

**JOB STRESS AND COPING TECHNIQUES AMONG BANK WORKERS
IN IBADAN NORTH LOCAL GOVERNMENT, IBADAN, OYO STATE,
NIGERIA**

BY

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DEDICATION

This work is dedicated to all those who have contributed to the body of knowledge, thereby making it possible for us to see farther by standing on the ‘shoulders of giants’.

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ACKNOWLEDGEMENT

This work would not have been possible without the help of God in whom I live, move, and have my being; thank You Lord.

I would like to thank my family for their care and support during the course of the program.

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Ricketts, Anderson Segun

ABSTRACT

Banking job has been identified as a very stressful occupation in Nigeria due to long working hours, high targets, work overload, intense competition, difficult customers and unfavourable policies. Currently in Nigeria, there are no known policies to prevent and control issues such as job stress. Therefore, the aim of this study was to investigate job stress and coping techniques among bank workers in Ibadan North Local Government.

The study was a descriptive cross sectional study. One hundred and forty bank employees from 13 banks were selected using a three stage sampling technique. In the first stage, a branch of each of the banks among the 34 banks in the local government was randomly selected, in the second stage, 85.0% of the banks were randomly selected, and in the final stage, purposive sampling was used to select consented respondents in each of the banks. Data were collected using validated, pretested self-administered questionnaire which contains five sections namely: socio demographic information; knowledge of the causes, symptoms, and effects of job stress; the peculiar stressors in the banking sector; health promotion strategies to reduce stress in the workplace; and stress coping techniques among bank workers. A 12-point, knowledge scale was used to determine the level of knowledge of respondents. Knowledge scores ranging from $0 \leq 3$, $3 < 8$, $8 \leq 12$ were classified as poor, fair, and good, respectively. Data were analysed using descriptive statistics and Chi square tests at $p=0.05$ level of significance.

Findings showed that the age range of the respondents was between 21 to 46 years with a mean age of 30.7 ± 5.0 years and half (50.0%) of the respondents were females. With respect to knowledge, half (50.0%) of the respondents demonstrated poor knowledge on causes and effects of job stress, 42.9% showed a fair level of knowledge and only 7.1% demonstrated good knowledge. Findings show that major stressors in banking sector included work overload (80.7%), lack of sleep (71.4%), no break times during work (58.6%). Less than half (45.7%) agreed that health promotion is taken into account during the training and retraining and few reported that work is organised so that staff avoid being continually overworked. A large proportion (70.7%) listened to music as a stress coping technique, some (42.9%) used physical exercise as a coping technique, 15.7% consumed alcohol, majority (78.6%) prayed, and a predominant proportion (71.4%) watched television. A statistical significant relationship was also found between gender of bank workers and their corresponding level of stress.

It is apparent that very few of the bank workers have an in depth knowledge of the causes, symptoms, and effects of job stress on mental and physical health hence awareness of the effects of prolonged exposure to job stress should be raised among bank workers. Furthermore, the major causes of job stress among bankers are work overload, long working hours, and lack of sleep. Advocacy for policy change concerning workload and working hours should be made to the management of the banks.

Keywords: Job stress, Coping techniques, Bank workers, Bank policies

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CERTIFICATION

I certify that this work was carried out by RICKETTS, ANDERSON SEGUN in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Ibadan, Nigeria.

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GLOSSARY OF ABBREVIATIONS

APA	American Psychological Association
CBN	Central Bank of Nigeria
CDC	Centre for Disease Control
CIPD	Chartered Institute of Personnel Development
FCMB	First City Monument Bank
GTB	Guaranty Trust Bank
HBM	Health Belief Model
HSE	Health and Safety Executive
MWRSP	Management of Work-Related Stress Procedure
NIOSH	National Institute for Occupational Safety and Health
SPSS	Statistical package for Social Sciences
UBA	United Bank for Africa
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background Information

World Health Organisation (WHO) defines job stress as the response people may have when presented with work demands and pressures that are not matched with their knowledge and abilities and which challenge their ability to cope (WHO, 2015). Job stress has been identified as an occupational hazard and safety risk throughout the world, including Nigeria (Essien, 2014). Although, stress in itself is not a bad thing as a certain amount is necessary to motivate - without some pressures, life would become boring and without purpose (Wahab, 2010) - prolonged exposure to job stress however is widely held to be linked to a variety of physical and mental disorders, either by directly contributing to ill-health, or by increasing the tendency for those affected by stress to engage in behaviours that lead to illness and disease (Blaug, Kenyon, and Lekhi, 2007).

