



The impact of addictive substances on employees' job performance and workplace safety: A phenomenological study

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Abstract

This study aims to explore the impact of substance addiction on employees' job performance and workplace safety through a phenomenological lens. The research focuses on how individuals with substance use disorders perceive their professional experiences, emotional states, and social interactions within the work environment. The study was designed using a qualitative phenomenological method. Semi-structured in depth interviews were conducted with 15 mining employees selected via criterion sampling. The participants, all of whom had a history of substance use, were interviewed across different regions in Turkey. Audio recorded interviews were transcribed and analyzed through thematic analysis. The study adhered to ethical standards and was reported according to the COREQ checklist. Three main themes and related subthemes emerged from the analysis: (1) The impact of substance use on job performance and safety attitudes; (2) Alienation and loss of professional identity in the workplace; and (3) Inner emotional challenges and individual coping strategies. Participants described cognitive difficulties, emotional exhaustion, increased workplace errors, weakened safety compliance, social isolation, and loss of belonging. Some individuals also reported efforts to recover and reestablish self control through personal strategies and peer support. The findings reveal that substance use significantly disrupts professional functionality, emotional stability, and organizational connectedness. The study emphasizes the need for empathy driven, context sensitive support strategies to improve employee well being and workplace safety. By bringing forward the lived experiences of affected workers, this research contributes valuable insights for developing preventive approaches and reinforcing safety culture within occupational settings.

Keywords Addictive substances · Job performance and workplace safety · Phenomenology · Workplace support

Introduction

In recent years, data have shown that substance use has reached increasingly critical levels worldwide. According to the World Drug Report 2023, approximately 296 million individuals aged 15–64 used illicit substances in 2021, representing a 23% increase compared with the previous decade (UNODC, 2023). More recent estimates indicate that by 2023, the number of drug users had reached 316 million worldwide, corresponding to approximately 6% of the global population within the same age range (UNIS, 2025).

Despite rising global awareness, access to treatment services remains highly limited; it is estimated that only one in seven people worldwide with substance use disorders receive support (UNODC, 2019). At the national level, the 2025 Turkey Drug Report, prepared by the Hacettepe University Institute of Public Health and the Turkish Monitoring Centre for Drugs and Drug Addiction (TUBİM), states that a total of 300 substance-related deaths were recorded in Türkiye in 2024. This figure represents an approximately 22% increase compared with 2022, demonstrating that substance related mortality continues to be a serious public health and occupational safety concern (Hacettepe University Institute of Public Health & TUBİM, 2025). The increase in substance use has consequences not only for public health but also for employees' working lives and overall occupational functioning.

Beyond its public health implications, addiction has substantial effects on workplace outcomes such as safety,

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performance, productivity, and organizational costs. Dependence on alcohol, drugs, and other psychoactive substances negatively affects quality of life and poses significant organizational challenges. Empirical studies have shown that employee substance use is associated with absenteeism, disciplinary problems, and reduced job performance (Lehman & Simpson, 1992). These challenges become particularly pronounced in the mining sector, where intense physical labor and constant exposure to hazardous conditions amplify the impact of substance use on performance and safety. Workers who use substances may experience problems with attention, decreased motivation, and impaired decision making; in fast paced and attention demanding environments, such cognitive impairments can heighten the risk of accidents (Smook et al., 2014). Sector specific patterns also warrant consideration; for instance, approximately 20% of workers in the construction sector reportedly experience substance use disorders (American Addiction Centers, 2023). Increases in absenteeism, errors, and accidents may extend beyond the individual and affect the broader organizational ecosystem. For this reason, additional safety measures and specialized supports are needed. Addressing substance use effectively within occupational health and safety is critical for maintaining both workplace safety and productivity. Accordingly, approaches must be holistic, proactive, and sensitive to organizational context, as there is strong evidence linking substance use with increased accident risk and safety violations in high risk work environments (Christian et al., 2009).

At this point, a theoretical framework is needed to explain how substance use shapes workplace dynamics. This study draws on an occupational health psychology framework that emphasizes the interaction between individual well being, workplace safety, and organizational performance. Previous research has shown that substance use leads to deficits in attention, impairments in executive functioning, and emotional dysregulation, all of which increase the likelihood of human error, absenteeism, and accidents (Frone, 2013; Kunyk, 2015). To provide a stronger theoretical grounding, the study also incorporates two well established models from occupational health psychology. Although the Job Demands Resources (JD-R) model is typically used to explain burnout and work engagement, it also offers an instructive perspective for understanding how substance use may emerge as an unhealthy coping mechanism under persistent job pressure. When job demands exceed available resources, workers may experience mental fatigue and diminished self regulation, which in turn increase the risk of substance use and safety related errors (Bakker & Demerouti, 2017; Nahrgang et al., 2011).

Similarly, Conservation of Resources (COR) theory (Hobfoll, 1989) highlights how addiction related losses in

energy, self esteem, and social support intensify stress, promote burnout, and gradually weaken professional identity. This perspective is highly pertinent to the present study, as substance use may emerge as a behavioral response to the progressive depletion of personal and social resources in the workplace. Employees who experience chronic stress, limited support, or diminished self esteem may turn to substance use as a maladaptive coping strategy. Over time, the cumulative loss of resources heightens psychological strain, weakens professional identity, and reduces adherence to safety behaviors (Halbesleben et al., 2014; Grandey & Cropanzano, 1999). In this study, the JD-R and COR frameworks are not used to establish causal mechanisms but rather to provide an interpretive lens for understanding participants' experiences. These theoretical perspectives add depth to the findings by linking fatigue, decreased attention, and weakened safety compliance to processes of resource depletion and coping difficulties. The workplace is also a critical social context; insufficient awareness or limited support can exacerbate stigma and exclusion, hindering rehabilitation and reintegration (Kaylı et al., 2020; Maclean et al., 2014). This theoretical grounding further reinforces the relevance of a phenomenological approach, which allows these processes to be examined through the lived experiences of employees. Consequently, interventions should involve not only procedural measures (e.g., testing or monitoring) but also relational and cultural strategies that foster supportive environments.

Methodologically, the phenomenological approach allows for an in depth exploration of how substance use shapes professional identity, work behavior, and collegial relationships through participants' lived experiences. This approach reveals subjective meanings and emotional dimensions that are often invisible in quantitative methods (Rahmati et al., 2019; Ritanti et al., 2017). Research that centers the experiences of workers with substance use histories highlights how addiction unfolds within organizational and interpersonal structures rather than as an isolated individual pathology. In this regard, such studies contribute to discussions on workplace safety and employee well being while offering practical insights for prevention and policy development.

