

Proposed Intervention: A Behavioural Science Approach Towards Tackling Alcoholism in Professional Settings

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Abstract: *To tackle drinking behaviours amongst individuals, particularly those coming from lower socioeconomic backgrounds working in professional settings, the TIPPME model can be utilised in the workplace with respect to this. When alcoholism or binge drinking behaviours are likely to surge, they require mitigation lest the professional integrity in the workplace is hampered. Professional settings, particularly in the corporate world, tend to create an environment of hefty workload with a competitive culture, and when individuals enter the workspace from a relatively poor socioeconomic background, they are more inclined towards facing a heftier impact of the same when it comes to resorting to behaviours that propagate alcoholism (Collins, 2016).*

Keywords: Alcoholism, drinking behaviours, professional settings, workplace

1. Introduction

Seeking a resolution for behaviours pertaining to alcoholism in the workplace, whether it is done actively or tacitly is paramount. Alcoholism in the workplace, holds the propensity to induce and reinforce behaviours that lead to professional problems in these settings. Therefore, relevant interventions corresponding to the same are crucial to tackling the social norm ingrained in the workplace culture in general, and specifically tailoring the approach integrated into the same for individuals coming from poor socioeconomic backgrounds is facilitated to ensure that these employees are negligibly affected by these socially patterned behaviours that blatantly propagate unhealthy drinking habits.

Given that the TIPPME framework directly corresponds to the choice architecture framework within the purview of behavioural science in facilitating change targeted towards specific behaviours is conceived to be enabled by altering the environment, and here, particularly with respect to professional settings, significantly concerning their programs and training interventions, that help facilitate robust modification to hamper unhealthy consumptive behaviours related to alcoholism.

The intervention framework adopted in the context of workplace environments, particularly in the UK, corresponding to professional spheres in global corporate settings can be taken as an example to facilitate a vigorous behavioural intervention. Applying the TIPPME model in this design entails transforming the choices available to the employees within the same context, i. e. in terms of the relative availability of specific resources and tools that are utilised as coping mechanisms (Pechey et al., 2020).

Thus, the social norming behaviour is essentially targeted, and it consequently, requires mutation to ensure that the workplace culture post office hours does not propel this target group to engage in unhealthy drinking practices. Herein, the employees working in the organisation could be introduced to the opportunity of forming creative outlet clubs, wherein they can forge groups and create small clubs which entail specific activities out options granted by the organisation to distress

after their working hours. This tackles the social norming principle on a professional and community level of indulging in culturally ingrained practices of alcoholism post - work hours to reduce negative emotions or mitigate psychological stress that arises in professional competitive spaces (Cercarelli et al., 2012).

Active engagement in activities can be conceived as a robust nudge that tacitly promotes health - friendly behaviours while targeting the social behaviour of recreation and leisure by imparting a different or indulging approach while allowing the employees to pick their leisure - based activities by themselves. This facilitates a deviation from the conventional behaviours that are perpetuated in the workplace of regaling in alcoholism post - work hours while also creating a foundation for the employees to engage in destressing activities beyond traditional forms of recreation (Forberger, 2022). Furthermore, this form of a nudge through the means of choice architecture, i. e. by guiding employees in a distinguishable direction while granting them the autonomy to retain their preferential recreational outlet from the prescribed set of options, will actively affect their automatic and reflexive orientation (System 1 Thinking) towards seeking recreation solely through healthy means, instead of resorting to behaviours that are deteriorative in the long - run.

Consequently, the TIPPME approach towards addressing alcoholism in the workplace can be affected by the absolute availability principle (Hollands et al., 2017), i. e., altering the total number of options available corresponding to the target behaviour that requires addressing. Herein, the direct promotion of health programs in the workplace can be introduced as a robust intervention to disseminate important information about the impact of alcoholism in general, and how the incidence of its amplification is often propagated in professional settings amongst different socioeconomic groups; this information can be communicated and supported by factual premises to support the approach.

Statistical data can be provided to employees in two structured training sessions, wherein a vast expanse of health risks, such as high blood pressure, liver problems, digestive issues and heart diseases, can result due to unhealthy drinking habits supported by alcohol consumption (National on

Alcohol Abuse and Alcoholism, 2000). In the first training session involving disseminating information about the cause - effect of this unhealthy drinking practice, one. The factors that lead to alcoholic behaviours in the workplace and their respective outcomes are crucial to be explained to the employees, especially the socioeconomic ones given this specific context. While introducing the factors leading to this behaviour, i. e. prolonged working hours, inadequate resources to cope with stress in the workplace, socioeconomic disparities, job stress, financial concerns, and the amount of alcohol consumed, employees seek awareness concerning the cause - effect relationship promoting this behaviour.

