

The Impact of Sick Role Behaviour on Health and Productivity of Bankers in Nigeria

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Abstract

The revolution that took place in the Nigerian banking industry in the 80's, came with re-engineering and a shift in focus. This was necessitated by deposit drive especially after consolidation through mergers and acquisition in 2004. This led to rat-race and unhealthy rivalry among many banks affecting bankers' sick role behaviour in staying off work in time of illness, seeking medical attention to attend to their health and cooperating with medical professionals to get well. This paper investigates the impact of sick role behaviour on the health and productivity of bankers in Nigeria. The objective of the study is to know if, sick role behaviour of bankers in the industry affects their health and productivity at work. The study was conducted in ten commercial banks in Ilorin Kwara State, Nigeria in which, 200 participants selected through multi-stage sampling method were included.

Information was retrieved through administration of structured questionnaire, while formulated hypotheses were tested using Chi-squared statistical tool. The result showed that, (85.0%) of the participants in the study had fallen sick on the job previously while (76.5%) of those that had been sick on the job previously, sought medical care with medical professionals. Further result from the study also revealed that, (47.1%) of the participants handled official duties while they were sick instead of staying off work completely. A significant relationship was found between sick role behaviour of participants and their health with a p value of (0.046), and between participants' sick role behaviour and their productivity at work with a p value (0.039). The study strongly recommends that banks in Nigeria should allow their employees assume their sick role behaviour when they fall sick in order for them to get well in time and avoid poor productivity at work.

Keywords: Sick Role Behaviour, Nigerian Banking Industry, Health, Productivity, Bankers.

Introduction

Sick role behaviour involves activities undertaken by a person who is considered to be sick for the purpose of getting well such as, receiving treatment from health workers, taking time off duties on admission at the hospital, abiding by the prescribed diet and medications and some degree of exemption from one's usual responsibilities (Kasi and Cobb, 1966). In Nigeria, the task of ensuring the well-being and wellness of bankers lies on both bankers and their employers. In the Nigeria Labour Act, provision for medical facilities for workers has been provided while sick leave of 12 working days in a calendar year has also been made available for workers having been certified sick by a registered medical practitioner (Labour Law, 1990). However, this is not always the case; banking in the country has become a tug of war with stiff competition and unhealthy rivalry among banks (Chuma, Ken and Labaran, 2012). According to Akanbi (2013), many banks have now raised the targets for deposit mobilization which was not the case in the past; thus leaving very little time for bankers to attend to their health challenges when required.

Banking which started in Nigeria in 1892 under the supervision of the Central Bank of Nigeria grew significantly over the years with forty two banks as at the end of 1988 (CIA World Fact book, 2004). This of course, opened up employment opportunities for the teeming working population with many young graduates finding their way into the industry and by the turn of the century, the industry had become one of the highest employers of labour in the country accounting for about 133,054 employees as at 2010 (Alo, 2010

and National Bureau of Statistics, 2010). Events, however, took a fresh turn on 6th July, 2004, when the minimum capital requirement base for banks was raised from 2 billion Naira to 25 billion (Mogaji, 2011). This fostered consolidation of the banking industry through mergers and acquisition scaling the number of banks down from 89 to 24 banks in 2005 (Ikpefan, 2012). Although the consolidation was able to raise the capital base of many banks and ensure the safety of customer's deposit, the effects of the policy on the health of bankers cannot be overemphasized.

Many bankers in the country now show signs of high blood pressure and other lifestyle diseases due to their inability to meet up with the target set for them by their employers and inability to attend to their health in good time (Osaremen, 2012). A study conducted by Annene and Annene (2013) on the health of bankers in the commercial cities of Lagos and Port Harcourt in Nigeria revealed that many bankers have nutritional deficiency and other lifestyle diseases due to irregular working hours and spending so many hours in traffic every day. In another related study conducted in Maiduguri in Nigeria, it was also found out that, many bankers have musculoskeletal disorder especially on the neck, shoulder and lower back as a result of overwork, long duration of sedentary work posture, and limited or lack of break during the day (Karlqvist, Hagberg, Koster, Wenemark and Nell, 1996; Cook, Burgess-Limerick, and Chang, 2001; Wahlstrom, 2005; Turhan, Akat, Akyuz and Cakci, 2008).

It is against this backdrop that this article assesses the impact of sick role behavior on health and productivity of bankers in Nigeria. The study is expected to add to

the body of knowledge and serve as reference for further studies in the industry. It would also help in policy formulation and designing of health programmes by relevant organisations.

What is the Problem?