Job stress is considered a harmful factor of the work environment which has unpleasant effects on the health of an individual and can lead to poor health and even injury (Shahid, Latif, Sohail, and Mohammed, 2011). Job stress not properly handled by management or effectively controlled by victims, often produce negative physical, psychological or behavioural responses (Essien, 2014). Stress is apparently endemic in the workplace as different surveys have shown that a large number of employees report feeling stressed at work (Olatona, Ezeobika, Okafor and Owoeye, 2014). Job stress may additionally result from a poor balance at the home-work interface, with particularly severe consequences when poverty, risk of unemployment and poor living conditions are predominant (WHO, 2004) such as the case in Nigeria.

Stress of varying degrees is an inevitable phenomenon in virtually all careers of life and the way in which individuals react to stress evidently varies with each person at any particular point in time ((Agbatogun, 2010; Olowogbon, 2014). Various factors affect stress level of individuals: fatigue, health status, depression, social environment, excitement, elation and invigoration all influence how one experiences and copes with stress (Olowogbon, 2014). In a study conducted by Akintayo (2012), it was

established that both male and female workers equally felt the effects of job stress on their physical, mental health and overall wellbeing. However, there might be some gender differences in certain aspects.

In Nigeria, banking job has been identified as a very stressful occupation owing to long working hours, stiff competition, unstable banking policies, regulatory bottlenecks and difficult customers (Essien, 2014). The stiff competition amongst banks in the industry has led to an increase in banking services, hence, work is more impersonal, task oriented, uses close supervision and operates within a strict disciplinary code; as such, there is very little autonomy and decision-making power amongst bank workers (Oke and Dawson 2008). In banks existence of poor relationship among employees can cause stress and have adverse effects on the performance of employees. Also, lack of social support from colleagues and poor interpersonal relationships can cause stress especially among employees with a high social need (Shahid, Latif, Sohail, and Muhammad, 2011).

These conditions coupled with other environmental factors peculiar to Nigeria, have made bank workers more vulnerable to job stress and its consequence.

1.2 Problem Statement

Various researches show that a large number of bankers are suffering from acute and chronic job stress and some of the documented reasons behind this include long working hours, improper reward system, lack of job autonomy, organizational culture, role conflict, unrealistic deadlines and targets, etc. The study conducted by Olatona *et al.* (2014) showed the prevalence of job stress among bank workers in Nigeria to be unacceptably high. Furthermore, a study conducted by Azad (2014), revealed that bank workers notice symptoms indicating high stress level among them and these symptoms if not treated in the early stage, can lead to serious health problems such as depression, heart problems, diabetes and other chronic illnesses.

Job stress is a global issue in modern life and it affects the socio-behavioural and psychological wellbeing of the workers (Loo, Salmiah and Nor, 2015). Evidence shows anxiety, depression, fatigue, irritability, ulcer, back / muscular pain and headache to be common among bank workers in Nigeria (Essien, 2014). The Centres for Disease

Controland Prevention (CDC), relates that evidence is rapidly accumulating to suggest that stress plays an important role in several types of chronic health problems-especially cardiovascular disease, musculoskeletal disorders, and psychological disorders. Occupational stress is the most prevalent and most important type of stress among people in the modern society and the consequence of this can include suicide, cancer, ulcers, and impaired immune function (CDC, 2014; Loo, Salmiah and Nor, 2015).

Job stress has been implicated in lowered self-esteem, depersonalization, job burnout, increased blood pressure and heart rate, breathing difficulties, anxiety, depression, increased gastrointestinal disorders, higher alcohol and other drug abuses, impulsive behaviours, and work-family conflict - a major problem affecting female bank workers in Nigeria (Ekore 2007).

In addition to ill health primarily caused by job stress, the coping techniques adopted by bank workers may compound the problem as study conducted by Olatonaet *al.*,(2014) revealed that tobacco smoking, alcohol consumption, overeating, aggressiveness, and withdrawal are among stress coping techniques employed by them.

1.3 Justification of the Study

The effects of prolonged job stress can be deadly, yet preventable depending on the stress coping methods employed by individuals. In Nigeria however, awareness of stress and its effect on workers and worker productivity can be said to be very minimal (Andohol, and Asom, 2012). Currently, in Nigeria, there are no known comprehensive policies and actions to prevent and control issues such as work-related stress (Ekore, 2007).

