Introduction

Workplace alcohol use is known to cause problems, including chronic illnesses, sick leave, absenteeism, reduced performance, labor conflicts, work accidents, and damages to equipment, products, as well as company reputations (EuroFound, 2012). Heavy drinking was estimated to affect 6 to 8% full-time working adults in North America and 9% of male workers in Taiwan (Cheng, Huang, & Chen, 2012; Marchand, 2008). However, alcohol problems distribute unevenly in different working populations by occupation, employment condition, and work condition. For example, a national survey in Taiwan revealed that among

employees, workers with alcohol dependence were more likely to be male, manual workers, and on jobs with piece-rated or time-based pay systems (Cheng et al., 2012). Despite that the practice of outsourcing has gained growing popularity in recent 20 years (Gochfeld & Mohr, 2007; Mayhew & Quinlan, 1999), the impact of outsourcing to workplace alcohol management and drinking behaviors has been rarely studied.

Outsourcing refers to the practice of an organization contracting out parts of production or service tasks to another organization or individual, usually through competitive tendering. Accumulating studies indicated that outsourcing increased the risk of poor self-reported health, sickness absence, and work-related injuries (Azari-rad and Thompson-Dawaon, 2003; Min et al., 2013; Nenonen, 2011; Quinlan & Bohle, 2008). The link between outsourcing and poor occupational safety and health (OSH) outcomes operate through multiple pathways, including economic pressures, poor coordination of OSH management, and regulatory failure (Quinlan & Bohle, 2008). Studies have shown that OSH

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services for outsourcing workers, including alcohol policies, were usually more limited than those who were directly hired, due to multilayered contract chain, which tended to dilute employers' responsibility in carrying out preventative measures (Gyi, Haslam, & Gibb, 1998; Quinlan & Bohle, 2008; Salazar, Takaro, Gochfeld, & Barnhart, 2003). Nevertheless, studies of how the characteristics of outsourcers and subcontractors as well as the multilateral employment relations influence workplace alcohol management and workers' drinking behaviors remained scarce.

The purpose of this study was to examine how these contextual factors may influence the implementation of alcohol management policies in outsourcing work conditions. Three major actors in the practice of outsourcing were identified, namely outsourcers (public or private, including prime contractors), subcontractors, and outsourced workers (Gyi et al., 1998). We targeted construction workers in this study because outsourcing is known to be popular in construction industry and alcohol drinking has been a major OSH concern among construction workers (Cheng et al., 2012; Gochfeld & Mohr, 2007). Specific research objectives of this study were to examine drinking behaviors in construction workers who were employed under outsourcing conditions, and to explore how outsourcers, subcontractors, and workers make sense of workplace drinking and alcohol policies in relation to their working conditions and multilateral relationships.

Methods

Participants

Eligible participants were workers aged 18 years or older, had worked in construction sector with outsourcing conditions for at least 1 year, and had either drunk at work or had seen others drinking alcohol in the workplace. Study subjects were recruited by snowball sampling, which started with researchers' personal social networks, but in the later stage through purposive sampling in order to maximize information variation (Miles & Huberman, 1994). Subcontractors and construction site supervisors were also invited for interviews. This study was approved by the IRB of the National Taiwan University.

A total of 22 male interviewees participated in this study of which 10 interviews were conducted in four construction sites and the other 11 interviews took place either in public place or the interviewee's residence. Among the 16 outsource workers, 2 were painters, 2 were odd-job workers, 4 were formwork workers, 3 were fire protection technicians, 4 were welders, and 1 was ironworker (Supplement 1). All of the interviewed workers had worked in many worksites, including construction sites of building projects, manufacturing factories, electricity plants and railway, or road construction projects.

The work tenures of the three worksite supervisors ranged from 7 to 23 years; one of them had been a plasterer before undertaking the supervisor position (case no. 3). Types of work tasks that the three subcontractors undertook were plumbing/electricity, carpentry, and welding work. These three subcontractors worked with their employees and were at the lowest tier of the subcontract chain, i.e., they did not further subcontract work to others. Many of the interviewees had switched among multiple work roles of worksite supervisors, subcontractors, and outsourcing employees.

Procedure

This study adopted a social constructionism approach (Burr, 2003) and semi-structured interviews were conducted face-to-face to explore the following topics by the first author: drinking behaviors and drinking norm in the workplace, existence of workplace alcohol policy and knowledge, and attitude toward

workplace alcohol management. Examples are: "when and where do you drink alcohol while working? Who paid for alcohol?" "Whom do you drink with in the workplace?" "Were there any alcohol management measures taken in the workplace and who implemented them?" Interviews took place during the period between September 2013 and June 2014. Lengths of interviews ranged from 32 to 76 min, with an average of 48 min. The interviews were tape-recorded and transcribed verbatim.

