

Growing Obesogenic and Psychogenic Work Built Environment Predisposition to Ill-Health Conditions: Are Bank Employees' Vulnerable in Nigeria?

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Abstract

The bank sector in Nigeria is facing several challenges that predispose workers to several health threats that are latent but require attentions by health workers to prevent or reduce their incidences, such as obesity with its attendant ill-health conditions and psychophysiological conditions such as fear of job loss, repetitive stress injuries among others. Eight hundred and eighty one bank employees were randomly selected as participants for the study while questionnaires: RMIICQ (0.82), RCIHCQ (0.76), POPPIQ (0.90) and RCOQ (0.73) were used for data collection. The findings revealed that the bank work environment predisposes employees to ill health such as musculoskeletal condition: RSI and burnout syndrome. The finding also revealed that employees are not significantly aware that their work built environment lead to a number of ill health conditions. It was recommended that health education intervention will assist workers in adopting several life style models that may assist to reduce the incidence and predisposition to all attendant ill-health conditions such as nutrition education and use of exercise and sitting position at work.

Keywords: Obesogenic, Psychogenic, Bank employees, Ill-Health Conditions, Vulnerable

1. Introduction

The impact of environmental factors on human health is that most death worldwide can be prevented by making the environment more wholesome and health promoting. The interplay between man and the various forces of the environment in which he lives and the socioeconomic factors of the environment which include population distribution, work design and organizational techniques, population density in relation to available resources both natural and manmade, state of social and political organizations, cultural, scientific and technological development. Man external environment changes constantly and sometimes unpredictably and has both beneficial and adverse effects on the internal environment on the organism.

Achalu & Bassey (2001) described work as a means of economic survival, an avenue for self-actualization and a source of emotional stability, hence, man must be involved in it to achieve the aforementioned goals and reap the work benefits in an ideal work environment that is health promoting and friendly. Most of the existing occupational health programmes till date are tilted and appear to be more concerned with the prevention of traditional occupational hazards such as accident at work place, occupation related injuries, non-communicable diseases and infections. By the foregoing, it means that occupational health attention is mostly paid to the aforementioned obvious work related ill-health conditions which informed the greater attention being paid at the detriment of social and psychological work environment of some group of workers. Little or no attention is paid to workers mental and emotional health, the work environment has an influence on the employees mental and emotional health (Ekpu, 2006., Udoh, 2002).

A built environment which relates to work environment can be literarily defined as the combination of conditions such as transportation, land use, urban design, and the availability of options for people living in a particular region (Handy, Boarnet, Ewing, & Killingsworth, 2002). Booth, Pinkston, Walker & Poston (2005) added additional element such as public policies, organizational policy such as administrative protocols of over ten hours at work, working on computer for over 12 hours daily as done by bank employees in Nigeria as well as populations' behavioural and social variables. Bank employees in Nigeria work in an environment that has direct correlation with predisposition to obesity with all its attendant ill-health consequences such as sedentary nature of work, consumption of fast food from neighbouring fast food centres, absence of exercise such as brisk walking and so on.

Workers resume daily by 7:00am and closes between 8:30- 9:00pm daily, there is virtually no time for any form of physical activity(ies) among the workers. All these are work built environment designed to meet the organizational goals in the banking industry to maximize profit and bring return on shareholder's investment.

Work environment in the banking sector is linked to obesogenic built environment, which increases the likelihood of obesity and overweight characterized by the presence of multiple fast food restaurants in their office neighbourhood, unplanned urbanization and limited availability of healthy foods, sedentary work and absence of exercise with inactive commuting. Obesogenic environment have increased significantly worldwide (Chopra & Darnton, 2002) Nigeria is not spared from the phenomenon with all its attendant ill health

consequences. In major cities in the country, banks are concentrated in municipal locations where fast food operators also site their restaurants for easy accessibility to imminent customers such as bank employees for breakfast and lunch. In US for instance, where records are consciously kept, there are 170,000 fast food restaurants and three million soft drink vending machines (Pinzon-Perex, 2007).

