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Organizational Support for Workers' Recuperation in Nigerian Banks.

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Abstract

This paper investigates organizational support for workers' recuperation in Nigerian Banks. The study was conducted in Ilorin, the capital city of Kwara State, Nigeria. Eight commercial banks namely, United Bank for Africa, First Bank of Nigeria, Diamond Bank, Fidelity Bank, Wema Bank, First City Monument Bank and Union Bank were included in the study out of the seventeen commercial banks located in the city. Information was gathered through questionnaire administration that consisted of 128 respondents. The Chi square statistical tool was employed to test relationship between variables. Results showed that Nigerian Banks support their staff in recuperating during illness and help to maintain their as test of relationships were statistically significant. The P value of the hypotheses tested in the study are as follows; on the basis of medical facilities provided= 0.001; on adequacy of medical facilities =0.017 and other programmes provided = 0.002. The study suggested that government should enact a law that protects bank workers by ensuring that workers are excused from work as long as their illness lasted having been certified ill by recommended medical doctor.

Keywords: Organization, Support, Sickness, Wellness, Workers, Recuperation, Banks, Chi-square

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1 Introduction

The Nigerian Banking Industry is one of the largest employer of labour in Nigeria with an estimated employment figure of 133,054 as at 2010 (Alo, 2010 & National Bureau of Statistics (2010:22). The industry is also a major contributor to the Nigerian economy contributing an estimated 4.04% to the Gross Domestic Product in the first quarter of 2011, ahead of the Manufacturing Industry with 3.91%, Building and Construction with 2.09% and Real Estate 1.94% (NBS, 2011).

However in the recent time, banking operation in the country has become a tug of war among banks as a result of the growing competition and unhealthy rivalry rocking the industry. This has led to a 'do-or-die attitude' on the part of bank management towards their workers which is evident in the pressure mounted on them so as to meet up with their job demands (Chuma, Ken & Labaran, 2012). According to Akingbola & Adigun (2010), the Nigerian Banking Industry has been characterised by increasing job demands, excessive work schedule, and ever-increasing competition among banks.

Incidentally, the effects of this rat-race rocking the industry on the health of the workers cannot be overemphasised. Workers in the industry have had to live with various forms of illnesses owing to the stress they experience in the course of discharging their duties (Osaremem, 2012). A number of banks are said to have also raised the bar for their workers, setting unrealistic targets in terms of deposit mobilization (Akanbi, 2013). This has resulted in stress and undue pressure on the health of the workers exposing them to various forms of illnesses and also leaving them with very little time to cater for their health.

The Nigerian Banking industry which grew over the years, opened up new employment opportunities for the teeming working population in Nigeria. Events however took a fresh turn on 6th of July, 2004, when the former Governor of the Central Bank of Nigeria, Professor Charles Soludo announced that the minimum capital requirement base for banks would be 25 billion Naira from 2 billion Naira. (Mogaji, 2011). This new policy which required banks to comply with the directives by the end of December 2005, was aimed at strengthening the operations environment of banks to perform intermediary roles effectively (Ikpefan & Oligbo, 2012).

Unfortunately, this process resulted in the rivalry and work pressure that is evident in the industry today, which has resulted to work stress and affecting the health of its workers. In a case reported by Osaremen (2012); a young female marketer working with one of the new generation banks in the country was said to have lost her life after battling with high blood pressure due to her inability to meet up with her initial deposit target. According to the report, she was said to have been under pressure and reportedly collapsed in the office when her balance sheet read negative, shortly after a customer withdrew a huge sum from his account.

To this end, the Bourgeoisie-Proletariat relationship between banks and their workers in the country calls for concern especially as it affects the health of the workers. It is on this basis that this work investigates banks support for their workers recuperation in Nigerian Banks.

