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Prevalence of Alcohol use Disorder among Healthcare Professionals in FMC Yenagoa

Emmanuel Jessica Chidinma[1], Okwelum Anthonia Onyenibe[2*], Okwelum C O[3] and Nwoko Omere Chiyanigam Kindness[4]

[1]Department of Public Health, University of Port-Hacourt, Port Harcourt, Rivers State, Nigeria

[2]Department of Public Health, Southern Delta University, Delta State, Nigeria, ORCID: 0009-0009-3334-4890

[3]Department of Public Administration, Southern Delta University, Delta State, Nigeria, ORCID: 0000-0002-4249-1624

[4]Department Family Medicine, University of Port-Harcourt Teaching Hospital, Port Harcourt, Rivers State, Nigeria

ABSTRACT

Introduction: Alcohol is a distinctive and profoundly habit-forming substance with numerous motives or reasons associated with its usage. Concerns about the growing prevalence of alcohol use disorder among medical professionals worldwide have heightened in recent years. Considering the enormous negative impact of AUD on the health of healthcare professionals and the critical role they play providing healthcare services to the public generally, it is therefore imperative to access the prevalence of alcohol use disorder among healthcare professionals in FMC Yenagoa.

Methodology: This study involved 394 healthcare professionals and it was carried out using a descriptive cross-sectional survey among healthcare professionals in FMC Yenagoa to gather information about the prevalence of alcohol use disorder and the factors influencing alcohol use. The data obtained was analyzed using The Statistical Package for Social Sciences (IBM SPSS) version 25.

Results: The findings showed that 152(40.0%) of the participants were males and 229(60.0%) were females. 240(63%) participants were between the ages of thirty and above and 229(60%) were married. 172(50%) of the respondents reported having an alcoholic beverage 2-4 times each month and 69(20%) reported having one or more times per week. The findings also showed 60% of the respondents did not face the risk of alcohol dependency, but 40% of them did. 30% of the respondents were at danger of alcohol misuse/abuse, whereas the majority of respondents (70%) were not. The study also revealed a 20% prevalence of Alcohol Use Disorder.

Conclusion: This study assessed the prevalence of Alcohol Use Disorder (AUD) among healthcare professionals in Federal Medical Centre (FMC), Yenagoa. The study further reported that AUD was significantly associated with age of <30, male sex, being married, spending 4 or less hours at work, 0-10 years of experience in healthcare. This shows that there is need for an intervention.

***Corresponding author**

Okwelum Anthonia Onyenibe, Department of Public Health, Southern Delta University, Delta State, Nigeria, ORCID: 0009-0009-3334-4890.

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Introduction

Alcohol is a distinctive and profoundly habit-forming substance with numerous motives or reasons associated with its usage. It stands out as one of the most commonly used substances for leisure worldwide, with data suggesting that a third of the population currently partakes in drinking [1]. Alcohol is being identified by the "World Health Organisation" (WHO) as a dangerous drug as well as a mind-altering chemical that can lead to addiction [2]. "Alcohol Use Disorder (AUD)" is a health problem defined by the persistent inability to check, manage or discontinue drinking even while suffering unfavorable consequences in social, professional, or health aspects [3]. It includes various conditions like alcoholism, alcohol abuse, dependence, and addiction [3].

The prevalence of harmful alcohol consumption has increased worldwide. Between 1990 and 2010, there was a significant 37.6% increase in the global burden of diseases associated with mental health and substance abuse [4,5]. Presently, more than 2 billion people, roughly three out of every ten individuals globally, engage in active drinking. Data from the 2016 "Global Burden of Disease research" revealed that, Nigeria was ranked among nations having the greatest prevalence of present-day alcohol consumption across adults in sub-Saharan Africa (SSA) aged 15 and over, with rates varying from 40-59.9% at both the male and female population levels [6]. According to recent studies, the frequency of alcohol use varies depending on factors including age, sex/gender, region, and socioeconomic level. Studies have shown that depending on gender and region, the prevalence of alcohol consumption varies from 14% to 32.7% in western Nigeria, 23.7% in South-South Nigeria, 63% to 78.4% in South East Nigeria, and 62.2% in other West African nations [7].

