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Workplace health risks associated diseases and health promotion in the Nigerian banking sector

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Abstract

This study investigated the common workplace health risks, their associated health problems and the practice of workplace health promotion in the Nigerian Banking Sector, using banks in Owerri, Imo State as a case study. A descriptive survey was carried out among bankers within Owerri by using a structured questionnaire. Participants were selected randomly from branches of 15 different banks, 165 copies of self administered questionnaire were distributed to the bankers but 132 bankers returned the completed questionnaire giving a response rate of 80%. Data were analyzed using descriptive statistics of percentage, frequency distribution, pie and bar charts. The null hypotheses were tested using t-test. The results showed that the common workplace health risks were: long hours of work (95%,) Excessive work load (80%), prolonged static posture (87.9%), prolonged computer usage (81.8%), work periods extending to weekends (74.2%), very high targets (72.7%), job insecurity (72.7%), disregard for health (65.2%), unhealthy eating at work (63.6%), the office being too cold (60.6%) and friction with colleagues (59.1%). The study also showed that bankers suffered from adverse health conditions such as stress related problems (86.4%), musculoskeletal disorders (80.3%), prolonged headaches (71.2%), trauma (65.2%), concentration/focus problems (63.6%), respiratory/allergic (53%), eye/vision (53%). The banks do not practice any significant level of workplace health promotion.

Keywords: Workplace health risk associated diseases, practice of workplace health promotion, Nigerian banking sector

Introduction

Workplace Health Promotion (WHP) is, according to the *Luxembourg Declaration of 1997,* the combined efforts of employers, employees and society to improve the health and well-being of people at work. The World Health Organization considers the workplace as one of the priority settings for health promotion into the 21st century "because it influences physical, mental, economic and social well-being" and offers an ideal setting and infrastructure to support the promotion of health of a large audience."

Broadly the category of OHS (occupational health and safety) refers to efforts to protect workers against health and safety hazards on the job while as mentioned above, WHP is combined efforts of employers, employees and society to improve the health and well being of people at work.

Banking is in the service sector of the economy. The service sector consists of the "soft" parts of the economy, i.e. activities where people offer their knowledge and time to improve productivity, performance, potential, and sustainability, what is termed affective labor. The basic characteristic of this sector is the production of services instead of end products. Services (also known as "intangible goods") include attention, advice, access, experience, and discussion.

A bank is a financial institution and a financial intermediary that accepts deposits and channels those deposits into lending activities, either directly by loaning or indirectly through capital markets. A bank links together customers that have capital deficits and customers with capital surpluses.

Banks act as payment agents by conducting checking or current accounts for customers, paying cheques drawn by customers on the bank, and collecting cheques deposited to customer's current accounts. Banks also enable customer payments via other payment methods such as Automated Clearing House (ACH), wire transfer and automated teller machine (ATM).

It is a well known fact that the banking sector has continued to be one of the largest employers of labour in Nigeria (Okoronkwo, 2012). Before the latest reforms, the banking sector was the second highest employer of labour after government (Reporter, 2013). This means that Bankers constitute a reasonable amount of the Nigerian labour force.

Nigerian Bankers work long hours, starting each day's job early in the morning and sometimes closing as late, as midnight; working from 12 -15 hours and more daily which may even extend to weekends. The nature of the bank work and the working environment can have negative impacts on the health of the banker. Posture problems from sitting or standing too long in a static position, vision difficulties from gazing into a computer screen for prolonged periods of time, musculoskeletal disorders, unhealthy eating habits, stress problems resulting from overwork, mental health issues caused by job insecurity, harassment, abuse, bullying, friction etc. are just some of the health effects or defects that can ensue as a result of working in a Nigerian bank.

Aim of the study

The main purpose of this study is to ascertain the workplace health risks, their associated health problems and the practice of workplace health promotion in the Nigerian Banking sector.

Materials and Methods

Research Design

The descriptive survey research design was used for this study.

Study Area

The study is conducted in banks in Owerri.