Work stress and work pressure resulting from rivalry and competition among banks in the Nigerian Banking industry, can be detrimental to the health of workers in the industry can affect the health of workers. According to Osaremem (2012), many bankers have had their health deteriorated and many have had to live with various forms of illnesses due to the stress that comes with their job. Daniel (2012), also noted that many bankers have developed high blood pressure and other forms of sicknesses while some others have been reported to have slumped and died in the course of discharging their duties. In addition, despite the fact that the Nigerian Labour Law makes provision for medical facilities for workers by their employers, some banks do not make this available to their staff and where provisions are made available; they are often inadequate or monetised (Ogunwale & Mohammed, 2013).

The remainder of this study is organized in six major sections as follows. Section two reviews the literature. While section three presents theoretical framework, section four spells out the methodology. Section five presents and discusses the results. Section six gives conclusion and recommendations

2 Literature Review

Organization has been defined by Vasstith (2003) as a system of well-defined jobs, with a defined measure of authority and responsibility to enable people to work most effectively together in accomplishing their objectives. It is imperative to mention that any organization which seeks to do well must pay attention to the welfare of its employees, because one of the most important entities in any organization is its human capital. Thus the health of workers of an organization is paramount to the growth and productivity of such an organization.

According to (Anene & Anene (2013), majority of the component of the work force in the Nigeria banking industry falls within the active population and they encounter the usual work related stress as well as other stress unique to the Nigerian environment. This agrees with the view of Adenuga and Ilupeju (2012) that Nigerian banks source for young and energetic graduates from Universities or Polytechnics who are both physically and mentally sound to handle the banking job effectively. This is in line with the view of Ajede (2011) affirming that 80% of the population of bankers in the western part of Nigeria falls within the age bracket of 25 and 45 years.

However, Ajede (2011) has confirmed that bank workers in recent years are beginning to show signs of various' lifestyle diseases 'which in the past were considered unknown amongst them. In his words, some of the diseases commonly found among bank workers of late include high blood pressure, obesity and Sexually Transmitted Infections. He argued that some of these diseases have resulted as a result of the nature of banking operations in the country which is characterised by undue pressure and unhealthy rivalry among the banks.

Anenne & Anenne (2013) has also argued that bank workers in the country may also suffer from peptic ulcer diseases and basic nutrient deficiency owing to irregular working hours. They further argued that the health plan made available to bank workers only covers primary health

care, leaving out other essential services such as surgery, comprehensive health screening or ambulance services or subject to a maximum amount.

According to Ogunwale & Mohammed (2013), some banks do not make available for their workers medical facilities, and even when this is done, they are grossly inadequate or monetised. This agrees with the view of Balogun, Ademosu, Ojelu & Ebhomele (2013), who opined that Nigerian banking industry is a slave camp.

3 Theoretical Framework

The study adopted the sick role theory. A theory that was first introduced by Talcott Parson in a 1948 Journal article but elaborated in his 1951 book (*The Social System*). Parson emphasized that illness is not simply a biological or psychological condition, but an unstructured state free of social norm and regulation. According to Parson, when a person is ill, he/she does not simply exit normal social roles to enter a type of social vacuum, rather one substitute's new roles-the sick role-for the relinquished normal role. The sick role is also a social role characterised by certain exceptions, rights and obligations and shaped by the society, groups and viewed sickness as a type of deviant behaviour, in that it is a violation of role expectations.

Within the context of social control-a responsibility of medicine, society allows two explicit behavioural exceptions for the sick person but also imposes two explicit behavioural requirements. The exceptions are:

- The sick person is temporarily excused from normal social roles. Depending on the nature and the severity of the sickness, a physician can legitimise the sick role status and permit the patient to go for normal responsibilities. The physician's endorsement is required so that society maintain some control and prevents people from lingering in the sick role.
- The sick person is not held responsible for the illness. Society accepts that one will require more than the best effort of the patient and permits the patient to be taken care of by health care professionals and others.

Also, in order to be granted these role exceptions, however; patients must be willing to accept the following obligations:

- The sick person must be ready to get well. The previous two elements of the legitimized sick role are centred on this requirement. The patient must not get so accustomed to the sick role or enjoy the lifting of responsibilities that motivation to get well is surrendered.
- The sick person is expected to seek medical advice and cooperate with medical experts. This requirement introduces other means of social control. The patient who refuses to see a healthcare professional creates a suspicion that his illness is not legitimate. Such a refusal inevitably reduces the sympathy of the society and those surrounding the patient.