Previous research has shown that substance use generates multidimensional effects in working life. Alcohol and prescription drug misuse have been closely linked to workforce loss and absenteeism, leading to substantial declines in productivity (Parsley et al., 2022; Chapman et al., 2021). The findings of this study suggest that workplace supports may alleviate the psychological effects of substance use, aligning with participants' reports of limited emotional resilience and difficulties accessing support. Research examining the relationship between mental health and addiction emphasizes

the critical role of employee assistance programs and organizational interventions in mitigating workplace problems (Maclean et al., 2014; Merrick et al., 2007; Sieck et al., 2010). These findings clarify participants' accounts of limited emotional support and restricted access to assistance, indicating that gaps in workplace support systems may deepen the psychological burden of substance use. In the context of employment policies, studies have demonstrated the risk reducing effects of pre-employment drug testing (Seymour et al., 1990; Zwerling et al., 1990). In high risk sectors such as mining, alcohol use has been shown to be associated with job stress and workplace accidents (Ozgan, 2011). Phenomenological studies have also shown that addiction experiences are shaped not only at the individual level but also through family and social dynamics (Ritanti et al., 2017; Rahmati et al., 2019). These findings provide a conceptual basis for interpreting participants' experiences related to performance, safety, and social interactions. Together, these strands shape the study's focus on safety, identity, and social dynamics.

In conclusion, this study examines the lived experiences of employees with substance use histories and evaluates the individual, professional, and organizational impacts of addiction. Its aim is to provide original evidence to inform occupational health policies and to develop preventive recommendations. The research was conducted within the mining sector a high risk work environment and approaches the impact of substance use on working life through a holistic, qualitative, and solution oriented perspective. In the Turkish context, this study is among the first to investigate workplace experiences related to substance use from a phenomenological standpoint and is expected to fill a significant gap in the occupational health and safety literature.

Phenomenological method

In this study, the author adhered to established scientific standards for presenting qualitative data and structured the reporting process in accordance with the COREQ guideline (Tong et al., 2007). Further details are provided in Appendix 1, which comprehensively summarizes critical aspects of the research process, including the personal characteristics and professional background of the researcher, the sampling and recruitment strategies, the data collection methods (such as the use of audio recordings, interview duration, and field notes), the analytic procedures (including coding strategies, theme development, and consistency checks), and the presentation of findings through participant quotations. By following the COREQ checklist, the study ensures transparency, methodological rigor, and the credibility of qualitative findings.

Study design

The research was designed based on a phenomenological approach and employed an inductive qualitative methodology. Semi-structured, in depth interviews were conducted with 15 mine workers actively employed in different regions of Türkiye. Through these interviews, the participants' personal experiences related to substance use and how these experiences influenced their work performance and attitudes toward safety practices were examined in detail. Centering the perspectives of the participants, the study aims to reveal the underlying dynamics of how addiction affects working life.

Research team and reflexivity

This study demonstrates the impact of substance addiction on employees' professional lives by drawing upon both systematic evidence and data derived from individual experiences. Participants' perceptions of performance and workplace safety were examined from a multidimensional perspective, and the critical importance of workplace based strategies in addressing addiction was emphasized. The interviews were conducted by a researcher with expertise in occupational health and safety, who also had prior academic experience focusing on workplace risks and employee well being. Although the researcher had a particular interest in the psychosocial dimensions of substance use, he critically reflected on his own biases and employed strategies to minimize potential subjectivity. To maintain neutrality, the interviews were carried out in an open and flexible format, allowing the themes to emerge from the participants' own narratives rather than being shaped by the researcher's expectations (Creswell, 2013; Tong et al., 2007).

Participant selection and sampling structure

In this study, criterion sampling, one of the purposive sampling methods, was employed to gain an in depth understanding of the experiences of employees with a history of substance use (Altunay et al., 2014; Başkaya & Demir, 2023). Participants were selected among individuals who had previously used specific substances, were actively engaged in working life, and voluntarily agreed to participate in the research. Data saturation was reached at the 13th interview; however, to enhance the credibility of the findings, two additional interviews were conducted, resulting in a final sample of 15 participants (Creswell, 2013; Guest et al., 2006). Participants were approached face to face in their workplaces and were personally invited by the researcher. Those who accepted the invitation were interviewed at times convenient for them. The inclusion criteria were as follows:

(a) active employment in the mining sector, (b) ability to communicate verbally and demonstrate cognitive competence, and (c) provision of informed consent (Uzun et al., 2025). In addition to these criteria, the sample consisted of 15 mining employees with varied demographic and professional characteristics. Participants' ages ranged from 21 to 63 years, the majority were male, and their work experience in the industry varied between 5 and 25 years. Educational levels included secondary school, vocational training, and higher education, while both single and married individuals were represented. Presenting these demographic details ensured that the sample reflected a heterogeneous group, which enriched the exploration of how substance use influenced workers' professional lives.

Data collection process

The data collection phase of the study was conducted using a semi structured interview technique developed by the researcher. The interview form consisted of two main sections. The first part aimed to gather essential demographic and professional information such as participants' age, gender, educational background, marital status, years of experience in the mining industry, and the structural characteristics of their workplace. The final sample consisted of employees working in the mining sector, varying in age, gender, educational background, marital status, and years of experience. These characteristics helped contextualize participants' accounts and provided diversity in terms of work roles and personal histories. Informational questions included, for example, "How many years have you worked in this sector?" and "What type of mining operation does your company engage in?". The second part of the form comprised open ended questions designed to allow participants to share their individual experiences in depth. This section sought to explore the nature of work related accidents encountered by participants, their coping mechanisms, psychological impact, and their attitudes toward occupational health and safety policies. Sample questions included: "Can you describe the workplace accident that affected you the most?" and "Did your approach to safety practices change after experiencing any accidents?" Throughout the interview process, participants were encouraged to elaborate further when necessary through prompts such as, "Could you explain that a bit more?" or "How did that moment make you feel?" The interviews were conducted by a researcher experienced in qualitative methods and with academic work focusing on occupational health and the workplace implications of high risk behaviors. Throughout the process, the researcher adopted a reflexive approach, remained aware of personal assumptions, and took care to minimize any potential influence on the interviews. Participants were

approached directly and in person at their workplaces, where the researcher provided brief information about the study and invited them to participate. All interviews were audio recorded with participants' written consent, then transcribed verbatim. The qualitative data were systematically organized before being subjected to content analysis and examined through thematic coding in line with the objectives of the study. To strengthen the trustworthiness of the findings, several rigor strategies recommended in qualitative methodology were applied. Credibility was enhanced through repeated readings and constant comparison of codes, consistent with the principles of Lincoln and Guba (1985). Transferability was supported by providing contextual detail and direct quotations, as emphasized by Nowell et al. (2017). Because member checking was not feasible due to the sensitivity of the topic, reflexive note taking was used to reduce potential researcher bias and reinforce confirmability (Shenton, 2004). All stages of the research were carried out in accordance with the COREQ (Consolidated Criteria for Reporting Qualitative Research) guidelines, which are widely recognized international standards for qualitative research reporting (Tong et al., 2007).