Population of the study

The target population for the study consisted of bankers or bank workers in banks in Owerri, Imo State. Following the reforms in the banking sector of the Nigerian economy, there are currently 24 commercial banks in the country. Only 17 of these have branches in Owerri. Of the 17, some have just one branch within the town (Skye Bank, Sterling Bank etc.). Others have from 2 to 6 branches in Owerri (First Bank and Diamond Bank). The total number of bank branches in Owerri is 45 which altogether yield an estimated workforce of 1,650 bankers.

Sample and sampling technique

The sample used was 10% of the population which is 165. Participants were selected randomly from 15 different bank branches and 165 copies of self administered questionnaires were distributed to bankers in their offices.

Method of Data Collection

The researcher distributed the questionnaire in the different banks himself. This was done in many cases face to after introduction but in some cases after introducing himself to the bank's branch management the researcher was told to drop some copies of the questionnaire with the banks secretary or the manager (depending on the extent of willingness to help) and return at a later date - often 2 days later - to collect the completed instruments which was done.

Method of Data Analysis

After gathering all completed questionnaires from the respondents from the total responses were extracted and tabulated. Descriptive statistics such as percentages, frequency distribution, pie and bar charts were used to give the data a picturesque appearance and make interpretation easier. The t-test was employed for the statistical analysis to address the various hypotheses stated in Chapter One. The t-test is one of the parametric or inferential statistics concerned with using computed statistics from representative samples as estimates of the corresponding population characteristics referred to as parameters.

Results

Table 1: Age distribution of respondents

Age(Years)	F	%
<25	4	3.0
25-29	64	48.5
30-34	42	31.8
35-39	19	14.4
40 and above	3	2.3
Total -	132	100

The table above shows the respondents by age groups. 4 bankers which represents 3% of the total sampled population constitute workers within the age bracket 23-24 years. The age bracket 25-29 years had 64 bankers representing 48.5%, 30-34 contained 42 or 31.8%, 35-39 had 19 bankers or 14.4% and 40-41 years were 3 or 2.3%. The bar chart below graphically illustrates the age information.

Table 2: Marital status of respondents

MARITAL STATUS	F	%
SINGLE	73	55.3
MARRIED	59	44.7
TOTAL -	132	100

Table 2 shows that 73 of the respondents i.e. 55.3% were single while 59 or 44.7% were married

Table 3: Sex Distribution of respondents

SEX	F	%
MALE	81	61.4
FEMALE	51	38.6
TOTAL	132	100

This table shows that the sample was composed of 81 men (61.4%) and 51 women (38.6%)

Table 4: Respondents years of employment

AGE(years)	F	%
1-4	77	58.3
;-9 .	50	37.9
0-14	5	3.8
Total	132	100

Table 4, shows the respondents years of employment. The number of respondents employed within the 0-4 year range were 77 comprising 58.3% of the sample population. 5-9 years of employment were 50 or 37.9% while those from 10-14years were 5 or 3.8%.

Table 5: Responses on exposure to workplace health risks

OPTION	F	%
Strongly Agree	80	60.6
Agree	48	36.4
Undecided	2	1.5
Disagree	2	1.5
strongly disagree	0	0
Total	132	100 .

The table above shows responses on health risks attached to bank work. The number of respondents who answered affirmatively far outweighed others. Out of the 132 respondents, 80 representing approximately 61% strongly Agreed while 48 agreed being 36.4%. This brought those who responded affirmatively to 97% representing almost all the respondents.

Table 6: Responses on awareness of workplace health risk prevalence

OPTION	F	%
YES	112	84.8
NO	20	15.2
Total	132	100

The table above shows that out of the 132 respondents, 112 representing 84.8% were aware of the health risk obtainable in their workplace while 20 (15.2%-) were not aware of any recognizable health risks.

Table 7: Responses in relation to victims of exposure to workplace risks.

OPTIONS	F	%
YES	94	71.2
NO	38	28.8
Total	132	100

Table 7 shows responses for victims of exposure to workplace health risks. 94 of the respondents stated that there were victims of exposure to such risks (71.2%) while 38 (28.8%) said there were no victims.