In all the states in Nigeria, banks are concentrated in the state capital cities close to the government secretariats for accessibility and security reasons. Survey conducted in 2012 revealed that over ten (10) fast food restaurants and 12 pepper soup centres were proximal to the banks in each of the south west states in Nigeria which increases the consumption of fast food (Okueso, Awesu, George, Moronkola & Emeahara, 2009).

Lipscombe & Pond (2002) opined that those that must work in the bank must be fit to conduct banking business in a prudent manner, also, the Central Bank of Nigeria Acts (2004) stated that no person shall be appointed in the bank if he/she is of unsound mind or as a result of ill health is incapable of carrying out his/her duties. Hence the need to beam research light on the work environment in the banking sector to promote and maintain good and healthy work environment to improve workers health at workplace.

The banking sector continuous reorganization programme in Nigeria has helped stabilize, reorganize and reposition the banking industry, it is not without some challenges for the banks, the regulatory agencies and the employees (Ogunleye, 2005., Ojedokun, 2008). Banks consolidation among other issues has increased inter-bank competition, demand for high returns on investment, a need to return highly skilled employees and a bid to avoid the sanctions of the monitoring and regulatory agencies. Consequently, there was a shift from transaction based model to sales/service model (Ojedokun, 2008). For bank employees in Nigeria, the effects of incessant change in policy are as great as that of the banking industry itself. The sales model adopted by the bank puts a great pressure to perform better on the employees, and to meet stringent work target which are set to justify their pay. For example, more than before, bank employers hinge confirmation of appointment, promotion, recognition and remuneration of an employee on how well he/ she meet the set stringent job targets. The consequences of the aforesaid structural reorganization on the health of the employees are numerous ranging from: occupational burnout, psycho emotional stress with all its attendant ill-health predisposing indices such as anxiety, headache, sleeplessness, high blood pressure, palpitation among others. All the above in addition to other physiological ill-health predisposing issues like absence of exercise, sedentary nature of the job, consumption of fast food and gazing at computer for over eight hours daily (Berger, Saunders, Scalisa & Udell, 1998., Sanni, 2007 and Ikpefan & Adewoye, 2007.).

It must be noted that the survival of the banking industry in Nigeria might be transient if adequate attention is not given to both physical and psychological health issues of the workers in the industry (Ogungbamila, 2010). The health issues are those variables attached to the work-built environment where the employees carry out their day-to-day assignments which are both obesogenic (sedentary, fast food consumption, absence of exercise and inactive commuting) and psychogenic (stringent work target, job insecurity, incessant rubbery attack, fraud and occupational burnout) with all their attendant at-risk health behavior which are consequent upon the work built environment in the banking sector.

The twin occupational syndromes that are prevalent in the work built environment of the banking sector- obesogenic and psychogenic predisposes the employees to a number of health condition which should be prevented through effective education intervention for both the employees and the employers. Exposure to psychogenic and obesogenic work-built environment has negative implications on employees health (Burke & Mikkelson, 2006., James, 2004., Morgan, Cho, Hazlett, Coric, & Morgan, 2002., Dileep, 2006., Udoh, 2001) which may culminate into low individual and organizational outcomes (O' Driscoll & Brough, 2003., Fritz & Sonnentag, 2006).

Burke & Mikkelson (2006) reported that exposure to psychogenic work-built environment culminated in low job satisfaction, low meaningfulness of work, high work family conflict, low physical and psychological health conditions causing: general malaise, increased use of unprescribed drugs, headache, alcohol use, sleeplessness, nocturnal sweating, agitation, increased number of sick days, and palpitation among others. In the last decades, studies have linked work psychogenic issues to individual attributes (Beasley, Thompson & Davidson, 2003., Zellars, Perrew, & Hockwarter, 2000), work family conflict (Thompson, Brough & Schmidt, 2006), social support (Burke & Mikkelson, 2006) or a combination of factors (Kokkinos, 2007). Psychogenic health conditions is likely to occur more among service employees who are responsible for helping, protecting or taking care of others (Brotheridge & Glandey, 2002., James, 2004).