From the following assumptions, the study can be explained on the premise that when bank workers are ill, they are not excused from their duty post until the sickness becomes unbearable. It is also assumed that bank workers during illness find it difficult to co-operate with medical

professionals to get well because of work load and pressure from their employers to deliver deliverables. The theory has been criticised for assuming that individuals would voluntarily accept the sick role.

4 Methodology:

The multi-stage sampling technique was used in the study; the study was conducted in Ilorin capital city out Kwara State, North-Central region of Nigeria. Eight commercial banks were involved in the study out of the seventeen commercial banks located in the city. The banks include: United bank For Africa, Union Bank PLC, First Bank of Nigeria, Fidelity Bank, Diamond Bank, Wema Bank, First City Monument Bank and Stanbic IBTC bank. These banks were purposively selected as a mixture of old and new generation banks representing all the commercial banks in Nigeria. A total of 128 respondents were randomly selected from the main branches of the banks as a representation of the banks. The study made use of survey design which was mainly quantitative, and information was gathered through the questionnaire administration. The questionnaire which consisted of open and close ended questions was in three parts, the first part included the socio-demographic variables of the respondents while the second section included questions related to health and well-being of respondents and the third section included questions relating to organizational support for staff recuperation.

The Statistical Package for Social Science (SPSS 17.0) was used to analyse the data while the Chi square statistical tool was used to test the formulated hypotheses. The researcher also made use of tables, simple percentage and frequency distribution to organise the data collected. The researcher was assisted by two research assistants who helped to administer the questionnaire and also explain the content to the respondents for clarity. Permission was sought from the management of the banks involved in the study and the respondents were duly briefed on what the study entailed and the benefits accrued to them from the study.