Alcohol use disorder is emerging as a concerning issue among medical professionals, with notable implications for patient care and the well-being of those dedicated to serving others. Discovered that physicians, often regarded as the pillars of healthcare, are susceptible to alcohol use disorders. Their research revealed that doctors were more prone to these disorders compared to the general population, emphasizing the necessity for a deeper understanding of the underlying factors. Reported an overall prevalence of "alcohol use disorder" (AUD) in health workers at 20.9% (P value <0.001) [8]. Additionally, Kintu et al., found an 11% prevalence of alcohol use disorder in students pursuing a career in health care, with a notably high prevalence among males [9].

In Nigeria, the issue of healthcare workers consuming harmful alcohol presents a complex challenge that could negatively impact patient care. Limited data exists regarding alcohol use disorder and its contributing factors among Nigerian healthcare professionals. Analyzing environmental, occupational, and individual factors can provide valuable insights for effective intervention and preventive strategies aimed at safeguarding the well-being of healthcare workers.

Problem Statement

The most often misused psychoactive drug or substance is alcohol, and its usage continues to be extremely dangerous for the general public's health because it has been linked to more than 60 illnesses and injuries, including non-communicable diseases [6]. Concerns about the growing prevalence of alcohol use disorder among medical professionals worldwide have heightened in recent years. While numerous studies in Nigeria have explored alcohol consumption across various demographic groups such as higher education students, artists, and residents of both urban and rural areas, research on alcohol consumption specifically among healthcare professionals remains limited [10,11,12,13]. The issue of Alcohol Use Disorder (AUD) amongst healthcare professionals is inadequately understood and presents a complex challenge compounded by unique stressors, easy access to prescription medications, and demanding work environments. This problem jeopardizes patient safety, healthcare quality, and personal well-being, contributing to burnout, emotional distress, and mental health concerns [14].

Considering the enormous negative impact of AUD on the health of such healthcare professionals and the critical role they play providing healthcare services to the public generally, the consequences of this AUD among healthcare professionals can manifest in compromised patient care, increased medical errors, and compromised safety within healthcare institutions [12]. While the significance of the issue is acknowledged, there remains a research gap in fully appreciating the prevalence and pattern of "alcohol use and Alcohol Use Disorder (AUD)" among healthcare workers. By shedding light on this issue, we can develop targeted prevention and intervention strategies to mitigate alcohol abuse, safeguard patient care, and enhance the well-being of healthcare workers.

Aim of Study

The aim of this study is determining the prevalence of alcohol use disorder and identify the factors influencing alcohol use among healthcare professionals in FMC Yenagoa.

Objectives of the Study

1. To determine the prevalence of alcohol use disorder among healthcare professionals in FMC Yenagoa.
2. To identify the factors influencing alcohol use disorder among healthcare professionals in FMC Yenagoa.

Methodology

Study Design

This study adopted a descriptive cross-sectional design.

Study Area

The Federal Medical Centre Yenagoa, or FMC Yenagoa, stands as the largest and most prominent hospital situated at the heart of Yenagoa, Bayelsa State, Nigeria. This is the location where the research was conducted. Yenagoa serves as the capital of Bayelsa State, with a population estimate of 512,959 and an area covering 706 km² as of 2019. The majority of the state's population belongs to the Ijaw ethnic group. The primary local language spoken in Yenagoa is Epie-Atissa, while English serves as the official language. The area is divided into 15 wards, each with at least one health center. Originally established in 1957 during the colonial era as the Yenagoa General Hospital, the Federal Medical Centre (FMC) Yenagoa underwent transformation into a specialized hospital in 1996 following the creation of Bayelsa State. Subsequently, on September 9, 1999, the hospital was renamed Federal Medical Centre, Yenagoa, after being taken over by the Federal Ministry of Health. Equipped with top-notch medical equipment and staffed by skilled personnel, the hospital is committed to delivering high-quality healthcare services.