Studies that are conducted in the recent past on psychogenic health and occupational burnout have focused almost predominantly on service employees like police officers (Burke & Mikkelson, 2006), custom officers, Nurses, Doctors, print and electronic media workers, teaching and non-teaching staff of universities, colleges of educations, polytechnics, teachers of secondary schools and air hostess (Michinor, 2005); telecom employees (Schaufeli, Taris & Van-Rhenen, 2008; Hall, Royle, Brymer, Perrew, Ferris & Hockwarters, 2006; Tytherleigh, Jacobs, Webb, Ricketts & Cooper, 2007) other service employees include insurance agents, post office workers and secretaries (Kokkinos, 2007; Shirom & Melamed, 2006; Tunimers, Landeweerd, Jansen & Van Merode,

2006).

Less research attention has been devoted to Psychogenic and obesogenic occupational burnout among bank employees in Nigeria who are part of service employees charged with the duty of protecting the banks and its customer's funds and deposits. Unlike other service employees, Bankers may be more vulnerable to psychogenic and obesogenic health conditions due to long hours at work, absence of shift duty, and dual obligation of protecting the bank and its customer's deposit, with stringent work target and high incidence of job insecurity. The above phenomenon may be exacerbated by continuous merger and acquisition witnessed in the banking sector which exert unprecedented pressure on bank employees (Oloyede, 2006; Oluwafemi & Balogun, 2008; Ojedokun, 2008;)

Bank employees are exposed to several at-risk health behaviours that predisposes them to several ill-health conditions or has a direct etiological effects on them. These behaviors may include sedentary work which predispose them to overweight and obesity with all its attendant ill-health conditions, gazing at computer for over eight hours daily, consumption of fast food due to work pressure and accessibility to fast food restaurants, inactive commuting, use of unprescribed analgesics and sedatives, use of alcohol and tobacco to calm nerves. Tella, Akodu & Fasuba (2010) reported that bank employees are exposed to ill-health conditions that are consequent upon their repetitive job, which enhances the rate at which musculoskeletal symptoms are presented by workers: neck pain, back pain, shoulder-arm-syndrome and others.

2. Statement of the Problem

In spite of the perceived conducive work environment of bank employees in Nigeria, studies have established that bank employees are exposed to several physiological and psychological stressors which predisposes them to many attendant ill-health conditions. Their work built environment which is predominantly sedentary and repetitive, has made them prone to musculoskeletal strain/stress syndrome such as neck pain, back pain, shoulder-arm syndrome and also visual problems as a result of long hours of computer use, overweight and obesity with all its attendant musculoskeletal and cardiovascular ill-health consequences such as: joint pains, arteriosclerosis and high blood pressure among others with high degree of occupational burnout.

There are reports of bank workers' death consequent upon cardiovascular complications and robbery attack on their work places and increasing incidences of absenteeism due to hospitalization. In studies conducted by Oke & Dawson (2008); Olubukonla & Uwagbe (2009); Akinguola & Adigun (2010); Tella, Akodu & Fasuba (2010), Ogunbamila (2010) and Okueso (2012), it was reported that work environment of bank employees in Nigeria predisposes to ill-health conditions that are stress and repetitive related such as: fear of job loss, head ache, sleeplessness, nervousness, burnout, neck, back and shoulder pains and others which affect their productivity level.

There is dearth of literature on the relationship between work environmental factors and at-risk health behaviours and reported ill-health conditions of bank employees in Nigeria which might be due to the perceived good work environment of bank employees hence the need to carry out researches in this direction to identify some of the ill-health predisposing factors that are consequent upon the work environment established by bank employers to maximize profit. Call for more researches in occupational health has been copiously suggested by many researchers in both preventive and curative public health matters among employees and employers (Asuzu, 1996; Fatusi & Erhabor, 1996; Isah, Asuzu & Okojie, 1996; ILO, 1991 and Nuwayhid, 2004).

The above scenario, with the issues that motivated the researchers in carrying out this study on factors predisposing to ill-health conditions among bank employees in Nigeria.

3. Hypotheses

- Ho1. Bank employees will not significantly report musculoskeletal (RSI, neck pain, back pain) ill-health condition due to their work environment.
- Ho2. Bank employees will not significantly report cardiovascular (high BP, arthrosclerosis, chest pain) ill-health condition due to their work environment.
- Ho3. Bank employees will not significantly report overweight and obesity as a consequence of sedentary nature of work
- Ho4. Bank employees will not significantly perceive their work environment as a predisposing factor to obesogenic and psychogenic ill health conditions.
- Ho5. There will be no significant difference between male and female bank employees' predisposition to obesogenic and psychogenic ill-health conditions due to work-built environment

4. Methodology

Quantitative and qualitative mixed methods were used for the study which were considered appropriate to analyze the phenomenon both statistically and describe it qualitatively for better and easier understanding.