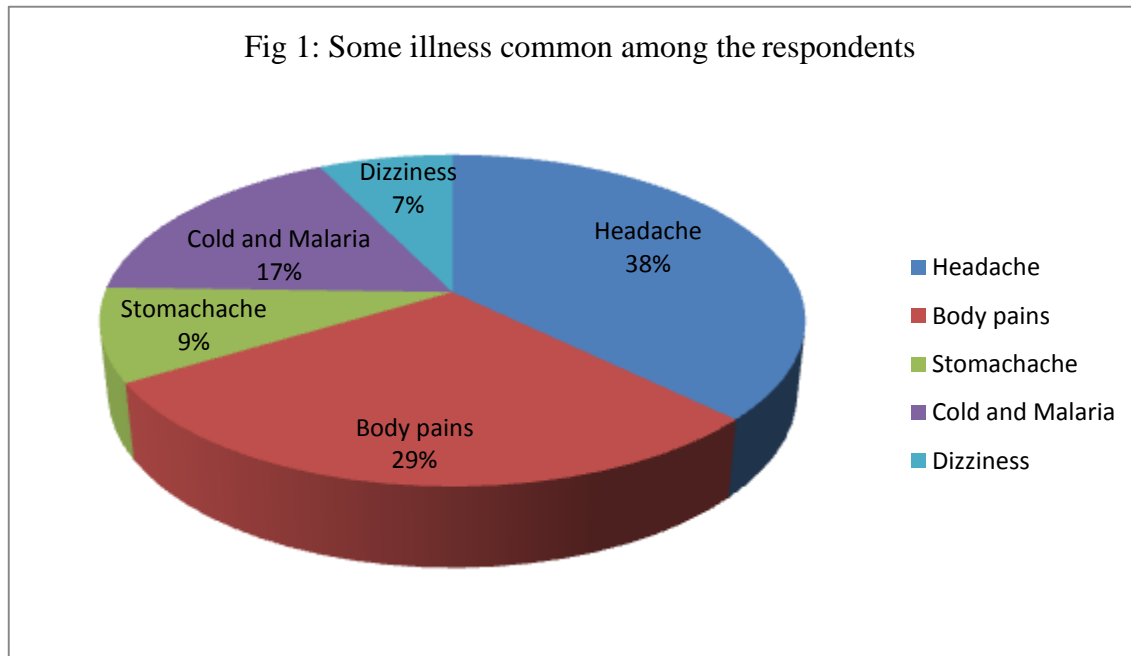
5 Results and Discussion

The population of the study was almost evenly distributed with female respondents accounting for (52%) while male respondents were (48%). Half (50%) of the respondents fell into the age bracket of 31-40 years, while age bracket 18-30 years accounted for (42%) and 8% were in the age bracket of 41-50 years. Among the respondents, (66%) are married while (33%) are single and (1%) are either separated or divorced. A high proportion of the respondents fell into the associate or support staff category, accounting for (44%) while 14% belong to the entry level(executive trainee) and 20% belong to the second level(assistant banking officer). However, 50% of the respondents earn between 100,000 and 1,000,000 naira while 38% earn between 1,100,000 and 5,000,000 naira.

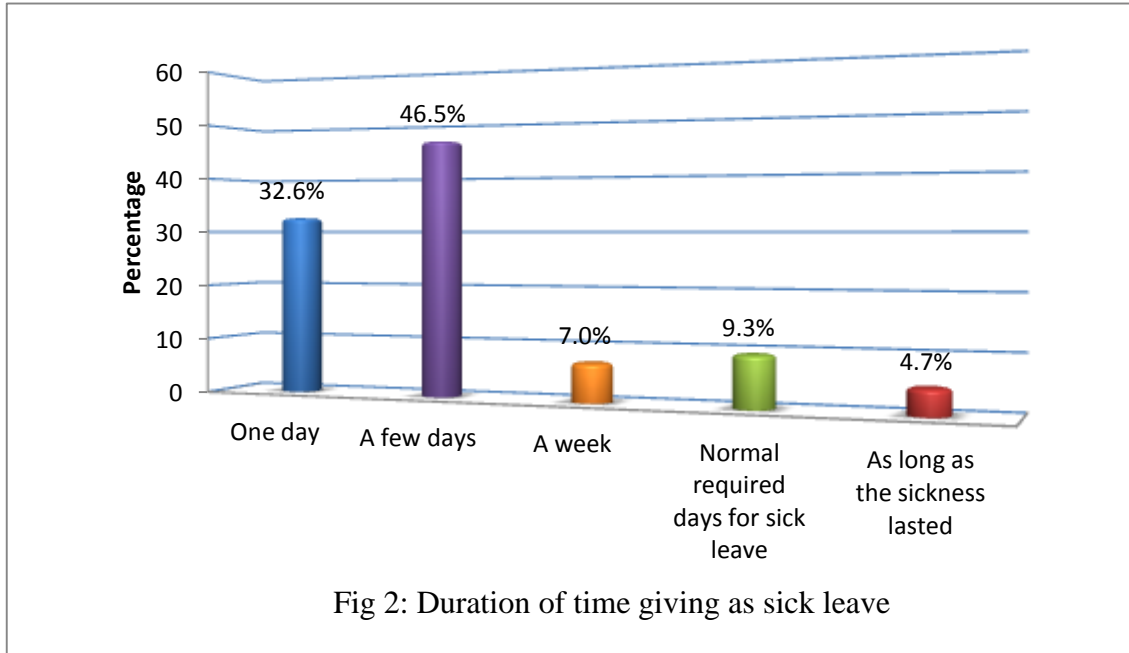
Among the respondents,(86%) have taken ill since they took up the job, out of which (44%) came to work during their illness. However, among those that came to work during illness, (33%) did so as a result of the work load,(29%) came to work while sick as a result of passion for work, (21%) as a result of pressure from superior while (17%) came to work during illness because their sickness was not too serious. In addition, (76%) of those that have fallen sick before visiting the hospital while 78% were excused from their duties to cater for their health. Out of this figure, (43%) were excused for a few days, (33%) were excused for just one day,

(9%) were excused from the normal sick leave period,(7%) for a week while (5%) were excused as long as their sickness lasted.