This study attempts to investigate the reported effects of stress on employees' health and various coping strategies used by them in the banking industry. The banking sector was chosen because of the nature of the job and its demands on the energy and time of employees. Banking activities require both physical and mental drudgery which usually lasts throughout the day. Furthermore, in Nigeria, there are frequent cases of armed robbery attacks on banks (Ekore, 2007) which expose them to post-traumatic stress

disorder (PTSD). This however does not mean that only bankers are stressed, rather, bankers are chosen for this study because they exhibit characteristics of most office workers, some of which include, sitting long hours in front of computers, resuming early and closing late, and strict adherence to office codes of conduct.

Research on job stress has greatly expanded in recent years, but in spite of this attention, confusion remains about the causes, effects, and prevention of job stress. Quite a number of researches exist on the topic of workplace stress, however not much has considered the stress encountered by bank employees (Enekwe, Agu, Eziedo, 2014) especially in Nigeria. Despite the prevalence of psychosocial challenges to health and safety, they are highly underestimated by organizations in Nigeria and there is little in place of regulations to address psychosocial hazards and work-related stress (Ekore, 2007). Workplace stress is perhaps one of the weaknesses of the Nigerian work environment as a whole; downsizing and the poor supply and state of infrastructural facilities such as roads and telecommunication which are abysmal, have also made the problem widespread (Oke and Dawson 2008).

It is hoped that findings from this study will be an eye opener to policy makers (both at the National and organisational level) on the prevalence and effects of job stress, and point out directions on how best to increase awareness about this health issue, and recommend more healthful ways of coping with stress among these group of subjects and the general populace.

1.4 Research Questions

1. What is the level of knowledge of respondents on job stress?
2. What are the peculiar stressors in the banking sector?
3. What are the workplace health promotion strategies the banks put in place to reduce stress?
4. What are the stress coping techniques used by employees?

1.5 General objective of the research

This study is designed to investigate the stress coping techniques among bank workers in Ibadan North Local Government Area, Ibadan, Oyo State, Nigeria.

1.6 Specific Objectives of the study are to:

1. Assess the knowledge of respondents on job stress
2. Identify the peculiar stressors in the banking sector
3. Identify workplace health promotion strategies the banks put in place to reduce stress
4. Identify the stress coping techniques being used by employees to manage stress

1.7 Hypotheses of the Study

1. There is no relationship between the gender of bank workers and their corresponding level of stress
2. There is no relationship between the level of knowledge of bankers on job stress and their corresponding level of stress
3. There is no relationship between the management hierarchy of bank workers and their corresponding level of stress

CHAPTER TWO

LITERATURE REVIEW

2.1 Background to the Study of Stress

Although there may not be an accepted universal definition of stress, there is a broad consensus that it involves an imbalance between perceived demands and the resources to cope with them. However for the purpose of this study, the definition of stress by the Health Safety Executive was adopted.

Stress is a mental and physical condition which results from pressure or demands that strain or exceed your capacity or perceived capacity to cope and the sources of such pressure or demands are called stressors (Health and Safety Executive 2012). It is the adverse reaction people have to excessive pressures or other types of demand placed on them (Blaug, Kenyon, and Lekhi, 2007).

Stress however, is a relative term and not every one may feel stress while working under the same type of circumstance, thus, the reason for stress may differ from person to person (Enekwe, Agu, and Eziedo, 2014).

2.2 Job Stress

Job stress also referred to as occupational stress, work-related stress, or work place stress is defined as a harmful reaction that people have to undue pressures and demands placed on them at work. (Health and Safety Executive, 2012). It is the stress experienced as a direct result of a person's occupation (Wahab, 2010).

Job stress relates to the experience of stress in one's place of work, occupation or employment. Job stress is a state of tension that is created when a person responds to the demands and pressures that come from work, family, and other external sources, as well as those that are internally generated from self-imposed demands, obligations and self-criticism (Samartha, Begum, and Lokuh, 2014).

According to the Management of Work-Related Stress Procedure (MWRSP), there are six major categories of stress identified by the Health and Safety Executive (2012):

- Intrinsic to the job
- Role in the workplace

- Relationships at work
- Work structure and climate
- Career development
- Home–work interface

2.3 Causes of Job stress

The problem of stress is inevitable and unavoidable in any occupation nonetheless bankers are more prone to stress due to some peculiar stressors. A study conducted by Samartha *et al.*, (2014) documented factors such as performance pressure, inadequate planning at work, adaptability to change, demands of the family and lack of efficient manpower caused more stress among the bank employees in general.

A research conducted by Azad (2014) in India shows that a large number of bankers are facing high stress because of their job and the reasons behind this stress include long working hours, improper reward system, lack of job autonomy, organizational culture, role conflict etc. and the main reason is lack of management support to employees.

A research conducted in the banking sector at Pakistan revealed that bankers undergo job stress due to stiff working hours, target oriented job, promotion strictly based on achievements of targets and inflexibility in working hours (Ahmed, Muddasar, and Perviaz, 2012).