Population of the Study

The population of the study consisted of the permanent staff of all commercial banks in Ogun State that were directly involved in the banking activities excluding security staff of the bank, cleaners and drivers.

Sample and Sampling Technique

Eight hundred and eighty one (n=881) bank staff were drawn from the four existing geopolitical zones of Ogun State. Multistage sampling technique was employed for the study. In the first stage, total sampling technique was adopted to select all the existing zones of the state, proportional random sampling technique was used in the second stage to select forty nine (n=49) commercial bank branches from the main towns in each of the geopolitical zones of the state: Remo (n=13), Ijebu (n=11), Yewa (n=12), and Egba (n=13). The number of the branches selected was representative of the population because all the elements required for the study were possessed by the selected branches.

On the third stage, proportional stratified random sampling technique was adopted to select eight hundred and eighty one staff using percentage representation of 80% male (n=523) and 20% female (n=358). The distribution of the sample according to the geographical zones of the state proportionally: Remo (n=220), Ijebu (n=164), Yewa (n=243) and Egba (n=254).

Research Instrument

Self structured questionnaire and in-depth interview guide were the instruments used for the study. The questionnaire was divided into A-D sections which were drawn in different response format, but of Likert scale format such as: not true, somewhat true, true and very true or very often, often, occasionally and rarely. The section A of the instrument contained six item questions that were used to collect data on the relevant demographic characteristics of the study participants. Section B of the questionnaire named: Reported musculoskeletal ill-health Conditions questionnaire (RMIHCQ) contained ten question items which were selected from global burden of diseases (WHO, 2001; 2004; 2006 & 2008). The items were rated on a scale of 5: very often (4) often (3) occasionally (2) rarely (1) and never (0). The section C of the questionnaire named: Reported cardiovascular ill-health condition questionnaire (RCIHCQ) which were used to elicit information on the reported cardiovascular ill-health condition of the participant which may be due to the work built environment in the banking sector. The section D is named: perceived obesogenic and psychogenic predisposing ill-health condition questionnaire (POPPIQ) with the option of Not true, somewhat true, true and very true, which was used to assess the employee's perception on the relationship between their work and predisposition to ill-health condition and reported consequences of overweight/obesity questionnaire (RCOQ). The entire questionnaire was augmented with in-depth interview guide.

These instruments were subjected to content, face and construct validity to ensure that the instruments were tied to the concepts and theoretical framework by experts in all related areas. The instrument were tested for internal consistency with the following value: RMIHCQ (0.82), RCIHCQ (0.76), POPPIQ (0.90) and RCOQ (0.73) reliability level using Cronbach alpha reliability method.

Procedure for Data Collection

A letter of introduction was collected from department of human kinetics and health Education University of Ibadan addressed to the bank branches in the state. The branch managers and head of operations in most of the banks were given the letters of introduction and were briefed of the purpose of the research and the likely benefits of the research after completion to get their cooperation and approval for data collection. The consent of the participants was sought through the head of operations and the branch managers which was highly resourceful and participatory. Twelve trained research assistants were involved in the administration of questionnaire. The research assistants were grouped into four having three persons in each of the group, and the four groups were assigned to the four zones selected. The head researcher co-ordinated the process of data collection in all the zones. After the data collection with the questionnaire, all the completed forms were delivered to the head researcher for coding and analysis.

In-depth interview was conducted in the twenty four selected bank branches, ninety six staff were purposively selected from the branches (four from each branch) mainly the branch managers, head of operations and available teller staff. A validated interview guide was used for the in-dept interview. The interview was conducted by the researchers and the trained research assistants, appointment were booked with the selected branch managers and their head of operations, they were met in their offices.

All the collected questionnaire forms were collated, sorted, coded and analyzed using descriptive and inferential statistics of multiple regression.