Population of Study

The population of the study was the healthcare professionals working in Federal Medical Centre, Yenagoa.

Inclusion Criteria

The study population included health care professionals aged 18 years or older working in FMC Yenagoa and health care Professionals from a variety of healthcare fields (medicine, nursing, pharmacy, etc.).

Exclusion Criteria

The study excluded healthcare professionals who were on vacation, sick leave, maternity leave, or away for professional training.

Sample Size

The sample size was determined using Cochrane's formula;

$$n = \frac{Z^2 \times pq}{d^2}$$

Where:
n = desired sample size
z = standard normal deviate corresponding to the possibility of type 1 error (a) at 95% = 1.96 confidence interval
p = Prevalence of alcohol use disorder. A prevalence, p = 36.9%, was used for this study which was prevalence of alcohol use disorder (AUD) among healthcare professionals in Australia [15].
q = 1– p = 0.631
d = the margin of error precision set at 5% = 0.05%

$$n = \frac{1.96^2 \times 0.369 \times 0.631}{0.05^2} \qquad n = 358$$

Non-response rate =10%. (10% of 358 = 35.8) Hence n= 358 +35.8=393.8.

n = 394

Sampling Technique

Multistage sampling method was used in the study

Stage 1: One tertiary health care facility (FMC Yenagoa) of two was selected using simple random sampling method by balloting and used as the study area. The population of healthcare professionals in FMC Yenagoa was identified.

Stage 2: Stratified sampling method was used to group the healthcare professionals into cadre and professions (Doctors, nurses, lab, pharmacy and others).

Stage 3: The total number of all healthcare professionals within each strata was obtained. The sample size from each stratum was determined to be proportional to its size in the population.

Stage 4: Participants were selected from each selected cadre, using simple random sampling method.

Validity of Instrument

Constructs like markers of alcohol use disorder were measured using established scales or validated instruments. This contributed to the accuracy of the measurement. The "World Health Organization (WHO) Alcohol Use Disorders Identification Test (AUDIT)" was utilized in gauging the abuse of alcohol [16].

Reliability of Instrument

The study instrument was pre-tested in 10% of the sample population. Cronbach's alpha coefficient statistics was used to evaluate a collection of survey questions for internal consistency and reliability.

Data Analysis

Data was analyzed with the usage of The Statistical Package for Social Sciences (IBM SPSS) version 25. Descriptive statistics was presented using mean, median, standard deviations Frequencies and inferential statistics was presented using cross tabulation and chi squared tests.

Ethical Clearance

FMC Yenagoa's Research and Ethics committee granted permission for the research and University of Port-Harcourt Ethical Review Committee also provided ethical clearance as requested by the researcher.

Confidentiality

The participants received assurances regarding the confidentiality of their replies and the safety of their personal information.

Results

A total of 394 questionnaires were administered on the respondents, and 381 were retrieved and were sufficiently completed for analysis, giving a 96.7% response rate.

Socio-Demographic Characteristics of Respondents

The bulk of respondents 240(63%), according to the statistics, were between the ages of thirty and above. 142(37.0%) were <30. 152(40.0%) of the participants were males, and 229(60.0%) were females. In terms of marital status, 229 respondents (or 60.0%) were married, whilst 152 respondents (or 40.0%) were single. 90.0% of the responders, or 343 people, were Christians, and 10.0% of them were Muslims. Among the responses, the majority were nurses 169(44.4%), followed by doctors 78(20.4%), laboratory scientists 55(14.4%), chemists 21(5.6%), and other professionals, such as environmental health workers and records officers, 58(15.2%).