Table 8: Responses for gender exposure

OPTIONS	f	%
YES	24	18.2
NO	108	81.8
Total	132	100

In table 8, we see the responses in relation to gender exposure to workplace health risks. Of the 132 respondents, 24 (18.2%) were of the opinion that males are more exposed to risks than females while 108 (81.8%) did not think so.

Table 9; Common Workplace Health Risks in Nigerian Banks

Workplace Health Risk

Responses

Workplace Health Risk	YES	%	NO	%
Long Hours of work	126	95.5	6	4.5
Excessive work load	106	80.3	26	19.7
Unhealthy eating at work	84	63.6	48	36.4
Work extending to weekends	98	74.2	34	15.8
Dust inhalation	62	47	70	53
The office too hot	40	30.3	92	69.7
The office too cold	80	60.6	52	39.3
Prolonged computer usage	108	81.8	24	19.2
Very high targets	96	72.7	36	27.3
Job insecurity	96	72.7	36	27.3
Prolonged static posture	116	87.8	16	12.2
Disregard for health	86	65.2	46	34.8
Friction with colleagues	78	59.1	54	40.9
Exclusion of workers from	68	51.5	64	48.5
Decision making process				
Lack of management support	56	42.4	76	57.6

Table 9 shows the responses for exposure to common workplace health risks in Nigerian Banks. Long hours of work was ranked high as a common risk with 126 (95.5%) responding affirmatively to it. Others were excessive workloads 106 (80.3%) prolonged computer usage 108 (81.8%), prolonged static posture 116 (87.8%), work extending to weekends 98 (74.2%), very high targets 96 (72.7%), Job insecurity 96 (72.7%), Disregard for health 86 (65.2%), unhealthy eating at work 84 (63.6%), the office too cold 80 (60.6%) and friction with colleagues 78 (59.1%).

Table 10: Responses for health problems

OPTION	F	%
Strongly Agree	104	78.8
Agree	24	18.2
Undecided	2	1.5
Disagree	2	1.5
Strongly disagree	0	0
Total	132	100

Table 10 shows that of the 132 respondents, 104 representing 78.8% strongly agreed, while 24 (18.2%) agreed that workplace health risks could lead to health problems. 2 of the respondents were undecided while 2disagreed, both representing 1.5% of the total sample. This means that those who agreed far outnumbered those who didn't.

Table 11: Responses for incidence of work-health problems within the last 24 months.

Health Problem

Responses

Health Problem	Yes	%	No	%
Musculoskeletal (body pains, muscular, bone joints)	106	80.3	26	19.7
Prolonged Headache	94	71.2	38	28.8
Eye or vision problems	70	53.0	62	47.0
Skin problems (rashes etc)	58	43.9	74	56.1
Trauma (Emotional or psychological disturbance)	86	65.2	46	34.8
Stress related problems (depression, aches, Fatigue, hypertension, dizziness, irritation, sleeplessness etc.)	114	86.4	18	13.6
Inability to concentrate at work or loss of focus	84	63.6	48	36.4
Respiratory problems (asthma, nasal or chest congestion, cold, catarrh pneumonia)	70	53.0	62	47.0

The common health problems associated with workplace risks in the banking industry are shown in table 11 above. The table shows that in the last 24 months, approximately 86% of the respondents have experienced stress related health conditions and 80% musculoskeletal problems. 71% had suffered from lasting headaches, 64% concentration and focus difficulties, 65% emotional and/or psychological trauma while suffered.

Table 12: Respondents general health disposition

OPTION	F	%
Excellent	4	3.0
Very good	24	18.2
Good	54	40.9
Fair	42	31.8
Poor	8	6.1
Total	132	100

The table shows that majority of the bankers approximately 41% rated their heath disposition in their present job as good, followed by approximately 32% said their health was excellent, 18% very good and 6% rated it as poor.