The setting in which the research was conducted was arranged as a private and confidential interview environment where employees with a history of substance use could comfortably share their experiences. The interviews were held one on one between the researcher and each participant in a quiet, distraction free room. Conducted face to face using a semi structured interview form, the sessions followed an active listening approach with a 90 degree seating arrangement. Prior to each interview, participants provided both written and verbal informed consent. Audio files and transcripts were anonymized, stored securely, and were accessible only to the researcher to ensure confidentiality and data protection (Atasayar et al., 2025; Uzun et al., 2025). In line with ethical principles, the audio recordings were securely stored during the research process and permanently deleted upon completion of the study. This practice aimed to ensure the protection of participant confidentiality and to prevent unauthorized access. Furthermore, the structure of the interview facilitated the systematic documentation of both demographic information and participants' in depth narratives.

Core interview questions

1. How has your experience with substance use personally affected your job performance and approach to workplace safety, and how have these effects evolved over time?

2. During your substance dependency, how did explicit or implicit pressures at work, as well as the attitudes of colleagues and supervisors, shape your professional identity and sense of belonging?
3. As an individual experiencing challenges related to substance use in the workplace, what internal conflicts or moments of insecurity did you experience, and what were the underlying causes of these emotional responses?
4. How did the presence or absence of workplace based support mechanisms during your substance use impact you psychologically and socially, and how did this affect your occupational resilience?
5. Looking back, how did you attempt to balance your identity as a worker with your identity as someone dealing with addiction, and what lasting effects did this duality have on your work life?

Data analysis

After the completion of the interviews, the qualitative data were analyzed using Colaizzi's (1978) seven step method, which is widely recognized for its applicability in phenomenological research (Morrow et al., 2015). Initially, the interview transcripts were reviewed multiple times by the primary researcher to gain a comprehensive understanding of the participants' narratives, with additional feedback obtained from an expert in the field to strengthen the analytic process. Meaningful segments from the transcripts were then identified and transformed into concise and representative statements. These key expressions were systematically grouped and categorized. To ensure academic rigor and validity, the emerging findings were discussed with field experts and refined through consensus. Main themes and subthemes were generated based on the lived experiences of the participants, particularly concerning the impact of substance use on occupational safety and performance. Each theme was clearly defined and supported by direct quotations from participants to enhance the transparency and credibility of the analysis. This approach also enabled both readers and researchers to engage with the data in a meaningful and verifiable manner (Yıldırım et al., 2021; Ulutaşdemir et al., 2022). Several strategies were implemented to enhance the credibility and reliability of the study. Data saturation was observed by the thirteenth interview, and in order to reinforce the robustness of the findings, the coding procedures were carefully examined through in depth discussions with subject matter experts. The coding framework and thematic structure were critically reviewed during these consultations. Moreover, the coherence of the results was ensured by systematically comparing the emerging themes with well established theoretical models. Although participants were

not contacted again for transcript validation, the inclusion of direct quotations from their narratives served to strengthen both the transparency and trustworthiness of the analysis (Lincoln & Guba, 1985; Creswell, 2013). In this study, the credibility of the findings was supported by repeatedly reviewing the interview transcripts and continually comparing the emerging codes. Due to the sensitive nature of the subject, member checking could not be conducted; therefore, transparency was enhanced through the use of direct participant quotations and detailed contextual descriptions. In addition, reflexive notes kept throughout the analysis helped the researcher revisit underlying assumptions and ensure that interpretations remained grounded in the data. To ensure the trustworthiness of the study, several strategies were applied throughout the research process. Credibility was enhanced through careful transcription, repeated reading of the data, and expert consultation during the coding and theme development phases. Dependability was maintained by keeping detailed field notes and documenting analytic decisions to provide an audit trail. Confirmability was supported through reflexive journaling and continuous comparison of interpretations with raw data to minimize researcher bias. Transferability was strengthened by providing rich, contextual descriptions of participants and settings, allowing readers to assess the relevance of findings to other contexts (Lincoln & Guba, 1985).

Findings

The mean age and standard deviation of the participants were calculated to present the general profile of the sample; in addition, the mean duration and distribution of their professional experience in the sector were determined. Furthermore, descriptive analyses were conducted to reflect the diversity of the participants in terms of age, gender, marital status, educational attainment, type and duration of substance use, and treatment history. Sample characteristics ($n = 15$) are as follows: ages ranged from 21 to 63 years ($M = 38.3$; $SD = 11.3$; median = 38). The sample was predominantly male (93.3%); one participant was female (6.7%). Educational levels were distributed as high school (53.3%), middle school (26.7%), associate degree (13.3%), and undergraduate (6.7%). Work experience ranged from 2 to 40 years ($M = 10.4$; $SD = 9.0$; median = 8). To protect confidentiality, roles are reported at the group level (e.g., underground operators, maintenance/technical staff, shift supervisors). A comprehensive summary of the demographic and occupational characteristics that helps illuminate the context and background of the study group is presented in Table 1. In particular, information regarding the type of substance used is based on participant self reports

Table 1 Participant characteristics

Participant number	Age	Gender	Marital status	Educational status	Work experience	Type of Substance	Duration of Use	Treatment History
K1	45	Male	Married	Middle school	15 Years	Cannabis, Tobacco	10 Years	No
K2	35	Male	Single	High School	6 Years	Tobacco, Alcohol	7 Years	No
K3	39	Male	Single	High School	9 Years	Heavy alcohol	7 Years	Yes
K4	42	Male	Married	High School	12 Years	Stimulant pills and alcohol	6 Years	No
K5	41	Male	Single	Middle school	13 Years	Alcohol	15 Years	Yes
K6	27	Male	Single	High School	3 Years	Stimulant pill	5 Years	No
K7	35	Male	Single	High School	2 Years	Tobacco, Alcohol	5 Years	No
K8	24	Male	Single	Associate Degree	5 Years	Tobacco, Alcohol, Cannabis	7 Years	No
K9	21	Female	Single	Associate Degree	8 Years	Alcohol and tobacco	5 Years	No
K10	63	Male	Single	Middle school	40 Years	Alcohol	40–45 Years	No
K11	43	Male	Married	Undergraduate education	13 Years	Alcohol and tobacco	9 Years	No
K12	29	Male	Single	High School	6 Years	Synthetic pills (stimulants/non-classifiable psychoactive substances)	3 Years	No
K13	38	Male	Married	High School	11 Years	Alcohol and over the counter sedatives	7 Years	No
K14	35	Male	Single	High School	6 Years	Drugs, pills, and alcohol	9 Years	No
K15	57	Male	Married	Middle school	7 Years	Alcohol, cigarettes, rarely sedative pills	17 Years	No

"Type of Substance" is based on participant self report and has been handled with confidentiality in accordance with ethical principles

and has been handled with strict confidentiality in accordance with ethical research principles.