Table 1: Socio-Demographic Characteristics

Variables	Frequency	Percentage (%)
Age		
<30	141	37.0
30 and above	240	63.0
Sex		
Male	152	40.0
Female	229	60.0
Marital Status		
Married	229	60.0
not married	152	40.0
Religious preference		
Christian	343	90.0
Muslim	38	10.0
how many hours do you sleep on average		
<8 hours	229	60.0
8 hours and above	152	40.0
Family history of alcohol use		
Yes	76	20.0
No	305	80.0
History of smoking		
No	305	80.0
Yes	76	20.0
Years of experience in healthcare		
10 years and below	114	30.0
> 10 years	267	70.0
Cadre/Profession		
Doctor	78	20.4
Nurse	169	44.4
Lab	55	14.4
Pharmacist	21	5.6
Others	58	15.2
What is your monthly income		
< 100,000 naira	38	10.0
100,000 and above	343	90.0
How many hours do you spend at work in a typical day		
less than 5 hours	152	40.0
5 hours and above	229	60.0

Alcohol use among Healthcare Professionals in FMC Yenagoa

The results showing alcohol use among healthcare professionals below revealed that only 10% of the respondents reported that they have never used alcohol or any drink containing alcohol while 90% of the respondents reported to have used alcohol.

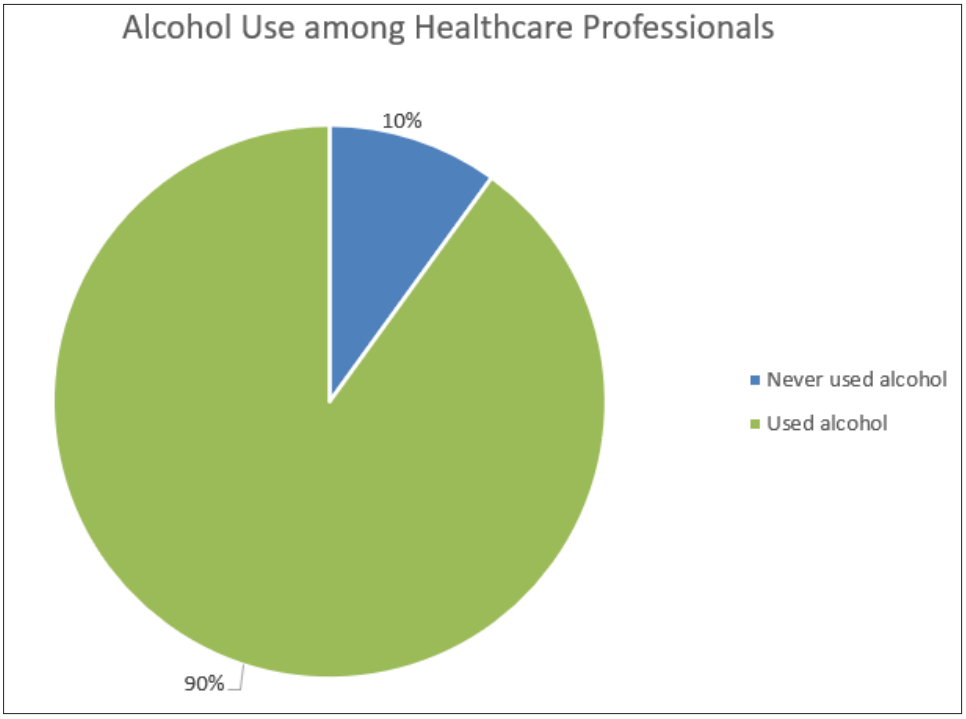

Figure 1: Pie Chart Showing Alcohol use among Healthcare Professionals

Alcohol use Disorder among Healthcare Professionals in FMC Yenagoa

The Alcohol Use Disorder Screening Test report for healthcare workers at FMC Yenagoa is displayed in Table 4.2. According to the study, 172 (50.0%) of the respondents reported having an alcoholic beverage 2-4 times each month, 38 (10.0%) claimed never having one, 69 (20.0%) reported monthly or less, and 69 (20.0%) reported having one or more times per week. The majority of respondents-240, or 70.0%-reported having one or two alcoholic beverages on a normal day, while 103, or 30.0%, reported having three or four drinks. 30% (103 respondents) said they had reported less than monthly, while the bulk of respondents (240, or 70.0%) said they had never failed to do tasks that were expected of them due to drinking.