Table 13: Response for improving workplace conditions

OPTIONS	F	%
YES	128	96.97
NO	4	3.03
Total	132	100

Table 14: Responses for WHP practice in the workplace

WHP Practice
Response

WHP Practice	Yes	%	No	%
Published health policy	80	60.6	52	39.4
Health promotion programme	62	47	70	53
WHP training	62	47	70	53
Health monitoring	42	31.8	90	68.2
Break time	74	56.1	58	43.9
Employees participation in work organization	102	77.3	30	22.7
Employees participation in work environment	88	66.7	44	33.3

Exercises and physical activity	66	50	66	50
Active and healthy culture at work	90	88.2	42	31.8
Tobacco and alcohol awareness	60	45.5	72	54.5
Enhancing well being at work	46	34.8	86	65.2
Healthy canteen food	50	37.9	82	62.1
Dust masks for tellers	108	81.8	24	18.2
Mandatory use of dust masks	44	33.3	88	66.7
Computer screen cover	28	21.2	104	78.8
Comfortable work station	76	57.6	56	42.4
Adequate lighting	128	97	4	3
Regularly maintained and functioning AC's	106	80.3	26	19.7

The table above shows the bankers responses for WHP practices in their workplaces. 80 bankers representing approximately 61% agree that their bank has a published health policy, 62 (47%) acknowledge that their bank carries out both health promotion programme and WHP training. Other WHP practices by the bank according to these respondents are: provision of dust masks for tellers 108 (81.8%) adequate lighting 128 (97%), promotion of an active healthy culture at work 90 (68.2%) participation of employees in work organization 102 (77.3%) comfortable work station 76 (57.6%), proper AC'S 106 (80.3%).

The WHP practices that are either not done or performed inadequately and thus elicited high negative responses from the 132 respondents include: health monitoring 90 (68.2%), health promotion training and health promotion programmes both with 70 (53%) Tobacco and Alcohol awareness 72 (54.5%), Enhancing well being at work 86 (65.2%), healthy canteen food 82 (62.1%) mandatory dust mask use 88 (66.7%) and computer screen cover for glare reduction 104 (78.8%). All of these being negative responses. Encouragement of exercises and physical activity elicited equal responses both ways with 66 (50%) responding yes and the same responding No.

Discussion

The result of the study table 9 which addressed question 5 of the questionnaire revealed that 126 out of the 132 were exposed to long hours of work, followed by 116 respondents who were exposed to prolonged static postures (sitting or standing in the same position for long periods),108 to 'prolonged computer usage, 106 to excessive workloads, 98 to work extending to weekends, 96 to both very high targets and job insecurity, 86 to disregard for health, 84 to unhealthy eating at work, 80 to the office being too cold and 78 to friction with colleagues among others. Statistically testing the null hypothesis which states that there is no significant difference in levels of bankers exposure to workplace health risks, the calculated t-test value of 3.40 was greater than the critical value of 2.l4 at fourteen *(W)* degrees of freedom and ^0.05, making it possible to reject the null hypothesis and accept the alternative hypothesis i.e. There is a significant difference in the levels of bankers exposure toworkplace health risks in the Nigerian banking sector. Most of these risks are psychosocial risks which arise from poor work design, organization and management as well as a poor social context of work, and they may result in negative psychological, physical and social outcomes such as work related stress, burnout or depression (EU-OSUA, 2013).

From the study therefore, we discover that the work related health risks that are rated high among the common risks are mostly psychosocial and they include: long hours of work, excessive workload, very high targets, job insecurity, friction with colleagues and exclusion of workers from decision making process. The work related stress generated through these adverse working conditions can have negative effects on individuals' health: stress related disorders involve enormous human suffering and large costs to society in terms of mental strain, stress related diseases, such as depression and heart disease, and absenteeism.

Long-term exposure to job stress has been linked to an increased risk of musculoskeletal disorders and depression as well as syndromes such as burnt out, and many contribute to a range of other debilitating disease (Kortum, 2007). The impact of psychosocial risks and work related stress on the health outcome of workers is multidimensional. Apart from their direct consequences on an individuals' physiological, psychological and behavioural capabilities, the productive capacity of the worker is equally affected. It is only a healthy worker that can contribute optimally to the organizations objectives and successes. The attendant effect of psychosocial risks and stress in work settings are numerous and related strongly to workers health outcomes. For instance, work-related stress has been implicated in lowered self-esteem, 'depersonalization, job burnout, increased blood pressure, heart rate, breathing difficulties, anxiety, depression, increased gastrointestinal disorders, high turnover rates, higher alcohol and other drug abuses, impulsive behaviours, work-family conflict -a major problem affecting female bank workers in Nigeria, relationship problems, high absenteeism and presenteeism, inability and nervousness. Similarly, work-related stress has been found in studies on work place violence. As a psychosocial hazard, workplace violence concern incidences where employees are abused, threatened, assaulted or subjected to other offensive experiences in circumstances related to their work. Despite the prevalence of these psychosocial challenges to health and safety, they are highly underestimated by organizations in Nigeria.