Two complementary strategies, namely "consensus" view across interviewees and "variability" perspective across responses, were used to identify features (Miles & Huberman, 1994). Features of multilateral relationship in outsourcing and contextual factors related with workplace drinking were sorted and coded. Themes were then identified, reviewed, and refined from these features (Braun & Clarke, 2006).

Results

Drinking Behaviors in Construction Worksites

All interviewees except one odd-job worker knew that alcohol was prohibited in construction worksites. However, workplace drinking was very common in their experiences. Interviewees agreed that the most commonly consumed alcoholic beverages in construction worksites were alcoholic energy drink (AED) (with 10% alcohol) and beer, which were often drunk during rest time but also during work. Drinking amount ranged from one can of beer to several bottles of AED (600 ml per bottle) per day.

We identified two primary themes in the interviews about workplace drinking. Drinking at work was made sense of as 'incentive to work' and "workplace socializing". These two meanings of workplace drinking are grounded in participants' low-wage working conditions, and tensions in outsourcing management chain relationships. The characteristics of outsourcers, subcontractors, and employment conditions featured the theme of "incentive to work," and the multilateral relationship between actors in outsourcing conditions featured the theme of "workplace socializing." Together, they effectively undermine workplace no-alcohol policies and compromise the safety of outsourcing workers and are described in detail below.

Factors Influencing the Implementation of Alcohol Management Policies

We found that the implementation of company-level alcohol policies were influenced by characteristics of outsourcers, characteristics of subcontractors, and workers'; meaning making of workplace drinking as an incentive to work. This meaning was grounded in the employment conditions of outsourced workers and produces tensions in management chain relationships.

First, in terms of characteristics of outsourcers, it appeared that alcohol policies were more comprehensive and better implemented in public or large-scale projects. Reasons for better alcohol management in larger projects included the following: outsourcers usually employed full-time safety inspectors, government inspectors visited these worksites more often, and large construction companies (prime contractors) valued their reputations highly, therefore, invested resources in preventing workplace drinking. Requirement set by government was another reason that prime contractors, especially those tendering for public projects, adopted stricter alcohol control policies because their occupational safety records would be routinely reviewed. One interviewee explained:

"Drinking is prohibited in technological plants. Reputations of large enterprises would be damaged if occupational injuries happened inside their properties. The enterprises have numerous affiliated

companies and shareholders. How can they possibly let workers drink inside” (case no. 14, fire protection technician)?

In contrast, smaller enterprises were less likely to screen workers' drinking status or to regulate workplace drinking because it is costly. Generally speaking, alcohol drinking was more strictly regulated in high-tech plants and public transportation or development projects, but was poorly regulated in ordinary construction sites.

Secondly, workplace alcohol policy and availability of alcohol were greatly influenced by characteristics and attitudes of subcontractors. If a subcontractor himself drank alcohol, he often provided the same beverages he drank to his employees. However, even if subcontractors did not drink alcohol, they might still provide workers with alcoholic beverages in an attempt to improve worker's work efficiency. One subcontractor described:

“Workers worked slowly and passively if AED was not provided; as a matter of fact, they asked for it. If I refused, they said I'm stingy. . . They worked for me and were paid with fixed daily wages; I should compensate them with alcoholic drinks. Generous employers should provide their workers AEDs, betel-nuts and cigarettes. . .” (case no. 5, subcontractor, carpenter).

It appeared that lack of awareness of alcohol-related health consequences and a belief that AED could improve workers' performance lowered subcontractors' motivation to manage workplace drinking behaviors.

Third, with regards to the influence of employment conditions on workplace safety and health measures, one can expect that worksite regulations were less likely to be implemented among workers who were temporarily employed without formal contracts. Most of the interviewed workers received time- or piece-rated wages, which were given on a monthly or daily basis according to the work consistency with their employers. Work-related benefits or welfares usually did not exist but workers expected their employers to provide them with lunches, beverages, and substances, such as cigarettes or betel-nuts. Types of substances and their availability were therefore greatly determined by subcontractors' attitudes to them. Some construction workers began to drink AEDs even though they were not particularly fond of such drinks, but simply because such beverages were provided freely by subcontractors. One odd-job worker said:

“Alcohol was brought by our employers, so we felt like taking advantages by drinking more. If employers didn't buy alcohol, we asked for it” (case no. 19, odd-job worker, retired).