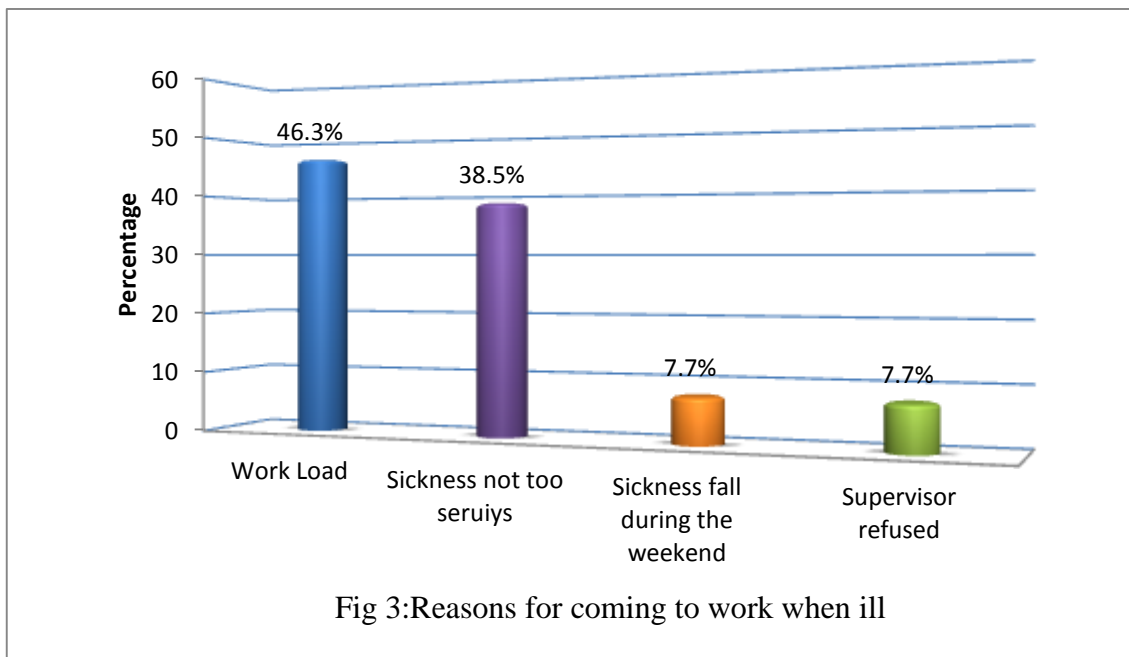
Incidentally,(47%) of those that have fallen ill before on the job claimed that their organization do not reduce their work load when they are sick, while (84%) provide medical facilities for their staff to cater for their health. In all, only (2%) said that the medical facilities provided are not adequate. Consequently,(56%) of the respondents said that their banks put in place other programmes to ensure their wellness. Among which, (42%) is compulsory exercise, (39%) is retreat and recreation (31%) is road walk and (14%) entailed health talk and seminar.