Ethical Issues

The right to interview was sought for and granted by each branch manager and head of operations, confidentiality of responses was part of the introductory letter preceding the questionnaire. It was copiously explained by the researcher and the trained assistants that participation in the research was out of their freewill and that they can decide not to participate or discontinue their participation at any point in time. The participants were promised that the outcome of the study may be published for the attention of their employers without disclosing their responses, which may help in designing appropriate intervention programme on occupational

health issues which may reduce several health related stressors they may be currently facing due to their work environment

5. Results

Demographic characteristics of Respondents

Table 1: Demographic profile of the sampled participants.

Variables	Characteristics	Frequency	%
Age Group	18 – 22	19	2.2
	23 – 27	301	34.2
	28 – 32	204	23.2
	33 – 37	239	27.1
	38 – above	118	13.3
Sex	Male	523	59.4
	Female	358	40.6
Marital Status	Single	400	45.4
	Married	375	42.6
	Divorced	53	6.0
	Separated	42	4.8
	Widower	11	1.2
Years of work – experience	1 – 5 years	438	49.7
	6 – 10 years	279	31.7
	11 – 15 years	106	12.0
	16 – 20 years	53	6.0
	21yr – above	5	0.6
Mode of Transportation	Chauffeured	100	11.4
	Self drive	461	52.3
	Commercial / walking	320	36.3
Religion	Christianity	572	64.9
	Islam	288	32.7
	Others	21	2.4

On the age distribution of the respondents as in Table 1 above, 19 (2.2%) were within the age range of 18 – 22 years, 301 (34.2%) were within the age range 23 – 27 years, 204 (22.2%) were within the age range of 28 – 32 years, 239 (27.1%) were within the age range of 33 – 37 years and 118 (13.3%) were within the age range of 38 and above. This result suggest that bank employers have only employed young people with the age range of 23 – 37 years of age most significantly. The remaining demographic characteristics of respondents are illustrated in table 1 above

Testing of the Research Hypotheses

Hypothesis 1: Bank employee will not significantly report musculoskeletal ill health condition due to their work environment

Table 2: Chi-Square showing whether Bank employee will not significantly report musculoskeletal ill health condition due to their work environment

RESPONSE	Observed	Expected	O-E	(O-E) ²	Chi-Square	P
Never	18	176.2	158.2	25027.24	530.742	<.05
Rarely	284	176.2	107.8	11620.84		
Occasionally	384	176.2	207.8	43180.84		
Often	123	176.2	53.2	2830.24		
Very Often	72	176.2	104.2	10857.64		
TOTAL	881					

Calculated value = 530.74

Tabulated value = 8.25 at 5% level of significance

The table above presents a chi-square showing whether Bank employee will not significantly report musculoskeletal ill health condition due to their work environment. For example out of the 881 interviewed , 16 indicated never, 284 indicated rarely , 384 indicated occasionally and 123 indicated often while 72 indicate very often.

Nevertheless the Chi-Square calculated value of 530.742 which is greater that the tabulated value of 8.25 shows statistically that there is a significant evidence to conclude that Bank employee significantly reported

musculoskeletal ill health condition due to their work environment. Thus the null hypothesis 1 was rejected and concluded statistically that at 0.05 , Bank employee significantly reported musculoskeletal ill health condition due to their work environment

Hypothesis 2: Bank employee will not significantly report cardiovascular ill health condition due to their work environment

Table 3: Chi-Square showing whether Bank employee will not significantly report cardiovascular ill health condition due to their work environment

RESPONSE	Observed	Expected	O-E	(O-E) ²	Chi-Square	P
Never	71	176.2	105.2	11067.04	698.85	<.05
Rarely	89	176.2	87.2	7603.84		
Occasionally	475	176.2	298.8	89281.44		
Often	192	176.2	15.8	249.64		
Very Often	54	176.2	122.2	14932.84		
TOTAL	881					

Calculated value = 698.85

Tabulated value = 8.25 at 0.05 level of significance

The table above presents a chi-square showing whether Bank employee will not significantly report cardiovascular ill health condition due to their work environment. For example out of the 881 interviewed, 71 indicated never, 89 indicated rarely , 475 indicated occasionally and 192 indicated often while 54 indicated very often.