We also found that workers' drinking behaviors could be better controlled by subcontractors when wages were given on a monthly basis rather than on a daily basis.

Multilateral Relations among Outsourcers, Subcontractors, and Workers

The nature and implementation of workplace alcohol policies were largely influenced by the relations of outsourcers, subcontractors, and outsource workers. We described them in the following three relations in outsourcing practice, i.e., outsourcers-workers, subcontractors-workers, and outsourcers-subcontractors.

First, with regard to the outsourcer-worker relation, outsourcers can enforce worksite alcohol policies directly upon workers, despite the latter were not directly hired. In most cases, worksite supervisors or safety personnel hired by outsourcers implemented workplace alcohol management policies, including monitoring workers' drinking behaviors and detecting workers'

drunkenness. Information provided by the interviewees further suggested that a persistent presence of safety inspectors in the worksite with a clear alcohol prohibition declaration effectively prevented workers from drinking at work. The following description came from an interviewee who revealed himself as a heavy drinker when working for a public transportation project,

“the safety inspector just stood beside me when I was working, although I craved alcohol, I just couldn't drink in front of him” (case no. 7, ironworker).

In some companies where strict alcohol management policies were implemented, supervisors or safety personnel kept anyone with alcohol from entering their worksites; they even expelled vendors in the vicinity of worksite. However, some other outsourcers allowed vendors to sell alcoholic beverages around the worksites. Some worksite supervisors even received commissions from vendors. An interviewee mentioned that some vendors sold alcoholic beverages in soft drink bottles to evade safety inspection:

“Construction companies “collaborate” with certain retailers, who were sometimes their relatives or friends. . . they sold alcohol in soft drink bottles in the worksite for a higher price” (case no. 16, painter).

On the other hand, worksite supervisors revealed to us that they drank with outsourced workers and subcontractors as means to socialize with them. In such cases, these supervisors acted more like work coordinators or facilitators rather than supervisors. Their own drinking behaviors, regardless of the intentions, had given workers a strong message that workplace drinking was allowed.

Secondly, with regard to the relations between subcontractors and outsource workers, the strength of alcohol control policies varied: some subcontractors encouraged drinking by actively providing alcoholic beverages, some asked workers to cease working temporarily until they were considered able to work, and some strictly enforced company-level alcohol policy and terminated workers' work contracts once drinking was caught. Subcontractors rarely punished workers financially for their drinking behaviors. A welder (case no. 8, welder) mentioned that subcontractors could hardly transfer the cost of fine to workers, because most outsourced workers were employed temporarily and paid on a daily or piece-rated manner. They would not be able to pay the fine, which is higher than their daily wages (approximately NTD 2000, equals to USD 67), and they often chose to leave and find jobs elsewhere. Subcontractors also played a crucial role in controlling alcohol availability. Some subcontractors brought alcohol for workers, let them chose beverages freely or gave money to workers but on the other hand, some subcontractors provided soft drinks and water for free, and discouraged workers from drinking alcohol.

Lastly, we found that the relation between outsourcers and subcontractors can have a great influence on workplace alcohol management. Subcontractors could be fined by outsourcers, or outsourcers could transfer governmental fine to subcontractors if their workers were caught drinking at work. A welder who had worked as a subcontractor explained:

“The prime contractor fined me NTD 30,000 (USD1,000) when my workers were caught drinking at work. I couldn't afford that, but I didn't have the heart to fine workers. How many days do they have to work to pay the fine” (case no. 6, welder)?

Hence, the actual financial risk often fell on subcontractors rather than outsourcers. In worksites where the outsourcer did not hire full time safety inspectors, subcontractors took the responsibility of managing workers' drinking behavior. Some subcontractors found it

difficult to control workers' behavior when outsourcers provided a high availability of alcohol to workers.

Discussion

Findings from this study suggested that workplace drinking was popular among construction workers despite that it was prohibited. Furthermore, outsourcing led to poor coordination of workplace alcohol management policies due to certain characteristics of outsourcers, subcontractors and employment conditions of outsourced workers, and the multilateral relationship between the actors. Our findings echoed that from previous studies, showing that the implementation of OSH regulations can be greatly weakened by dissonance among multiple parties in the subcontract chain. Quinlan et al. suggested that disorganization of organizational supervision, information flow and workers' organization in outsourcing practice reduced the effectiveness of workplace regulations (Quinlan & Bohle, 2008). Another study of outsourced drivers found that outsourcers played an important role but subcontractors, despite of being the direct employers, had a limited capacity in the control of worksite safety and health (Hasle, 2007). Findings from our study further indicated that even though subcontractors were made responsible for workplace safety, they had limited capacity in implementing effective measures in controlling workers' drinking behaviors since alcohol availability was largely determined by outsourcers' attitude. Outsourcers also had difficulty managing workers' drinking behavior because many subcontractors in the same worksite could have different attitudes and responses to alcohol management policies. These incoherent attitudes from outsourcers and subcontractor could give workers ambivalent messages.