Presently they are not emphasized in policies on health by public and private enterprises. Government legislation on workers' health places much emphasis on medical issues in health outcomes. There is little in existence to address psychosocial hazards and work-related stress. Currently there are no known comprehensive policies and actions to prevent and control issues such as sexual harassment, post-traumatic stress disorders (PTSD) from workplace violence and other harmful experiences, including work-related stress. In Nigeria there are frequent cases of armed robbery attacks on banks and yet there is no bank that has any action or policy in place to evaluate the workers after robbery experiences on PTSD and psychological intervention for those that are severely affected (Ekore, 2007).

From the findings of this study, it becomes obvious that the emphasis of Nigerian Banks is on driving the workers hard by high target setting and/or result achievement which generate pressure that affects the health of the workers negatively and consequently reduces productivity. The aim then appears to be to hire staff, work them to death or until as much utility as possible has been obtained and then find a-means to get rid of them; hence the high turnover rates.

The findings of this study are strongly by other similar studies such as that carried out by Oreoluwa and Oludele titled "Occupational Stress and the Nigerian Banking Industry" published in the Journal of Economics and Engineering, where they revealed that about 84 percent of the banks employees surveyed had experienced one or more significant symptoms of stress, while 83 percent of the bankers were of the opinion that stress had a negative impact on their health (Sule, 2012). Also Akenbor and Imade (2011) in their study concluded that the sales targets for marketing officials in the Nigerian Banks are realistically unattainable. Adenugba and Ilupeju (2012) argue that "Employment of single and educated young ladies as marketers is a deliberate strategy to use these ladies to attract customers to their various banks." Their study revealed that 80.8 percent of the respondents surveyed felt sexual harassment was a major risk they faced in the course of their work.

Other health risks occurring in the banks include physical risks such as the office being too cold, prolonged computer usage, prolonged static postures, unhealthy eating at work and risks from dust inhalation.

The result of the study table 11 revealed that in the last twenty four (24) months, approximately 86% of the respondents have suffered from stress related health conditions and 80% from musculoskeletal disorders. Approximately 71% have suffered from prolonged headache, 65% from Trauma, 64% from concentration and focus problems, and 53% from both eye or vision and respiratory problems.

Putz-Anderson (2001) implicates prolonged computer use as a cause of musculoskeletal disorders such as tension neck, thoracic outlet and carpal tunnel, while Telia et al. (2009) from their study concluded that neck and upper extremity repetitive stress injury is prevalent among bank workers in Surulele L.G.A of Lagos State, Nigeria. And this may be associated with the type of job, work station design and job demand. Also a risks assessment survey among employees in the banking sector found that the main risk factor

perceived by the respondent is computer use and its related effects: poor sitting position (reported by 76%) leading to musculoskeletal disorders and eye problems due to excessive use of screens reported by 91% (Gladicheva, 2005).In the same study for other work related health problems in the banking sector, the conclusion was that overall, 96% of the persons interviewed reported various work-related ailments (Ivanovich, 2005).

The results of table 13 reveal that out of the 132 respondents, 128 or approximately 97% affirmed that improving the conditions in their workplace i.e. modifying their work and making adjustments to the work environment can reduce the existing health risks and their attendant health problems. 4 respondents who constituted 3% did not share this view. It is by practicing Workplace Health Promotion in the Nigerian banks that the workplace will be improved and the health risks and problems reduced or perhaps even eliminated.