The qualitative data collected through semi structured interviews were subjected to a systematic and rigorous thematic analysis process. As a result of this analysis, principal themes, corresponding subthemes, and detailed codes reflecting the nuanced experiences of the participants were identified and organized (Table 2). This coding framework not only enabled the classification of complex data but also facilitated the extraction of meaningful patterns related to the impact of addictive substance use on job performance, workplace safety, social interactions, and individual coping mechanisms. The structured presentation of these findings in Table 2 provides a comprehensive overview of the multi dimensional consequences of substance use in occupational contexts.

Theme 1: The impact of substance use on job performance and safety attitudes subtheme 1: Performance decline and professional drift

Participants reported that, over time, substance use significantly weakened their focus on work. Some stated that they experienced hesitation in decision making, an increased tendency to procrastinate, and a sense of detachment from their responsibilities, negatively impacting their daily work routines. This mental distraction, when combined with physical fatigue, led to an increase in errors and a weakening of basic safety reflexes. Employees who experienced a decline in

intrinsic motivation indicated that they began to lose interest in their professional roles, with some describing this situation as a “disconnection from the profession.” These findings are consistent with the thematic framework presented in Table 2, which highlights the impact of substance use on job performance and workplace safety, including dimensions such as performance decline, erosion of professional identity, and diminished adherence to safety practices. This finding is consistent with prior research demonstrating that substance use is associated with weakened compliance and increased workplace accidents (Zwerling et al., 1990). Yet, the present study adds to the literature by showing how this indifference is normalized in daily routines through participants’ lived experiences. In addition, participants’ accounts suggest that declining performance is shaped not only by substance use itself but also by job related pressures such as workload and fatigue. These interacting factors appear to reinforce lapses in attention, indicating that reduced safety vigilance emerges from both individual and organizational conditions (Bakker & Demerouti, 2017).

“I believed that substance use helped me cope with work stress and finish the day. I did not pay much attention to safety practices. During those times, I mostly drank after work, but I lost control over managing my stress. Now, I no longer feel happy or peaceful. Work has become merely about earning money and supporting my children” (K1:[1A7,1B1]).

Table 2 The impact of addictive substances on employees' job performance and workplace safety

Themes	Subthemes	Codes
1. The impact of substance use on job performance and safety approaches	A. Performance decline and professional drift	A1. Decreased attention span
		A2. Task procrastination
		A3. Withdrawal from job responsibilities
		A4. Indecisiveness in decision making processes
		A5. Increase in physical fatigue
		A6. Rise in error rate
		A7. Weakening of self discipline
	B. Reduced adherence to safety practices	B1. Disregard for instructions
		B2. Avoidance of using protective equipment
		B3. Tendency to normalize risks
		B4. "It won't happen to me" mentality
		B5. Lack of response to warnings
		B6. Perceiving safety inspections as unnecessary
2. Alienation in the social environment and loss of belonging	A. Invisible exclusion	A1. Being left out of conversations
		A2. Being sidelined in team projects
	B. Erosion of professional identity	A3. Distant or cold responses to requests for help
		A4. Being accused through implication
		A5. Being stigmatized through silent looks
		A6. Feeling that things are being discussed secretly
		B1. Feeling alienated from one's work
		B2. Perceiving oneself as professionally inadequate
		B3. The Thought of "I don't deserve this job"
		B4. Questioning one's competence
		B5. Weakening of emotional bond with the organization
		B6. Pessimism about one's professional future
3. Inner challenges and coping strategies	A. Emotional turmoil and internal conflicts	A1. Anger toward oneself
		A2. Persistent feelings of guilt
		A3. Need to hide oneself
		A4. Fear of being caught
	B. Survival and recovery search	A5. Decline in self esteem
		A6. Signs of psychological burnout
		B1. Holding on to routines
		B2. Seeking professional help
		B3. Desire for a fresh start
		B4. Sharing with a trusted colleague
		B5. Learning from past mistakes
		B6. Belief that "there must be a way out"

"In the beginning, alcohol seemed like an escape. After drinking a little to relieve the stress of the day, I thought I would be able to wake up more easily the next morning. However, after a while, I couldn't recover even in the mornings. At the machine, my focus would wander, and sometimes I wouldn't even notice

warning signs. My reflexes were strong before, but now I react more slowly even to the simplest sounds. Although I memorized safety rules, I no longer feel motivated to apply them at the moment. I've noticed a decrease in my performance over the past few years, but it seems like things get worse when I accept it" (K3:[1A1,1A6,1B1]).

"At first, I didn't notice it. I started using substances just to think less, distract myself, and numb the pain in my body. In the early stages, I felt more resilient while working, as if I could keep going without stopping. But over time, things changed. My body got used to it, but it wasn't enough. My mind slowed down. I started making more mistakes while doing the same job. Safety signs were right in front of me, but my mind was elsewhere. What used to be reflexive actions now requires conscious effort. When working at heights, even a second of distraction could mean death. And now I feel this more every day" (K4:[1A1,1A6,1B1]).

"When I used substances, everything seemed to go smoother and faster. My performance increased significantly when using substances, but once the effects wore off, I felt extremely tired. I follow safety regulations, but when working quickly, I sometimes neglect them. However, after being reminded, I pay more attention" (K6:[1A5,1B1]).

"At the beginning, I didn't realize the effects, but over time, I began to notice them more clearly. Especially when the work pace increased, I became more tense and impatient. When I was angry, my attention easily wandered, and I would ignore even the simplest safety precautions. This naturally made me more prone to accidents. Over time, this behavior became routine, and without even realizing it, I became more careless and less foresighted. During this process, my performance significantly declined, but most importantly, I became increasingly indifferent toward workplace safety. I became more tense and angry, which caused me to become more careless. I honestly feel like I became a walking hazard in the workplace" (K7:[1A1,1A6,1B3]).