Table 2: Alcohol use Disorder among Healthcare Professionals in FMC Yenagoa

Variables	Frequency	Percentage (%)
How often do you have a drink containing alcohol	n = 381	
Never	38	10.0
monthly or less	69	20.0
2-4 times a month	172	50.0
4 or more times a week	69	20.0
How many standard drinks containing alcohol do you have on a typical day when drinking	n = 343	
1 or 2	240	70.0
3 or 4	103	30.0
How often do you have six or more drinks on one occasion		
Never	275	80.0
less than monthly	34	10.0
Monthly	34	10.0
During the past year, how often have you found that you were not able to stop drinking once you had started		
Never	274	80.0
less than monthly	69	20.0
During the past year, how often have you failed to do what was normally expected of you because of drinking		
Never	240	70.0
less than monthly	103	30.0
uring the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session		
Never	309	90.0

less than monthly	34	10.0
During the past year, how often have you had a feeling of guilt or remorse after drinking		
Never	309	90.0
less than monthly	34	10.0
During the past year, have you been unable to remember what happened the night before because you had been drinking		
Never	309	90.0
less than monthly	34	10.0
Have you or someone else been injured as a result of your drinking?		
Never	274	80.0
Yes but not in the last year	69	20.0
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?		
Never	275	80.0
Yes, but not in the last year	34	10.0
Yes, during the last year	34	10.0
Have you ever been in treatment for an alcohol problem A) Never (B) Currently (C) In the past		
Never	309	90.0
In the past	34	10.0

Prevalence Of Alcohol use Disorder among Healthcare Professionals in FMC Yenagoa

The findings in the figure below showed that 60% of the respondents had low AUD risk, whereas 20% and 20% had high AUD risk and moderate AUD risk, respectively.