The results of table 14 reveal that of the 132 respondents, 80 or approximately 61% responded affirmatively that their banks do have a published health policy which shows that the banks do have some form of health plan or arrangement especially as most modern organizations are expected to formulate a health policy as part of their establishment procedure. The issue however is what does the policy contain? Is it merely about the medical services the bank provides for its staff at the banks hospital (retainership) whenever they fall sick? Or does it cover areas like healthy behavior in and out of the office, health promoting work and health supportive conditions in the work environment? The health policy is usually found in the banks rules and guidelines (policy) manual issued to every full time staff at the time of employment. For the rest of the selected WHP practices, positive responses where low for: computer screen cover 21%, health monitoring 32%, enhancing well being at work 35%, mandatory use of dust masks for tellers 33%, healthy canteen food 38% tobacco and alcohol awareness 46%, health promotion programmes 47%, and WHP trainings 47%. Some practices that elicited positive responses include: provision of dust masks for tellers 82%: although if the masks are provided and their use is not mandated then the aim is defeated and in many banks within and outside Owerri, the researcher has observed that most tellers do not use dust masks while counting money and this makes the provision of these masks an ineffective practice. Adequate lighting was 97% however, the researcher did observe a bulk counting room where the tellers were almost in darkness from poor lighting. These tellers were among the respondents for this research and on returning to collect the completed questionnaires from them it was observed that they had been moved to a more brightly lit area. From this the researcher concluded that the research was making some impact as the administered questionnaire may have served as an eye opener for these bankers (or the bank management) who subsequently demanded for better lighting in their work area. Maintained and functioning AC'S had 80% response: even though some of the offices were observed to be hot; for the most part, the offices were cool and some even cold, attesting to the fact that the AC's are functioning well, however the temperature is often not varied and a fixed temperature may not be suitable for everyone. In one of the banks visited the researcher observed a pregnant female banker (in Customer Services) sitting at her desk beside a cold yielding AC and sniffing continuously. On interviewing her she said the cold was not bothering her when it obviously was, perhaps she had become used to it and did not realize the implications to her health. Employees participation in work organization was 77% positive response, employees consultation in work environment 67%, promoting an active and healthy culture at work 68%, comfortable work station 58% and break time 56%. Encouragement of exercises and physical activities had equal responses with 50% responding both ways.

Conclusion

Based on the findings of this study, the following conclusions were drawn the work organization and work environment (which together constitute the workplace) of banks in Owerri, Imo State, are fraught with health risks. Psychosocial risks are the commonest health risks the bankers face in their workplace, and these include long hours of work, excessive workload, job insecurity, very high targets, friction with colleagues, lack of management support, among others. Physical risks are also common such as: the office being too cold, prolonged computer usage and prolonged static postures.

Psychosocial risks cause stress and as a result, stress related problems arethe most occurring associated health problems; some of these are: hypertension, depression, headache, fatigue, dizziness, irritation and sleeplessness, anxiety and nervousness.

Others health problems include musculoskeletal disorders such as aches, pains, stiffness etc. resulting from prolonged static postures at work. Eye problems and poor vision from prolonged computer use are also common along with respiratory problems and allergies as a result of cold environment or dust inhalation. Trauma (Emotional or psychological disturbance) as a result of friction between colleagues or strained interpersonal relationships is a common feature among bankers Nigerian too. The bankers are over worked, spending long periods of sometimes well above 12hours at work daily; which may even include weekends, and is frequently coupled with work task overload often with no time for a break and no time for a decent meal at work. Most of them do not rate their general health status as a result of working at the job highly. The banks (management) do not seem to be doing anything or even to be aware about these risks which are affecting productivity adversely as there is a significant rate of absenteeism and presenteeism.

In most cases, there is no knowledge among the bankers of any health policy (published or otherwise) concerning the health of bank staff.

The practice of Workplace Health Promotion is rather poor in Nigerian banks and the legislation for Workplace Health Promotion is insufficient.

Nigerian banks operate a system of standardization which means that for any given bank, the workplace design of one branch is closely similar to that of all its branches throughout the country for example a branch of First Bank in Owerri is designed, organized and run along the same lines as all other branches of First Bank in Enugu, Kaduna, Sokoto, Benin Yenegoa, Lagos etc. and all operations are directed from a headquarters branch. Because of this standardization, the result of this research can be generalized to Nigeria as a whole.

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