Expectations towards deliverables and work load in the industry could sometimes be enormous. According to Akingbola & Adigun (2010), the Nigerian Banking Industry is characterised by increasing job demands, excessive work schedule, and ever-increasing competition. Daniel (2012) contended that many bankers in the country have had their health deteriorated owing to their inability to attend to health challenges in good time. Furthermore, Oseremen (2012) & Anenne & Annene (2013) argued that, as a result of work pressure that comes with the process of delivering job targets, many bankers' health status have been affected adversely. Furthermore, although the Nigerian Labour Law makes provision for medical facilities for workers and also afford them sick leave of 12 working days in a calendar year Labour Law (1990), this is not always the case in Nigeria as many banks do not make medical facilities available for their workers and when this is done it is either to a limit or monetized (Ogunwale and Mohammed, 2013). This will in no doubt impede bankers' sick role behaviour in the industry.

Theoretical Orientation

The first theory employed in the study is the sick role theory. The theory was proposed by Talcott Parson, an American Sociologist in his book, *The Social System* (Parson, 1951). Sick role theory proposed two explicit behavioural exceptions and obligations for the sick person. These two

exceptions include:

- (i) Temporary exception of the sick person from work having been certified sick by a registered physician.
- (ii) The sick person should not be held responsible for his/her sickness.

Also, the two obligations expected from the sick in trying to get well include:

- (i) The sick person is expected to seek medical care
- (ii) The sick person must cooperate with medical professionals to get well.

Following the above-mentioned propositions, the theory can be applicable to the study in the sense that, when bankers are not excused from their duty post to attend to their health issues on time as a result of enormous work load, possibilities are that, they may not have time to seek medical care and cooperate with health care providers, thereby worsening their health condition and productivity at work.

The sick role theory has, however, been criticised for not putting into consideration situations where the sick person fail to voluntarily accept the sick role.

The second theory employed in the article to explain the study is the Need Theory.

The Need theory, known as Three Needs Theory, was proposed by David McClelland in the 1961 in his book *The Achieving Society*. It is a motivational model that attempts to explain how the needs for achievement, power, and affiliation affect the actions of people from managerial context.

According to the theory, people are more strongly motivated by some needs and less strongly by other needs. The theory contended further that, these three types of motivation are present in any individual

regardless of age, sex, race, or culture and that the motivation by which each individual is driven is derived from their life experiences and the opinions of their culture.

McClellan Social power need contends that those in the top management position of organisations have a high need for power. McClelland (1977) thus, need institutional power do organize the efforts of others to achieve the goal of the organisation.

From this proposition, the theory explains the present stiff competition and rivalry

going on in the Nigerian Banking industry as a result of the need for some banks to attain the top position in the industry. Therefore this need for power motivates banks to organize the efforts of their employees to achieve this goal at all cost by giving them targets to run with and enormous work load at the expense of their time, Thus causing bankers to barely have time to attend to their health issues when required leading to health deterioration and even poor productivity. McClelland Need Theory has, however, been criticized for lack of predictive power as it relates to organisation.

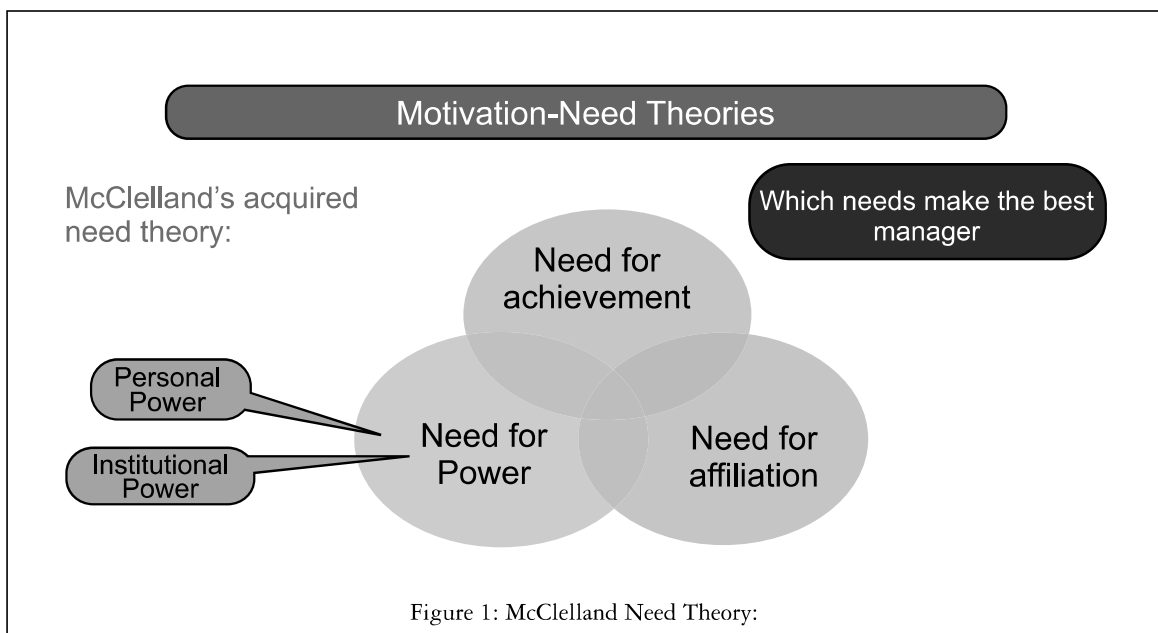


Figure 1: McClelland Need Theory:

Source: https://www.academia.edu/9358331/McClelland_s_Human_Motivation_Theory

Methods

The study was conducted in ten commercial banks in Ilorin, the capital city of Kwara State, North-Central Nigeria. The following banks were included in the study: Union Bank of Nigeria, First City Monument Bank, Fidelity Bank, Wema Bank, Stanbic IBTC Bank, Diamond Bank, Fidelity Bank, United Bank For

Africa Plc, First Bank and Guaranty Trust Bank. Multi-stage sampling technique was employed in the study. The first stage is the purposive selection of old and new generation banks from the sixteen commercial banks located in the study area as at the time the study was conducted. The second stage was, a convenience selection of the main branches of the

selected while the third stage included a random selection of participants from the main branches each of the selected commercial banks.

200 consenting participants were included in the study with 10 participants randomly selected from each bank based on those that were present at work when the study was conducted. Information was retrieved through self-administered questionnaire which contained open and closed ended questions. The choice of the research instrument was informed as a result of the high number of participants involved in the study and because the studied population was literate (Cohen et al. 2000).

The Statistical Package for Social Science (SPSS) was employed to analyse the data

retrieved from the field while the Chi-Square statistical tool was also employed to test the formulated hypotheses. The researcher made use of tables, simple percentage and frequency distribution to organize the data retrieved from the field.

Management of the banks were duly informed of the study and verbal permission was granted for the research to be conducted while the participants were briefed on what the research was all about and the significant of the study to them.

The researcher employed three research assistants who assisted in disseminating the questionnaires to the participants and to help in explaining the contents of the questionnaire to the participants for clarity.

Results

Table 1: Socio-Demographic Data of Participants

Socio-Demographic Data	Frequency	Percentage
Sex		
Male	99	(49.5)
Female	101	(50.5)
Total	200	(100.0)
Age group (Years)		
<30	85	(42.5)
31-40	100	(50.0)
41-50	15	(7.5)
Total	200	(100.0)
Marital Status		
Single	67	(33.5)
Married	130	(65.0)
Separated/Divorced	3	(1.5)
Total	200	(100.0)
Salary (Per annum)		
<1M	101	(50.5)
1-5M	73	(36.5)
5-10M	20	(10.0)
10-15M and above	6	(3.0)
Total	200	(100.0)

Source: Researchers' Survey 2015

Table 2: Sick Role Behaviour of Participants

	Frequency	Percentage
Ever been sick on the Job?		
Yes	170	(85.0)
No	30	(15.0)
Total	200	(100.0)
Was the sickness severe?		
Yes	34	(20.0)
No	136	(80.0)
Total	170	(100.0)
Did you seek medical attention?		
Yes	170	(76.5)
No	30	(23.5)
Total	200	(100.0)
Did you come to work when you were sick?		
Yes	74	(43.5)
No	96	(56.5)
Total	170	(100.0)
Why did you come to work when you were sick?		
My Work Load was heavy	25	(33.8)
Passion for my work	21	(28.4)
Pressure from superior staff on deliverables	15	(20.2)
The Sickness not too serious	13	(17.6)
Total	74	(100.0)
Did you handle official duties when you were sick?		
Yes	90	(47.1)
No	80	(52.9)
Total	170	(100)
Did your superiors reduce your work load when you were sick?		
Yes	107	(53.5)
No	93	(46.5)
Total	100	(100,0)

Source: Researchers' Survey 2015

Table 3: Effects of Sick Role Behaviour on Participants' Health and Productivity

Effects of sick role behaviour on participants health and productivity	Frequency	Percentage
Has your job demands ever made you sick?		
Yes	107	(53.5)
No	93	(46.5)
Total	200	(100.0)
Has your health status deteriorated because you did not have time to attend to your health?		
Yes	65	(32.5)
No	135	(67.5)
Total	200	(100.0)
Has your health status ever affected your productivity at work?		
Yes	50	25.0
No	150	75.0
Total	200	100.0)

Source: Researchers' survey 2015

Table 1 revealed that, almost half (49.5%) of the participants are male while (50.5%) are women. About half (42.5%) falls into the age category of 30-45 years, (65.0%) of the participants are married while more than half (50.5%) of the participants earn less than 1 million naira per annum.