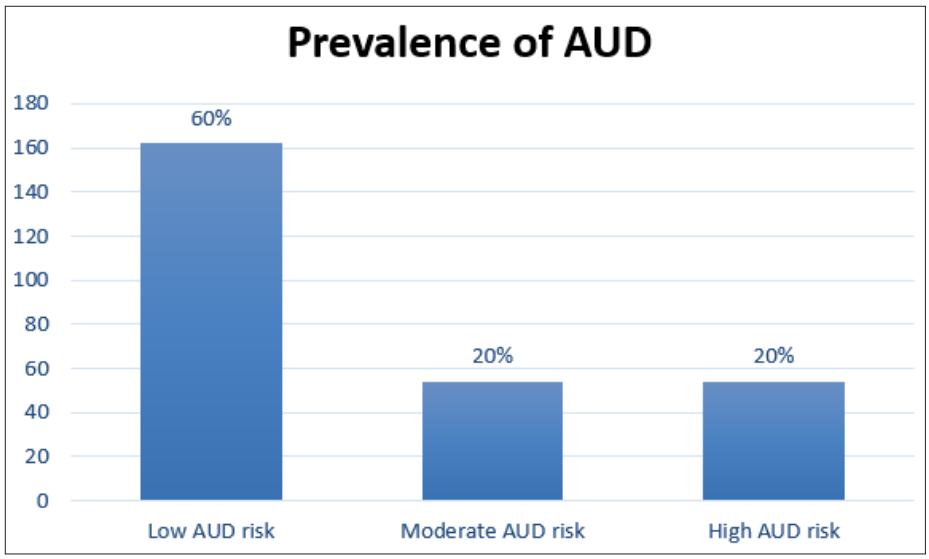

Figure: 2 Bar Chart Showing Prevalence of Alcohol use Disorder

Factors influencing alcohol use among healthcare professionals in FMC Yenagoa

The results from this study revealed that AUD was significantly associated with age, sex, marital status, years of experience and hours spent at work, sleep hours ($P<0.05$), with sex, marital status, average sleep hours, and hours at work being positively associated while having age, years of experience in healthcare was negatively associated with Alcohol Use Disorder risks. Participants with age 30 years and above were 0.2 times less likely to have AUD compared to those below 30 years (OR: 0.281, 95% C.I: 0.168 to 0.473). Male participants were 3 times more likely to have AUD compare to female participants (OR: 3.000, 95% C.I: 1.760 to 5.114). Participants who were married were 2 times more likely to have AUD compared to those not married (OR: 2.000, 95% C.I: 1.214 to 3.294). Participants who sleep 8 hours and above were 15 times more likely have AUD (OR: 15.000, 95% CI: 8.229 to 27.342). Participants with > 10 years of experience in healthcare were 0.2 times less likely to have AUD (OR: 0.200, 95% CI: 0.114 to 0.350). Participants that spend 5 hours and above at work in a typical day were 3 times more likely to have high AUD (OR: 3.000, 95% C.I: 1.760 to 5.114).

Table 3: Factors Influencing Alcohol Use Disorder among Healthcare Professionals in FMC Binary Regression Analysis on Factors Influencing Alcohol Use Disorder among Healthcare Professionals

Variable	Category	Std. Error	Sig.	Odds Ratio	95% confidence interval	
					Lower	Upper
Age	<30years (r)					
	30years and above	0.265	0.000*	0.281	0.168	0.473
Sex	male	0.272	0.000*	3.000	1.760	5.114
	female	0.222	0.000*	0.333		
Marital status	married	0.255	0.006*	2.000	1.214	3.294
	not married (r)	0.167	0.000	0.500		
Religious preference	Christian	7735.141	0.987	3.984	1.000	1.000
	Muslim(r)	0.129	0.987			
how many hours do you sleep on average	<8 hours (r)					
	8 hours and above	0.306	0.000*	15.000	8.229	27.342
family history of alcohol use	No (r)	5469.574	0.997	0.000		
	Yes	5469.574	0.997	1.615	1.000	1.000
history of smoking	No (r)					
	Yes	5469.570	0.997	48.464	0.000	.
years of experience in healthcare	10 Years and below (r)					
	> 10 years	0.285	0.000*	0.200	0.114	0.350
What is your monthly income	< ₦100,000 (r)		0.998			
	₦100,000 and above	9473.588	0.996	2.345	0.000	0.000
how many hours do you spend at work in a typical day	Less than 5 hours (r)					
	5 hours and above	0.272	0.000*	3.000	1.760	5.114

Discussion

The study's findings showed that most respondents were female and between the ages of 30 and above. In a related study, the average age of the participants was 33.8 years, and about 77.5% of them were female [13]. This suggests that a higher proportion of youthful healthcare professionals took part in the research. This is also consistent with another study that found that 78.8% of study participants were female and 48.2% of participants were between the ages of 35 and 64 [8]. The majority in this study had more than 10 years of experience, were nurses, followed by physicians, laboratory scientists, chemists, and other healthcare professionals. In a related study, Mc reported that 330 healthcare professionals (60.9% nurses, 33% doctors, and 5.5% other) participated [8]. In another study conducted on a sample of healthcare professionals working in the "West Rand District of Gauteng, South Africa", the professionals included doctors, nurses, clinical associates, and dentists.