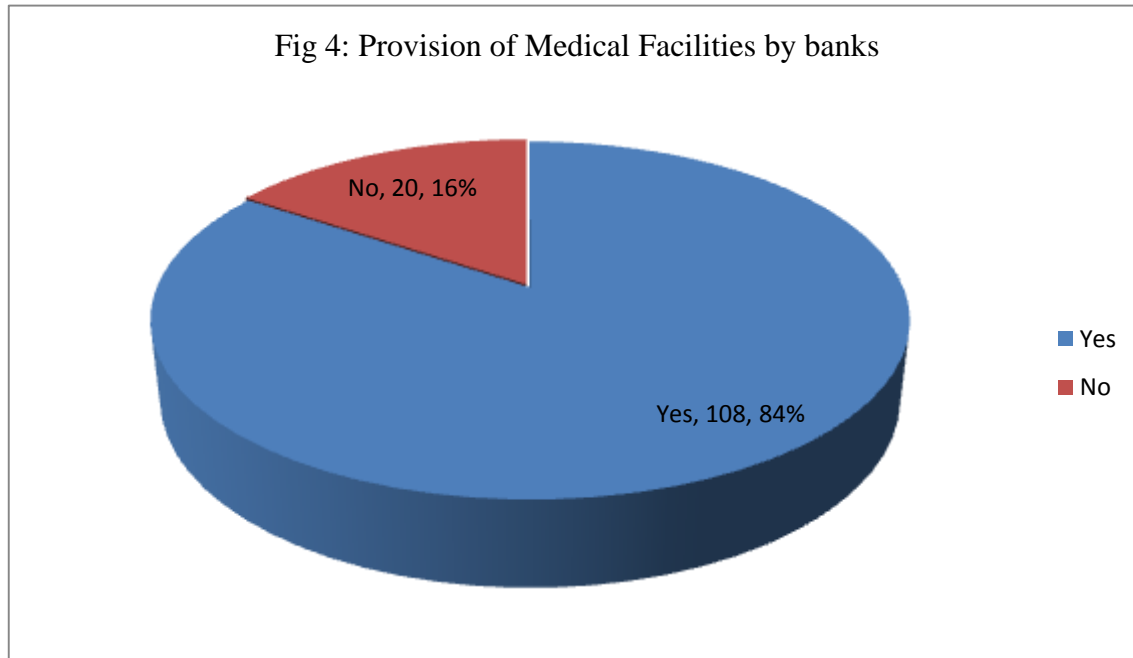
Source: Researchers' Survey 2015



Source: Researchers' Survey 2015

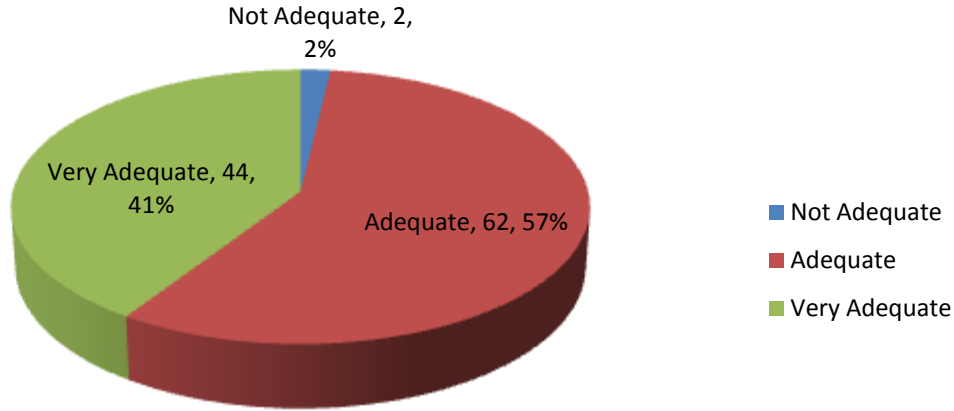


Source: Researchers' Survey 2015



Source: Researchers' Survey 2015

Fig 5: How adequate are the medical facilities provided



Source: Researchers' Survey 2015-09-10

Test of Hypotheses

Hypothesis One: There is no significant relationship between illness and provision of medical facilities.

| Ever been Sick? | Provision of medical facilities | | | X ² | Df | P-value |
|-----------------|---------------------------------|----------|------------|----------------|----|---------|
| | Yes | No | Total | | | |
| Yes | 98(89.1) | 12(10.9) | 110(100.0) | 13.196 | 1 | 0.001 |
| No | 10(55.6) | 8(44.4) | 18(100.0) | | | |
| Total | 108(84.4) | 20(15.6) | 128(100.0) | | | |

$$X^2 = 13.196 \quad df = 1 \quad p\text{-value} = 0.001$$

Hypothesis Two: There is no significant relationship between illness and adequacy of medical facilities provided..