"Smoking while working helps me focus more and relaxes me. Smoking was initially just a habit that calmed me during breaks. I thought it helped me focus better on my work. However, this changed over time. Especially as alcohol consumption increased, it became harder for me to adapt to work the next day. I woke up tired, absent minded, and unwilling. This

affected both my performance and my attention to safety rules. Once, after taking a pill, I experienced a brief lapse at work; I couldn't remember a few minutes of what I did. That moment made me realize that some substances pose not only psychological but also physical risks. Over time, I began to understand that these substances dulled me instead of relaxing me" (K8:[1A1,1A6,1B3]).

Subtheme 2: Insensitivity toward safety practices

Participants reported that substance use gradually reduced their concentration, decision making capacity, and motivation, which led to procrastination, detachment from responsibilities, and weakened compliance with safety procedures. Behaviors such as ignoring safety rules, failing to use protective equipment, and becoming accustomed to risks indicate a gradual decline in workplace safety culture. These results are consistent with earlier studies indicating that substance use impairs cognitive functioning and heightens accident risk (Frone, 2013; Kunyk, 2015). Recent findings also support this link, showing increased unsafe behaviors among workers using substances (Fischer et al., 2015) and amplified errors when combined with fatigue. As summarized in Table 2, the consequences of substance use extend beyond individual performance, reshaping professional identity, social interactions, and coping strategies. This dual effect underscores the need for workplace interventions that combine treatment with systemic and cultural measures aimed at strengthening safety awareness and compliance.

"It is hard for me to work without drinking, because my body has gotten used to it. Still, I've never failed to do my job, and I haven't been a burden to anyone so far. I've been doing this job for forty years, and I've always tried my best. I haven't had any serious issues with safety, but sometimes I've been distracted, and I just consider it a habit. Over time, this situation became normal for me, and it became a part of my life" (K 10:[1A1,1A6,1B4]).

"Smoking was initially just a habit that calmed me during breaks. I thought it helped me focus better on my work. However, this changed over time. Particularly as alcohol consumption increased, I found it more difficult to adjust to work the following day. I woke up tired, absent minded, and unwilling. This negatively impacted both my performance and my attention to safety rules. Once, after taking a pill, I had a brief lapse at work; there were a few minutes I couldn't remember what I had done. That moment made me realize that some substances pose not only

psychological but also physical risks. Over time, I began to understand that these substances dulled me instead of relaxing me" (K 9:[1A1,1A5]).

"I was working in shifts, and the lack of sleep was very challenging. When I took pills, I felt like my mind cleared up. But this was only the case initially. Over time, my body got used to it, and as the effects decreased, I started taking more. While my performance seemed to improve in the first few months, my attention span shortened later, and I became more aggressive. Once, I accidentally tipped over a load with a forklift due to distraction. I began to become indifferent toward safety practices. Instead of taking precautions, I started thinking, 'Nothing will happen.' Indeed, nothing happened, but that was purely by chance. Looking back now, I realize I was going through a period where I was unaware of the risks" (K 11:[1A1,1A6,1B4]).

Theme 2: Alienation and loss of belonging in social Settings Subtheme 1: Invisible Exclusion

The second theme focuses on social alienation and the loss of belonging in workplace relationships, illustrating how addiction gradually erodes interpersonal connections and emotional attachment to work. According to the participants' statements, substance use gradually weakened individuals' ties with their social environment and created an invisible distance within workplace relationships. Some employees reported that, although they were not openly excluded by their colleagues, they no longer felt a sense of belonging, and this sense of alienation progressively deepened. During this process, individuals experienced challenges in coping with a profound sense of guilt, which over time transformed into anger, particularly directed toward themselves. Participants noted that they were constantly on alert due to the possibility that their behaviors might be noticed, and as a result, they often chose to conceal themselves. Notably, the fear of being caught prevented them from acting comfortably in social settings, pushing them further into isolation. Some individuals reported a noticeable decline in self esteem over time, which led them to withdraw from workplace interactions and experience the psychological consequences of loneliness. In this context, it became evident that the emotional burden experienced by participants not only affected their physical performance but also undermined their sense of trust and belonging in social relationships. This situation prompted individuals to question both their connections with colleagues and their professional identities. These findings align with the thematic framework

presented in Table 2, which systematically illustrates the effects of substance use on social alienation, erosion of professional identity, emotional turmoil, and coping strategies, offering a comprehensive understanding of the psychosocial dynamics associated with addiction in the workplace. The broader literature provides support for these observations. Research indicates that individuals with substance use disorders often face social stigmatization, which fosters feelings of alienation and subtle forms of exclusion in the workplace even in the absence of direct rejection (El Hayek et al., 2024). Additionally, participants' accounts suggest that alienation is not only a social reaction but also a self-reinforcing psychological process; as internalized stigma deepens, employees tend to withdraw further, accelerating the breakdown of workplace relationships (Hammarlund et al., 2018).

"Substance addiction affected me terribly. I had to quit my job because of it. Even though no one openly said anything, people made me feel it through their behavior. Sometimes a look, sometimes a joke hinted at it. I began to feel excluded. It seemed like my coworkers' trust in me decreased, and over time, that feeling became reality. It was extremely difficult to work under such pressure. I started feeling worthless more often. In the end, I felt like I didn't belong there anymore and had to quit the job" (K7:[2A2,2A5]).

"Since everyone smoked, it wasn't a big issue. No one made a fuss about cigarettes because most people smoked. But when my alcohol and especially pill use became noticeable, the looks began to change. Even if no one said anything to my face, I had moments when I felt excluded. I was overlooked for certain tasks, and the tone of jokes changed I felt silently judged. This gradually undermined my commitment to the workplace. I used to be more enthusiastic and team oriented, but I started to withdraw. I can say there was a crack in my professional identity because I was no longer seen just as an employee but also as a 'problematic person' (K 8:[2A2,2A5]).

"At first, no one noticed. But as my behavior changed, so did the looks I got from people around me. I especially noticed I was alone during break times. Although the manager didn't say anything directly, he started assigning me to tasks with less responsibility. It felt like a silent warning. My professional identity was damaged because I went from being someone entrusted with responsibility to someone who was overlooked. I started to drift away internally and began feeling excluded. My sense of belonging

gradually diminished. I felt like I was only there to receive a paycheck" (K11:[2A1,2A2]).

"No one said anything to me directly, but the tone of the conversations had changed. Even their facial expressions when I asked for help were enough to push me back. Over time, I drifted away from the team, my ideas started to be ignored. At first I was confident, but then the feeling of "I was already an outsider" set in. Managers started to give me easy jobs. This weakened my sense of belonging" (K14:[2A3,2A2]).