According to the study's findings, 20% of respondents had alcohol use disorder (dangerous/harmful alcohol use), 20% had a moderate risk of alcohol consumption, and 60% of respondents had a low risk of alcohol consumption. Most participants drank between two and four glasses of alcohol per month, with the majority (70.0%) having one or two drinks on a regular day. Having most of respondents reporting a low risk of alcohol consumption demonstrates that even while a large percentage of respondents use alcohol, most of them do so in moderation. The decreased AUD risk among the respondents may also have been influenced by the nature and respect of their work as healthcare professionals who treat and care for patients. For the majority of the respondents who were Christians, a justification for moderate alcohol use can be attributed to the scripture reference (1 Timothy 5:23) which highlighted the use of a little wine for the stomach's sake. Similarly, a study in Nigerian tertiary hospital reported a low (5.9%) prevalence of hazardous alcohol use among healthcare professionals [14]. The findings from the study is consistent with the findings of a similar study by Mc Magh et al., which reported that only 20.9% risky alcohol use among healthcare professionals [8]. However, the findings from a study by Obadeji et al., showed a lower prevalence (5.9%) of either hazardous or harmful drinking among majority of the health workers compared to the findings of the current study [17].

The findings of the study on factors associated with alcohol use disorder among healthcare professionals in FMC Yenagoa, revealed that AUD was significantly associated with age, sex, marital status, years of experience and hours spent at work with having male sex, being married, and spending 4 or less hours at work, being positively associated factors while having age of <30, 0-10 years of experience in healthcare, being negatively associated with High/moderate Alcohol Use Disorder risks compared to low Alcohol Use Disorder. Similar to the findings of the study, Jaguga et al., reported that male gender was a significant determinant of alcohol use disorder [12]. Higher risk of AUD among males than females aligns with the general notion that females drink less than men. This result is in line with previous national and worldwide research that demonstrate variations in the frequency and quantity of alcohol use between the sexes [12,18-20]. In their systematic review and meta-analysis, Belay et al., demonstrated that "male gender is a risk factor for AUD [19]." According to earlier research revealing sex variations in the prevalence of AUD, the AUD rate among men was almost six times greater than that among women.

Gonadal steroid hormones and differences in dopamine receptor density were identified as the primary causes of this sex difference [19]. Various other studies have revealed several factors associated with alcohol use disorder. A study by found a correlations between work setting, stress, and risky alcohol consumption among nurses working in Emergency Departments [21]. This is not entirely consistent with the results of the current study, which did not demonstrate that work stress or environment were linked to alcohol use disorder. It is imperative to consider that there are several causes of alcohol use disorder and alcohol dependency syndrome. They are influenced by physiological and genetic processes, such as the metabolism of alcohol-related enzymes; biological, psychological, and behavioral aspects of an individual's vulnerability; gender; age; family and socioeconomic background; laws governing the production, distribution, and regulation of alcohol; health policies; and the promotion of alcohol use. Workplace physical and psychological factors may also be linked to alcohol use trends [12]. Upon doing a multivariate analysis, it was shown that three characteristics were substantially linked to a higher likelihood of supporting hazardous alcohol use: being a man, not being married, and working as a specialist, doctor, or other cadre rather as a nurse. The endorsement of depression or generalized anxiety disorder, as well as age, was not linked to detrimental alcohol use. The study made clear that, in order to maximize the effectiveness of the health workforce, hazardous alcohol consumption treatments must be implemented with a focus on these particular types of healthcare personnel [12].

Conclusion

Alcohol is a widely used psychoactive substance, and its use remains a significant public health concern especially among healthcare professionals whose duty to ensure the health and wellbeing of patients. The study revealed a 20% prevalence of Alcohol Use Disorder. 40% were not at risk of alcohol dependence and 30% were at risk of alcohol abuse. The study further reported that AUD was significantly associated with age of <30, male sex, being married, spending 4 or less hours at work, 0-10 years of experience in healthcare.

Recommendation

Based on the study's conclusions, it is advised that;

- There should be awareness creation programs/health education on harmful effects of alcohol use.
- There should be regular screenings and brief interventions for harmful alcohol use among healthcare workers.

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