This session is followed by a session involving the constructive intervention (Rehm J., 2011) of counselling and psychological support through programs that support employees in seeking professional referrals to tackle any form of engagement in this behaviour and seeking the proper treatment within the professional setting with support provided by the organisation. This will actively and tacitly affect the employees to seek consent through the right means by involving not only their System 1 Thinking but also embedding in their thought process, i. e. System 2 Thinking (D. Kahneman, 2011), wherein, through the provision of information and reports, the employees can be nudged into their deliberative processing, i. e. through information - acquisition to rely on healthy cognitive mechanisms to deal with this behaviour.

2. Methodology

Sampling of Participants

To test out this intervention and understand whether the desired outcome for target behaviour can be attained, for the experimental design, we select a global corporate setting in the context of the United Kingdom. The intervention is to be divided into phases, involving the allotment of employees into separate groups. The first phase of intervention will entail the allocation of approximately 100 (with the sample size, i. e. $n = 100$) employees into two separate groups, i. e. the control group and intervention group, utilising the cross - over intervention design that is crucial for testing and measuring the outcome of the intervention by and large through the means of specific grouping of employees who happen to be of a relatively poorer socioeconomic background. This will involve the implementation of the relative availability of resources corresponding to the TIPPME model.

The second phase of intervention will entail the allotment of the same set of employees; however, in this phase, the assignment will be on the grounds of previous groups that were created, and the same groups (post - initial randomisation) will be divided into control and intervention group, wherein, individuals who were initially in the control group, will incur the second form of intervention, i. e. the absolute availability approach.

3. Procedure and Materials

Intervention 1

Targeting the social norming behaviour in the same company, wherein the following information or rather suggestions will

be provided to employees, and they are expected to curate their form of recreational activities by forming clubs to perform them through the below - mentioned options:

- 1) Finding an effective way to bond with other employees through relaxation activities, wherein they exchange views and ideas and talk about their day after completing their work through informal means.
- 2) Activities involving physical movements such as exercise, yoga or dance lessons in varied forms can serve as a recreational activity and robust stress - buster.
- 3) Introducing or practising hobbies post working hours, wherein a specific hobby common to certain individuals can impel them to forge a club through which they can facilitate the performance of activities.
- 4) Affirmation club through which the positive reinforcement of certain ideas and thoughts can be facilitated to boost employee morale or satisfaction.
- 5) Well - being activities to be performed, wherein individuals don't hesitate to channel and express their emotions regarding the facets of like (emulating the patterns of a support group in terms of expression through talking).

Intervention 2

- 1) Introduction of a health program that runs for three days, involving the imparting of information and statistical data to corroborate the cause and effect outcomes of reliance on alcohol consumptive behaviours in the long - term.
- 2) Constructive intervention of a continuous nature will be provided for the long term. At the same time, responses in terms of behaviour change are garnered from the employees. This form of intervention will be supported by counselling services offered by the organisation to understand how individuals feel regarding their job satisfaction and performance and consequently, seek out activities to regulate their emotional and psychological states.

Data Collection

Through the means of block randomisation in the cross - over design, the data will be collected and analysed. The primary outcome of measurement here is the change of behaviours of employees being guided towards healthy coping mechanisms to tackle any form of reliance of propensity to embrace alcohol consumption behaviours. The interventions involved through the TIPPME model will take place over two weeks. Moreover, each intervention will be given within a gap of 1 week. After each intervention, a questionnaire will be administered to gauge employees' responses regarding their satisfaction and understanding of their recreational modes of reliance in the backdrop of their socioeconomic status through consensual norms and standards and in compliance with the guidelines issued by the Ethical Board of the organisation concerned in this context.

Data Analysis

The primary outcome of a measurement is questionnaire responses of individuals post the first and, consequently, the second intervention. This will assess the change in the attitudes and consequent behaviours of individuals towards recreational activities, the adoption of healthy or unhealthy forms of behaviour, and the corresponding reliance on them.

While facilitating this theory - driven and practice - based intervention with the framework mentioned above, this integrative approach that can be applied and remains relevant in any context is through making the absolute and relative availability of the overall options that are presented to individuals in order to facilitate the target behaviour concerning the range of derivatives provided to employees working for seeking a resolution for the target behaviour of reducing alcoholism in the workplace culture.

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