Table 2 shows that, (85.0%) of the participants have fallen sick since they took the job while only (20.0%) of those that had fallen sick on the job were severe. The table further shows that, (76.5%) of the participants had fallen sick on the job before sought medical attention at the hospital.

However, out of those that fell sick, (43.5%) came to work when they were sick, and out of this number, (33.8%) of the participants came to work when they were sick because of heavy work load,

(28.4%) came to work because they had passion for the job, (20.2%) came to work because of pressure from their superior while (17.6%) came to work because the sickness was not too serious. In addition, (47.1%) of the participants who had fallen sick previously on the job claimed that they handled official duties when they were sick while (53.0%) claimed that their work load was reduced when they were sick.

In table 3, (53.5%) of the participants fell sick due to job demands; it also revealed that (32.5%) of the participants' health status has deteriorated because they did not have enough time to cater for their health as a result of enormous job demand. However, only (25.0%) of the participants claimed that their health status affected their productivity.

Test of Hypotheses

H01: There is no significant relationship between sick role behaviour of participants' and participants' health.

Did you seek medical attention at the hospital when you were sick?	Has your health status deteriorated?		
	Yes (%)	No (%)	Total
Yes	48(39.9)	82(63.1)	130(100.0)
No	8(20.0)	32(80.0)	40(100.0)
Total	56(32.9)	114(67.1)	170(100.0)

$\chi^2_{23.967}$ df = 1, p-value = 0.046

Researchers' Survey, 2016

H02: There is no significant relationship between participants' sick role behavior and participants' productivity

Working while sick	Has your health status affected your productivity at work?		
	Yes (%)	No (%)	Total
Yes	19(25.7)	55(74.3)	74(100.0)
No	25(26.0)	71(74.0)	96(100.0)
Total	44(25.9)	126(74.1)	170(100.0)

$\chi^2_{24.256}$ df = 1, p-value = 0.039

Researchers' Survey, 2016

Discussion:

The study was able to access the sick role behaviour of bankers in Nigeria and the impact of the sick role behaviour on their health and productivity. Result showed that, over three quarter (85.0%) of the studied population have fallen sick on the job previously, although just one quarter (20.0%) of those that had fallen sick on the job's sickness was severe. Result also shows that a large number of the participants in the study (76.5%) who had fallen sick on the job sought medical care in the hospital while about half (43.5%) came to work when they were sick. In addition, almost half of the studied population (47.1%), handled official duties during the time of

sickness while, over half (53.5%) had the same work load they had before they were sick. This result is however in line with the view of Akingbola and Adigun (2010) who argued that the Nigerian Banking Industry is characterised by increasing job demands and excessive work schedule.

Further result from the study revealed that, over half of the participants (53.5%) fell sick as a result of the nature of their job while about one third (32.5%) admitted that their inability to take up the sick role have actually caused deterioration to their health. In all, only a very few of the participants (25.0%) mentioned that their

health status have affected their productivity on the job. This result is however in tandem with the view of Oseremem (2012) who contended that many bankers have high blood pressure and other forms of diseases due to their inability to meet up with the target set for them by their employers and inability to attend to their health in good time as a result of enormous job demand that they need to deliver within a stipulated period of time. The two hypotheses tested in the study showed a statistical significant relationship between sick role behaviour of participants and their health as well as productivity as $P < 0.05$. This suggests that the sick role behaviour of bankers in the Nigerian Banking Industry affects the health and productivity adversely. This invariably means that because of work pressure, work load and excessive work schedule of participants, their sick role behaviour is not adequately taken up thereby affecting their health and productivity adversely. This result therefore corroborates results of earlier studies conducted by (Osaremen, 2012 and Annene and Annene, 2013).

Conclusion and Recommendation

This article has been able to explore the relationship between sick role behavior of bankers in the Nigerian Banking Industry and their health as well as productivity.

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The study was conducted in ten commercial banks in the capital city of Ilorin, Kwara State, North Central Nigeria as a representative of all the commercial banks in Nigeria. A total of 200 participants selected through multi-stage sampling technique were included in the study while information was gathered through self-administered questionnaire. Result showed that a significant relationship exist between sick role behaviour and health as well as productivity of participants as $p < 0.05$. What this infers is that, the sick role behaviour of bankers in the Nigerian Banking Industry affects the health and productivity of bankers in the industry adversely because of their inability to assume the sick role and observe the sick role behaviour when they fall sick by stepping aside from their duty post when they fall sick due to enormous job demands, seeking medical attention from medical professionals and cooperating with medical professionals to get well by adhering strictly to prescribed instructions from physicians.

The study recommends that banks should excuse their workers from work to take care of their health challenges in good time before their health deteriorates and also avoid poor productivity.

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