Subtheme 2: Erosion of professional identity

Participants expressed that substance use gradually weakened their commitment to their profession. They stated that they had become alienated from their work and no longer found meaning in their duties. Some participants questioned their professional competence and believed they no longer deserved their positions. During this process, it was observed that their sense of belonging to the organization diminished, and they lost hope about continuing in the profession in the future. Participants reported feeling isolated both professionally and emotionally, which led them to withdraw socially. These findings are consistent with the thematic framework presented in Table 2, which systematically captures the erosion of professional identity, loss of organizational belonging, pessimism regarding professional continuity, and the resulting social withdrawal, offering an in-depth understanding of how substance use disrupts both individual and workplace dynamics. Similar to Kaylı et al. (2020), our study highlights how stigma and subtle exclusion undermine workplace belonging. Unlike their survey-based results, our narratives reveal micro-level cues such as glances, jokes, and reduced responsibilities as mechanisms through which alienation is reinforced. In addition, longitudinal findings show that chronic withdrawal from social and occupational tasks contributes to a cycle of declining self-efficacy, thereby deepening alienation and weakening the continuity of professional identity (Moos & Moos, 2006).

"No one openly blamed me, but I could feel that something had changed. I used to laugh off their jokes, but now there's always doubt inside me. Thoughts like 'Was that a jab at me?' keep circling in my mind. When I noticed my supervisor hesitating before assigning me tasks, I realized they no longer saw me as they used to. I've given many years to this workplace, but at this point, I feel like an outsider. It's as if everyone has their own desk, their own place but I'm just a guest" (K3:[2B1,2B5]).

"No one directly said, 'You're like this,' but the way they looked at me changed. When I was late in the morning, they looked into my eyes a little longer. Jokes that started out harmless gradually turned into innuendos. In those moments, I kept my eyes down and my ears on high alert. I no longer feel like a 'part' of the system. I'm just someone carrying out tasks, but not someone who belongs. I've experienced the truest form of feeling alone in a crowd. And every time I doubted myself, those jokes echoed louder in my ears" (K4:[2B1,2B5]).

"I don't think my coworkers or supervisors deliberately put pressure on me. However, I don't believe I can do my job as well as I used to. In the past, I used to take on the most difficult and skill demanding tasks, but now I understand why those responsibilities are given to others" (K5:[2B2,2B4]).

Theme 3: Inner challenges and coping strategies **subtheme 1: Emotional fluctuations and inner conflicts**

Participants reported experiencing intense inner turmoil during the period of substance use. Many expressed feelings of anger directed at themselves, which gradually transformed into a persistent sense of guilt. This guilt not only heightened their tendency to hide their behavior but also kept the fear of being caught constantly alive. As the process progressed, it became apparent that their self respect declined significantly, they avoided being in the spotlight at work, and distanced themselves from social interactions. This emotional pressure led to symptoms of burnout; participants stated they felt mentally exhausted and emotionally at rock bottom (Table 2). These emotional trajectories align with broader findings related to self stigmatization and moral conflict in substance use contexts. Research shows that perceived social stigma and internalized shame or guilt significantly undermine individuals' willingness to seek help and erode self esteem (Hammarlund et al., 2018). Qualitative findings further suggest that guilt moderates the relationship between enacted stigma and help seeking behaviors, with stronger guilt predicting weaker recovery efforts (Doyle, 2022). These dynamics echo broader stigma recovery relationships documented in clinical literature.

"I constantly overthink things and dwell on negative scenarios. Because I always imagine the worst, I ignore the good sides, and I believe what I fear ends up happening. Maybe it's my childhood affecting me, or maybe it's the way drugs make you drift into

dreams. I was obsessive even before using drugs, but after starting, it got way worse" (K1:[3A6]).

"I was fighting a major inner battle. One part of me wanted to work properly and fulfill my responsibilities, while the other part was the addiction. Even on days when I went to work sober, I would remember how I used to be, and it hurt my self respect. At times, I felt like people around me were judging me. No one directly said anything, but I was always in a defensive mode internally. This emotional weight caused a serious fatigue that interfered with my ability to work" (K7:[3A5,3A6,3A3,3A4]).

"Cigarettes weren't an issue for anyone, but when alcohol and especially pill use came to light, people either ignored me or kept their distance. No one directly offered help. At that time, a little guidance, a suggestion, or even a sincere conversation could have made a difference but none of that happened. That feeling of loneliness made me withdraw even more. I felt like I was a burden. Over time, this seriously damaged my work resilience, patience, and motivation" (K8:[3A5,3A3]).

"The most difficult thing was the battle I had with myself. On the one hand, I was always on guard in case someone outside would notice. On the one hand, I was trying to make sure that "nothing was obvious", on the other hand, I couldn't concentrate on what I was doing. One day I didn't notice a warning sign and turned off the machine late, and then I blamed myself for a long time thinking "what if someone got hurt". While these fears were eating me up inside, I didn't dare to ask for help. Because there was always the fear that if it was noticed once, I would lose my job. But I still don't understand why I am doing this" (K13:[3A3,3A4,3A2,3A1]).

Subtheme 2: The search for survival and recovery

Some participants stated that when they realized substance use was gradually consuming them, they began to seek various ways to recover. Clinging to simple daily routines became a kind of stabilizing force for them. Although the idea of seeking professional help was initially challenging, over time it was seen as an important step toward healing. Participants shared that confiding in a trusted colleague helped them feel less alone and reestablish connections. They emphasized that learning from past mistakes and holding on to the belief that "it's not over yet" kept their hope for a fresh start alive. Many

expressed that believing there was still a way out of their situation remained their strongest motivation to carry on. These accounts are in line with the thematic framework presented in Table 2, which systematically highlights coping mechanisms such as maintaining routines, seeking support, and nurturing hope for recovery as part of the survival and recovery process. These results echo earlier phenomenological findings that individuals with substance use histories often oscillate between guilt, concealment, and recovery oriented strategies (Rahmati et al., 2019; Ritanti et al., 2017). Our study expands this by illustrating how daily routines and trusted colleague relationships become survival mechanisms in the absence of formal institutional support.

"I carry two selves within me. One is the man who gets to work on time, knows his job, and lives with professional pride. The other is the man who, at night, surrenders to his thoughts and can't control his body. This duality started tearing me apart over time. One side tried to stay strong, while the other chained it down. My coping strategy was always 'don't let it show.' But that crushed me from within. Looking back now, I can see the traces of that struggle not just in my work life but on my face, in my sleep, in the way I talk" (K 4:[3A3,3A5,3A6]).