| Ever been Sick? | Adequacy of medical facilities | | | Total | X ² | Df | P-value |
|-----------------|--------------------------------|----------|--------------|------------|----------------|----|---------|
| | Very adequate | Adequate | Not Adequate | | | | |
| Yes | 32(36.7) | 60(61.2) | 2(2.0) | 98(100.0) | 8.085 | 2 | 0.017 |
| No | 8(80.0) | 2(20.0) | 0(0.0) | 10(100.0) | | | |
| Total | 44(40.7) | 62(57.4) | 2(1.9) | 108(100.0) | | | |

$$X^2 = 8.085 \quad df = 1 \quad p\text{-value} = 0.017$$

Hypothesis Three: There is no significant relationship between 'illness and other wellness programmes provided by the banks.

| Ever been sick? | Other wellness programmes put in place | | | X ² | df | P-value |
|-----------------|--|----------|------------|----------------|----|---------|
| | Yes | No | Total | | | |
| Yes | 68(61.8) | 42(38.2) | 110(100.0) | 9.855 | 1 | 0.002 |
| No | 4(22.2) | 14(77.8) | 18(100.0) | | | |
| Total | 72(56.3) | 56(43.8) | 128(100.0) | | | |

$$X^2 = 9.855 \quad df = 1 \quad p\text{-value} = 0.002$$

The three hypotheses tested in the study suggests that a statistical significant relationship $P < 0.005$ exist between bank workers illness in the Nigerian banking industry and organization support for recuperation. For instance, the first hypothesis tested on illness and provision of medical facilities showed that $P = 0.001$, while the second hypothesis tested between workers illness and adequacy of medical facilities provided by the banks showed that $P = 0.017$, and the third hypothesis which tested a relationship between workers illness and other programmes put in place to ensure wellness such as road walk, exercise etc showed that $P = 0.002$. However, this is not in line with the view of Balogun, Ademosu, Ojelu & Ebhomele (2013), in their report on ‘Nigerian Banks as Slave Camps’ which claimed that Nigerian Banks do not cater for the welfare of their staff.

6 Conclusion

This work essentially focused on organizational support for bankers' recuperation during illness. The study was conducted in eight commercial banks in Ilorin, Kwara State, Nigeria out of seventeen commercial banks located in the city. The banks include: United bank For Africa, Union Bank PLC, First Bank of Nigeria, Fidelity Bank, Diamond Bank, Wema Bank, First City Monument Bank and Stanbic IBTC bank. The multi-stage sampling technique was used in the study.

The Purposive sampling technique was adopted to select as a mixture of old and new generation banks out of the seventeen commercial banks located in the city while respondents were randomly selected from the main branch of the selected banks as a representative of Nigerian banks. The study therefore concluded that Nigerian banks support their staff in recuperation during illness as study shows a statistical significant relationship $P = 0.001$, that the medical facilities provided by Nigerian banks are adequate and sufficient for the wellness $P = 0.017$ and that Nigerian Banks also provide other programmes for their staff to maintain their wellbeing such as recreation, road walk etc $P = 0.002$.

Pertinent to mention that, the findings in this research open the door for much more in-depth future research. For example, there are still some areas that the paper did not explore like the area of work stress in the bank as it affects health and the development of certain ailment such as high blood pressure in addition to how it affects productivity both with their staff and the organization as a whole. Another area that may be explored, by future researchers, may include how the organization helps the staff in settling back at work after recuperation

Recommendations

The study recommends the following:

- Government should enact a law that protects bankers health by ensuring that they are excused from work as long as the illness lasts, having been duly certified so by a medical professional that their condition would require more time to recuperate, especially in such chronic like such as hypertension and diabetes.
- It also suggests that banks management should invest more on preventive rather than curative measures in attending to their staff illness. This is because it costs the bank less and avoids deterioration of staff health and enhances bank. Banks should encourage their staff to go for medical check-ups periodically, organise medical talks and seminars for their staff to help them manage their health and avoid breakdown.
- Also bankers should also endeavour to seek medical help in good time. No sooner they notice any sign or symptom of illness than they should go for proper diagnosis and treatment, rather than opting for self medication. This will help them to keep abreast of their health condition and avoid health deterioration. To this end, banks should organize periodic compulsory check-ups for their staff as part of their appraisal for proper health orientation.
- Lastly, banks should also cater for major ailments like those that involve surgeries or such that requires further referral in overseas treatment, to enhance the well-being of their work force.