Nevertheless the Chi-Square calculated value of 698.835 which is greater that the tabulated value of 8.25 shows statistically that there is a significant evidence to conclude that Bank employee will significantly report cardiovascular ill health condition due to their work environment. Thus the null hypothesis two is rejected and conclude statistically that at 0.05 , Bank employee will significantly report cardiovascular ill health condition due to their work environment

Hypothesis 3 : Bank employee will not significantly report over weight and obesity as a consequence of sedentary nature of work

Table 4: Chi-Square showing whether Bank employees will not significantly report over weight and obesity as a consequence of sedentary nature of work

RESPONSE	Observed	Expected	O-E	(O-E) ²	Chi-Square	P
Never	54	176.2	122.2	14932.84	615.124	<.05
Rarely	232	176.2	55.8	3113.64		
Occasionally	436	176.2	259.9	67548.01		
Often	125	176.2	51.2	2621.44		
Very Often	34	176.2	142.2	20220.84		
TOTAL	881					

Calculated value = 615.124

Tabulated value = 8.25 at 0.05 level of significance

The table above presents a chi-square showing whether Bank employee will not significantly report over weight and obesity as a consequence of sedentary nature of work. For example out of the 881 interviewed, 54 indicated never, 232 indicated rarely , 436 indicated occasionally and 125 indicated often while 34 indicate very often.

Nevertheless the Chi-Square calculated value of 615.124 which is greater than the tabulated value of 8.25 shows statistically that there is a significant evidence to conclude that Bank employees will not significantly report over weight and obesity as a consequence of sedentary nature of work. Thus the null hypothesis 3 was rejected and concluded statistically at 0.05, Bank employee significantly reported over weight and obesity as a consequence of sedentary nature of work

Hypothesis 4 : Bank employee will not significantly perceived their work environment as a predisposing factor to some obesogenic and psychogenic ill health condition.

Table 5: Chi-Square showing whether Bank employee will not significantly perceived their work environment as a predisposing factor to some obesogenic and psychogenic ill health

RESPONSE	Observed	Expected	O-E	(O-E) ²	Chi-Square	P
Not True	363	220.3	142.8	20391.84	229.225	<.05
Somewhat true	286	220.3	65.8	4329.64		
True	161	220.3	59.3	3516.49		
Very True	71	220.3	149.3	22290.49		
TOTAL	881					

Calculated value = 229.225

Tabulated value = 8.25 at 0.05 level of significance

The table above presents a chi-square showing whether Bank employee will not significantly perceived their work environment as a predisposing factor to some obesogenic and psychogenic ill health condition. For example out of the 881 interviewed, 336 indicated not true, 286 indicated somewhat true and 161 indicated true while 71 indicated very true .

Nevertheless, the Chi-Square calculated value of 229.225 which is greater than the tabulated value of 8.25 shows statistically that there is a significant evidence to conclude that Bank employee significantly perceived their work environment as a predisposing factor to some obesogenic and psychogenic ill health conditions. Thus the null hypothesis 4 was rejected and concluded statistically at 0.05, Bank employee significantly perceived their work environment as a predisposing factor to some obesogenic and psychogenic ill health conditions.

Hypothesis 5: There is no gender differences in bank employee predisposing factor to ill health conditions due to work environment

Table 6: T-test gender differences in bank employee predisposing factor to ill health condition due to work environment

Gender	N	Mean	STD	df	t	Sig of t
Male	526	58.013	6.575	879	0.002	0.999
Female	355	58.014	6.682			

The result in table 5 revealed non-significant outcome ($t = 0.002, p > 0.05$). This outcome implied that there is no gender difference in bank employee predisposing factor of ill health condition due to work environment. The mean bank employee predisposing factor of ill health condition due to work environment (58.013) recorded by the male banker is not significantly lower that mean score (58.014) reported by the female banker. The difference is statistically in-significant. Hence, there is no gender difference in bank employee's predisposing factor to ill health condition due to work environment.