"I didn't try to create balance or anything I've never thought of myself as having two identities. Drinking was just part of who I was. Whenever I had to work, I worked. I didn't neglect my duties. I didn't plan a strategy. I just got used to it over time. This lifestyle felt normal to me, and I accepted it as such. Maybe I made some mistakes in the past, but I never did anything that would disgrace my profession. If I've made it this far, then I guess I managed to cope" (K10:[3B1,3B5]).

"During the rare times I didn't use when I wasn't in the mood my irritability would spike. I tried for a long time to keep those two selves apart. By day I was a working man, and by night someone who drank or used pills to relax. But over time, those boundaries blurred. Fatigue, anger, and distraction started to seep into my workdays. At first, I denied it. I told myself, 'I'm in control.' But that wasn't sustainable. I realized it before completely losing myself. Looking back now, I see that the methods I used to escape that duality actually trapped me further. I damaged both my professional identity and my self respect. This process left deep emotional and professional scars in my work life" (K8:[3B5,3B3]).

Discussion

This study aimed to gain an in depth understanding of the effects of substance addiction on employees' job performance, safety perceptions, and professional identity, and analyzed the data through three main themes. The findings revealed that addiction leads to complex consequences not only at the individual level but also at the organizational and societal levels. Participants reported that, over time, substance use caused serious impairments in fundamental functions such as attention, decision making, and task responsibility. The findings parallel previous evidence demonstrating that substance use disrupts employees' attention, decision making processes, and safety behavior (Frone, 2013; Smook et al., 2014). However, unlike these predominantly quantitative studies, the phenomenological approach in this research provides micro level narratives illustrating how fatigue and emotional exhaustion gradually weaken compliance with safety practices. Participants' statements such as "alienation from work" and "professional burnout" indicate that addiction negatively affects not only physical capabilities but also cognitive and emotional functionality. Another critical finding of the study is the indifference toward safety practices and the altered perception of risk. Some participants expressed a reluctance to follow safety rules even when they were aware of them, while others demonstrated a mindset of "it won't happen to me." This points to a significant weakening of safety culture due to substance use. This result contrasts with Zwerling et al. (1990), who reported the positive impact of pre-employment drug testing on workplace safety. These findings can also be interpreted within a broader psychosocial context. Participants' narratives suggested that substance use was often intertwined with chronic work stress, social pressure, and emotional fatigue rather than being an isolated behavioural problem. The gradual erosion of motivation, trust, and social support appeared to intensify both psychological strain and withdrawal. In the cultural and organisational climate observed, where reputation and social belonging are highly valued, concealing such difficulties often deepened isolation and delayed help seeking. Therefore, the phenomenon should not be viewed solely as an individual coping failure but as a reflection of systemic and cultural mechanisms that perpetuate vulnerability in the workplace.

Social exclusion and loss of belonging also emerged as prominent psychosocial themes in the study. Even though participants were not explicitly excluded, they frequently encountered "silent stigma" and indirect insinuations, which led to feelings of isolation both professionally and personally. This finding is consistent with Kaylı et

al. (2020), who found that societal labeling and exclusionary attitudes complicate the process of overcoming addiction. While much of the existing research has relied on administrative data or survey instruments, this study demonstrates the added value of a phenomenological design. By capturing subjective meanings and lived experiences, our work complements quantitative studies and provides insights into the emotional and cognitive mechanisms through which substance use affects workplace safety and identity (Kunyk, 2015). Furthermore, a systematic review by Morse et al. (2022) demonstrated that workplace based interventions such as universal health promotion programs and targeted brief interventions hold promise for reducing substance misuse and enhancing occupational safety.

The theme of inner conflict and coping strategies reflects the internal challenges faced by the individuals. Feelings of guilt, anger, low self esteem, and psychological burnout described by participants are consistent with the literature on the psychological impacts of addiction (Rahmati et al., 2019). However, some participants demonstrated self awareness and efforts toward recovery by relying on daily routines, seeking professional help, or confiding in trusted colleagues.

Overall, these findings highlight the need for workplace interventions that are not only behavioral but also emotional and socially informed. A closer reading of the findings shows that the experiences reported by participants cannot be reduced to a single explanatory pattern. Instead, each theme reflects a different aspect of how substance use interacts with the demands and culture of the workplace. Difficulties related to attention and safety behavior appear to stem from cognitive strain, while feelings of exclusion and loss of belonging are tied more to the social climate of the work environment. In contrast, the emotional conflicts described by participants reveal a deeper layer of distress that is often hidden behind routine work behavior. Considering the themes separately makes it possible to move beyond a simple summary of results and to offer a more layered interpretation of how addiction shapes daily work life. This perspective also highlights that the issue is not only individual but is reinforced by organizational attitudes, expectations, and informal norms. Without the development of empathy based, employee centered, and context sensitive policies, it appears unlikely that a complex issue like substance addiction can be effectively addressed. Drawing directly from the lived accounts of participants, several applied strategies can be formulated. To begin with, creating collegial support circles where employees feel safe to confide in and exchange experiences with trusted co-workers may help rebuild a sense of belonging and

reduce isolation. In addition, refresher trainings on occupational safety should be redesigned in a stigma free format, aiming not merely to deliver technical information but to challenge the silent normalization of risky habits and encourage active participation. Finally, employee assistance initiatives should incorporate counseling practices that cultivate hope and confidence in personal recovery, thereby enabling individuals to re-establish professional resilience and reintegrate into workplace life. Taken together, these approaches demonstrate how the qualitative themes of this study can be converted into concrete and practice oriented interventions for organizations.

Conclusion and recommendations

This study uncovered how substance use alters employees' connection to their jobs, impairs their focus on safety, and weakens their sense of belonging in the workplace. Participants described a gradual decline in motivation, attention, and responsibility, often accompanied by emotional fatigue and isolation. These personal narratives demonstrate that addiction is not only an individual health issue, but a workplace challenge that affects team dynamics and safety culture. Within the context of the mining sector, the combination of demanding physical conditions and social isolation renders this issue even more critical. To address this, workplaces must adopt proactive and humane approaches. Confidential support systems, inclusive training, and environments that foster psychological safety are essential. It is equally important to create conditions that encourage employees to seek help without fear of judgment. Organizational efforts should focus not only on control, but also on care and understanding.