While larger-scale outsourcers were found to be more responsible in implementing workplace alcohol policies, previous studies concerning size of outsourcer and occupational health risks had generated inconsistent results (Azari-rad & Thompson-Dawaon, 2003; Loosemore, 2007). A study by Hinze et al. found that in smaller enterprises workers' injury rate increased with the size of enterprises, but the rate decreased when enterprise size was sufficiently large to warrant the implementation of a formalized safety program (Hinze & Gambatese, 2003). Another study suggested that larger contractors were more likely to employ OSH personnel and to provide better OSH training (Gochfeld & Mohr, 2007). Our study suggested that sufficient OSH personnel in the worksite are crucial for workplace drinking control.

Studies found that health surveillance mechanisms for temporary and mobile workers were much weaker, and workers with temporary employment had poor health and higher mortality (Artazcoz, Benach, Borrell, & Cortes, 2005; Blank, Andersson, Linden, & Nilsson, 1995; Gyi et al., 1998; Kim, Muntaner, Khang, Paek, & Cho, 2006; Kivimaki et al., 2003). Unstable pay had been suggested to be an important predictor for work-related injury among outsourced workers (Mayhew & Quinlan, 1999). In our study, it was suggested by the interviewees that they struggled in their lives and took every resource including alcoholic beverages provided at work. The economic pressure of precarious employment characteristics can cause poor health in outsourced workers due to psychological stress (Quinlan & Bohle, 2008), but we further noticed that the economic pressure interacted with other contextual factors, i.e., the subcontractor's own attitude toward alcohol. If alcohol-free rather than alcoholic beverages were provided in the workplace, outsourced workers could take advantage from this policy and their drinking behavior would be largely reduced.

Concerning the problem of workplace drinking, several case studies around the globe reported unhealthy drinking among disadvantaged working populations. For instance, temporary farm

workers of South Africa during the colonial period had been paid with alcohol and were found to have tremendous alcohol problems (London, 1999); Latino women working in cantineras in the southern United States were found to drink alcohol to boost work performance (Fernandez-Esquer, 2003). In our study, we also found that some outsourcers provided or sold alcoholic beverage to outsourced workers, especially AEDs. Another study has found the association between AED consumption and work-related injury or illnesses in Taiwanese manual workers (Cheng, Huang, Cheng, Chen, & Chen, 2015). The phenomenon of workplace drinking reported in this study revealed a severe neglect of alcohol-related risks in disadvantaged outsourced workers.

There are several limitations of this study. First, social desirability bias may have led to underreport of drinking behaviors and related health problems in the interview. On-site managers were likely to exaggerate alcohol management measures (Glazner et al., 1998). Secondly, this study restricted to construction worksites, thus the generalizability of findings to other worksites would be limited. The participants were recruited by convenient sampling, and this may also limit the representativeness. Furthermore, interviewees were recruited through the author's personal social networks, so the most marginalized, isolated people, such as informal workers, migrant workers, and diseased workers can be difficult to locate and recruit. Hence, the recruited interviewees are probably those who drank less in the workplace.

In conclusion, outsourcing hampered the implementation of workplace alcohol management policies. To prevent alcohol-related risks in outsourced workers, we suggest that alcohol management policies should be clearly incorporated into outsourcing contracts, and outsourcers and subcontractors should work out a consensus about workplace alcohol management. Relations between implementation of policy and workplace alcohol use was found to be mediated through drinking norms and alcohol availability at work (Ames, Grube, & Moore, 2000). Our study found that high alcohol availability and drinking norms in the workplace resulted from the failure of subcontractors and outsourcers to take their management responsibility. Subcontractors, who were also direct employers of outsourced workers, should be educated with workplace alcohol use consequences and be targeted to change their unhealthy alcohol use behaviors. Small-scale workplaces should be visited by safety inspectors as well. Lastly, the quality of workplace alcohol management implementation and workers' drinking behavior in outsourcing and other precarious employment conditions remained to be studied.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at <http://dx.doi.org/10.1016/j.drugpo.2015.08.011>.

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