References

- Alo, E.N.(2010) *The Pains and Gains of Governor Sansui's Banking Reforms, and Unprecedented Effect of Over-rated Professionalism'*. Retrieved from <http://www.focusnigeria.com/sanusi-banking-reforms.htm>
- Adenuga, A.A & Ilupeju C.O. (2012) "Working Conditions of Female Marketers in Selected New Generation Banks in Ibadan, Nigeria" *Journal of Research in National Development* Vol.10 (2)
- Ajede, S.A. (2011) *Bank Recapitalization and Manpower Planning and Control*. Paper presented at 6th ILERA (IIRA) African Regional Congress, Lagos, Nigeria.
- Akanbi, F. (2013), *Nigeria: Banks Jittery as Pressure on Deposit Mobilization heat up*. Retrieved from, <http://www.allAfrica.com/stories/201303251125>.
- Akingunola, R. O., & Adigun, A.O. (2010). "Occupational stress and the Nigerian banking Industry," *Journal of Economics and Engineering*, Vol. 1(2), 43-61
- Anene, C., & Anene, F. (2013) "Corporate Social Responsibility and Employee Health in the Nigerian Banking Sector," *International Journal of Business and Social Research*. Vol.3 No 6.
- Balogun, F., Ademosu F., Ojelu H., & Ebhomele E (2013) *Nigerian Banks as Slave Camps*. Available at: www.pmnewsnigeria.com....Banking. Accessed on 16 November, 2014.
- Chuma, O., Ken, R., Labaran, L. (2012), Effects of the Nigerian Banking Consolidation on Competition, in Kojo Menyah, Joshua Abor (ed)*Finance and Development in Africa.(Research in Accounting on Emerging Economies, Volume 12)*,Emerald Group Publishing Limited.pp75-96..
- Daniel, (2012), *Another Access Bank Staff Slumps And Dies on Duty Over Alleged Inability To Meet Target*. Retrieved from <http://www.informationng.com/2012/09/another-access-bank-staff-slumps-and-dies-over-alleged-inability-to-meet-targets>.
- Ogunwale, K., & Mohammed, A (2013). *Diamond Bank Workers embark on protest*. Daily Trust.Retrievedfrom<http://www.dailytrust.com.ng/daily/old/index.php/business/57077-diamond-bank-orkers-embark-on-protest>.
- Ikpefan, O.A & Oligbo, B.C (2012) "Impact of Merger on Banks Competiveness in Nigeria Banking Industry," *International Journal of Innovation in the Digital Economy* Vol.3, Issue 4
- Mogaji, P.K (2011) *Banking Subsection Consolidation and Recapitalization in Nigeria*.Retrieved from, <http://Kenny-Morgan's-blogsport.Com/2011/of-banking-consolidation-and-html?M-1>.

National Bureau of Statistics (2010) *National Manpower Stock and Employment Generation Survey*. Retrieved from: <http://www.nigeranstat.gov.ng/upload/latestRelease/2b1fa54acea7189e402bc1d29d240305edd96cl.pdf>.

National Bureau of Statistics (2011) *GDP Report for 2010 and Q1-Q2 2011*. Retrieved from <http://www.nigerianstat.gov.ng/uploads/latestRelease/2b1fa54acea7189e402bc1d2b9d240305edd96cl.pdf>.

Osaremem, E. J. (2012). *Access Bank Female Marketer Dies of hypertension Over Inability to meet 1 Trillion Naira Target in 6 months*. Nigeriafilm.com. Retrieved from <http://www.nigeriafilms.com/news/18682/38/access-bank-female-marheter-dies-of-hypertension-html..>

Vasishth, (2003) *Taxman's student's Guide to Management*. (University Edition). Taxman's Student allied Services. India.