DISCUSSION OF FINDINGS

The health problems that are associated with the bank employees are numerous and the most dreaded ones had been the incessant armed robbery attack on their branches leaving staff maimed and sometimes dead and that has made some staff resign for other jobs. Other complaints include sleeplessness, which is often due to workers' inability to complete their daily tasks or being unable to accomplish the set target at the work place. Other complaints include blurring of vision, joint pain, neck pain, shoulder pain and mostly back pain, high blood pressure, stomach ulcer and so on. The stress associated with the job has caused hypertension to many staff, especially those that have been on the job for several years. When asked the effects of sedentary job on their weight, respondents admitted that it has caused weight gain which is more prevalent among the female members of staff.

About the incidence of stress, the workers reported that the rate at which they are exposed to stress is tremendous especially after the recapitalization when the job security is almost completely eroded. The causes of the stress ranges from inability to complete daily task, prolonged hours at work, fear due to fraud, exposure to stringent targets, lack of staff latitude, imbalance of account, overpayment of customers, periodic search for guarantors, incessant and changing guidelines, audit and regulatory inconsistencies and work overload to mention just a few.

The workers reported that the long hours at work is getting to an embarrassing level, sometimes ten hours and above including weekends, when accounts are meant to be balanced. The job has not given any breathing space for the workers. The workers interviewed reported that their source of feeding during long hours at work is mostly food bought from the fast food restaurants that are present in their neighborhood, though some bring food from home, but it is often not adequate for them. It is a known fact that many bank workers patronize fast food restaurants like Mr. Biggs, Tantalizer, Chicken Republic, and so on for their lunch and dinner in Nigeria. When the workers were asked the knowledge of the consequences of their sedentary job, their commonest response is that it causes back pain, tiredness, absence of time to attend to personal issues; it can cause weight gain, headache, sleeplessness and others.

The influence of work-built environment on ill-health condition of bankers as found out in this study, support, Tella, et al (2010), that reported the prevalence of ill-health conditions among bankers in Nigeria as revealed through the high incidence of musculoskeletal conditions which are sequel to work posture and repetitiveness. They also found out in their study that the prevalence of repetitive injury among bankers is higher among the female staff. Their study also revealed that job distribution in the bank has a relationship with neck and upper extremity repetitive stress injuries and other ill-health conditions (Okueso, 2012 & 2017).

Akingunola and Adigun (2010) in their study also affirmed that psychological stressors are prevalent among bankers, they further established that these stressors are more severe and prevalent among the executive than the non-executive staff members. They reported cases of exhaustion, fatigue which may eventually lead to burnout which they referred to as a state of physical, emotional and mental exhaustion, they referred to the bank work environment as unpleasant work climate which threaten individual worker's freedom, identity and autonomy predisposing to a number of ill-health situation.

The work of Kumari, Pandey, Member, Lacsit and Khanaki (2010) in India on workers using computer for several hours at work revealed that there are several health consequences associated with this practices, they suggested wide publicity / information in media about various problems generated from working on computer and employers must do something urgently for the better health of their employees the findings in the study revealed that using computer for several hours sitting down makes Nigeria bank employees susceptible to several obesogenic health conditions. Also, the work is corroborated by the submission of Hall, Royle, Brymer, Perrewe, Ferris & Hockwaters (2006), Schaufeli, Taris, and Van-Rhenen (2008) and Taris, Schaufeli (2005) they all reported in their studies that high felt obligation associated with target is associated with increased level of occupational burnout and other work related ill-health conditions.

6. CONCLUSION

It has been affirmed in the study that the work environment of Nigerian banks contain several factors that that are not health friendly and therefore predisposed to several ill-health conditions and sometimes causes and predispose to some health conditions. The aforementioned scenario were both perceived and actually experienced and reported by the study participants. The impact of environmental factors on human health is that most death worldwide can be prevented through making the environment both work and community more wholesome and healthier. The banker's work environment should therefore be made more wholesome for a better working condition in Nigeria hence the following recommendations.

7. Recommendations

The following recommendations were suggested.

1. The labour law of eight hours at work should be strictly adhered to by the banking sector in Nigeria.
2. The sitting arrangement for the teller staff should be suitable to prevent or reduce predisposition to RSI.
3. Individual bank should relax target given to their staff to reduce pschoemotional stressors.
4. Effective use of health education should be imbibed by bank workers through their trade union organizing workshops and health seminar

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