Limitations

To protect participants' confidentiality and prevent potential emotional distress that could arise from revisiting sensitive addiction related experiences, member checking was not conducted. This decision may have slightly limited participants' opportunities to review the findings or contribute to the interpretation process. Nevertheless, to preserve the scientific trustworthiness of the study, the analysis was carried out meticulously; the data were repeatedly reviewed, themes were clearly defined, and the findings were supported directly with participants' quotations (Lincoln & Guba, 1985; Creswell, 2013).

Appendix 1

Table 3 Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007)

Area 1: Research team and reflexivity			
Personal Characteristics			
Number	Item	Guiding Questions	Explanations
1	Interviewer/Facilitator	Which author(s) conducted the interview or focus group?	The first author personally conducted all one on one interviews with the participants.
2	Identity Information	What were the researcher's identity details? For example, PhD, MD.	Corresponding author holds a PhD.
3	Profession	What were their professions during the study?	The first author is an Assistant Professor with an academic background in occupational health and safety.
4	Gender	Was the researcher male or female?	Researcher is male.
5	Experience and Education	What experience or training did the researcher have?	The researcher has received training in qualitative research methods and has conducted academic studies in this field.
Relationship with participants			
6	Relationship Status	Was a relationship established before the training began?	No prior communication or interaction was established with the participants before the research began.
7	Interviewer's Participant Information	What did the participants know about the researcher? For example, personal goals, reasons for conducting the research	Participants were informed that the researcher was an academic and that the purpose of the study was to gain an in depth understanding of how substance use affects employees' safety and performance.
8	Interviewer Characteristics	What characteristics of the interviewer/facilitator were reported? For example, bias on the research topic, assumptions, reasons, and areas of interest.	The researcher stated a professional interest in workplace safety and addiction but minimized potential bias by keeping reflexive notes and encouraging participants to share their experiences freely.
Area 2: Study Design			
Theoretical Framework			
9	Methodological Orientation and Theory	The study was supported by a phenomenological approach, focusing on the lived experiences and perceptions of actively employed individuals regarding occupational health and safety incidents.	A phenomenological approach was employed, focusing on the lived experiences of employees
Participant Selection			
10	Sampling	The participants were selected using purposive sampling.	In this study, criterion sampling one of the purposive sampling strategies was chosen as the preferred method.
11	Approach to participants.	How were the participants approached (e.g., face to face, phone, mail)?	Participants were approached face-to-face in their workplaces by the researcher, who explained the purpose of the study and invited them to participate.
12	Sample size	How many participants were involved in the study?	A total of 15 participants comprised the final sample of this study.
13	Non Participation	No participants refused to participate or withdrew from the study.	All individuals invited for the interview agreed to participate in the study.
Setting			
14	The setting of data collection	The data was collected in the workplace.	Interviews were carried out one on one in quiet and secure areas of the participants' workplaces to maintain confidentiality and a sense of trust.
15	Presence of Non Participants	No, there was no one else present besides the participants and the researcher during the interviews.	The data collection process was conducted solely by the researcher, with no external observers involved.
16	Description of the sample	What are the key characteristics of the sample? For example, demographic data, date.	The sample included 15 workers (14 men and 1 woman) aged between 21 and 63, representing diverse educational backgrounds and work experiences, all with a history of substance use.
Data collection			
17	Interview guide	The questions, prompts, and guides were provided by the authors. They were pilot tested before implementation.	Detailed information on this topic is provided in the methodology section.

Table 3 (continued)

Area 1: Research team and reflexivity			
Personal Characteristics			
Number	Item	Guiding Questions	Explanations
18	Repeat interviews	Were follow up interviews conducted? If yes, how many?	Each participant was interviewed only once, and no follow up interviews were conducted.
19	Audio/visual recording	Was audio recording or visual recording used to collect data in the study?	All interviews were audio recorded to ensure the accuracy and reliability of the data.
20	Field notes	Were field notes taken during and/or after the interview or focus group?	All data, including participants' statements and the researcher's observations, were meticulously documented.
21	Duration	What was the duration of the interviews or focus groups?	The duration of the interviews varied depending on the depth of participants' responses, ranging from 40 to 55 minutes.
22	Data saturation	Was data saturation discussed?	Data saturation: We operationalized saturation as the point at which no new first order codes or meaning units emerged across two consecutive interviews. Saturation was reached at Interview 13 and confirmed through two additional interviews (total n = 15).
23	Transcripts returned	Were the transcripts returned to the participants for comments and/or corrections?	Due to the sensitive nature of the topic, transcripts were not returned to participants, and no re-contact was initiated after data collection.
Area 3: Analysis and Findings			
24	Number of data coders	How many data coders coded the data?	All stages of the study (developing the research design, contacting participants, conducting the interviews, analyzing the data, and reporting the findings) were carried out by a single researcher.
25	Description of the coding tree	Did the authors provide a description of the coding tree?	The layout of the results section, along with its headings and subheadings, directly reflects the finalized coding framework.
26	Derivation of themes	Were the themes predetermined or were they derived from the data?	The themes identified during data analysis were directly derived from the participants' narratives.
27	Software	If applicable, which software was used to manage the data?	No software was used; data were manually coded by the researcher.
28	Participant verification	Did the participants provide feedback on the findings?	Participants were not re-contacted for feedback due to confidentiality considerations.
Reporting			
29	Presented quotations	Were participant quotes presented to illustrate the themes/findings? Was each quote identified, e.g., by participant number?	The analytical findings were supported with direct quotations from participant statements.
30	Data and findings consistent	Was there consistency between the presented data and the findings?	It was observed that the findings were consistent with the collected data.
31	Clarity of main themes	Are the main themes clearly presented in the findings?	Yes
32	Clarity of subthemes	Is there an explanation of different cases or a discussion of minor topics?	Yes

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Data availability Relevant datasets used or produced in this research can be obtained by contacting the corresponding author, subject to a reasonable request.

Declarations

Ethical approval This study was conducted with the approval of the Gumushane University Scientific Research and Publication Ethics Committee (E-95674917-108.99-333047,2025/3). Informed consent was obtained from all participants prior to the interviews. Throughout

the research process, the principles of the Declaration of Helsinki and national ethical guidelines were carefully followed, and the study was carried out in accordance with ethical standards and institutional ethics committee procedures. Prior to the interviews, participants were informed about the study and provided their written consent. All participants agreed to the publication of their statements, ensuring that their identities remained confidential.

Consent to publish Participants provided consent for the publication of anonymized data and quotations derived from their interviews. No personal identifying information will be disclosed in the published article.

Conflict of interest The author(s) declare that they have no conflict of

interest with any individual, institution, or organization in the preparation and submission of this study. There are no direct or indirect financial interests, sponsorships, or personal or institutional relationships that could be perceived as influencing the work. No funding was received for this study.

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