In another study conducted on branch level managers, operational managers, supervisors, and officers (credit officers, remittance officers, customer services officers and relationship officers) of a bank stated that bankers are under a great deal of stress due to many antecedents of stress such as lack of administrative support, excessive work demand, problematic customer relations, coworker's relationship, family and work life balance, and risk involved in the job (Shahid, 2011).

Different studies conducted by have revealed that role conflict was the strongest predictor of organizational stress and this was attributed to the factors like incompatible role pressures, insufficient staff, meeting the annual target planned by higher authorities. Strenuous working conditions emerged as the second strongest predictor. Strenuous working conditions in banks arose due to risky and complicated assignments, necessity to

work fast, lot of physical effort, excessive and inconvenient working hours and constantly working under tense circumstances.

Akinnusi (2005), cited in Essien (2014) relates that in Nigeria, banking job has been identified as a very stressful occupation owing to long working hours, stiff competition, unstable banking policies, regulatory bottlenecks and difficult customers. Essien (2014) confirms in her study that work overload is a major job stressor in the Nigerian banking sector and female bank workers are also confronted daily with unique workplace stressors such as sexual harassment, job insecurity and home-work conflict. Other stressors in the banking sector identified in her study include exposure to risks through fund mobilization, longer working hours, customer sourcing and lack of participation in decision making.

There are many causes of work-related stress and individuals cope in different ways to manage that stress. It is accepted that stress can be caused by a variety of factors and are not mutually exclusive, for example, they may not be limited to the duties of an employee but may also include factors such as the working environment and perceptions of harassment or bullying (HSE, 2012). However workload is the most pervasive factor linked to work-related stress. Factors other than workload include cuts in staff, change, long hours, bullying, shift work and sex or racial harassment (HSE, 2012). Additionally, occupational stress co-relates significantly with life events and daily activities such as financial situation, job performance, family conflict, schooling, death and other events (Akintayo, 2012).

The Canadian Ministry of health relates that numerous factors in the organisation and design of work can threaten the mental or emotional health of employees. These factors are often thought of as “stressors.” They are also known as “mental hazards” because they threaten mental health in the same way that unsafe places and things are hazards threatening physical safety. According to the American Psychological Association (APA), the top stressors for people in the workplace, in order of importance, are:

- Low salaries (43 percent)
- Heavy workloads (43 percent)
- Lack of opportunity for growth and advancement (43 percent)
- Unrealistic job expectations (40 percent)

- Job security (34 percent)

Additional on-the-job stressors include lack of participation in decision-making, ineffective management style and unpleasant work environments that included disruptive noise levels. Longer work-hour is another prime stressor (HSE, 2012).

On the causes of stress, a study conducted in Nigeria revealed that:

- 16.7% is attributed to catastrophic stressors, which include trauma, low pay, promotion problem, threat of redundancy, job insecurity, emotional breakdown and marriage problems.
- 50% is attributed to daily hassles stressors which include change in working hours, feeling of lack of control, conflict at work, long hours of working, work shifts, sensory factors such as noise, factors of the job itself, long hours of meeting, poor social skills, low emotional intelligence, bullying at work, home - work intervals and poor supervisory skill.
- 33.3% is attributed to major life changes stressors which include lack of recognition, autocratic leadership, sexual harassment, ageism, new management techniques, heavy work load, career development and achievement factors, employee lack of control, lack of job satisfaction. (Andohol and Asom, 2012).

2.4 Effects of Stress

Stress usually comes with symptoms which include; high blood pressure, ulcer, irritability, difficulties in taking simple decisions relating to work, loss of appetite, easy susceptibility to mistake and accident, anger and aggressiveness, headache, and vomiting (Andohol and Asom, 2012). Signs of stress can be seen in people's behaviour, especially in changes in behaviour (Michie, 2002).

Often, the most immediate response to stress is a biological one. Exposure to stressors induces a rise in certain hormones secreted by the adrenal glands, an increase in rate of heart beat and blood pressure, and changes in how well the skin conducts electrical impulses (Wahab, 2012). According to the Chartered Institute of Personnel and Development, stress creates physical changes linked closely to our 'flight or fight' reflex.

Adrenaline, noradrenaline and cortisol are among 40 hormones produced by the body when stressed.

Cortisol, which acts in conjunction with adrenaline to increase energy, is a longer-lasting stress hormone that allows the body to remain alert for minutes, hours, or even days. Cortisol levels remain elevated in the body longer, keeping it alert until the stress passes. However, problems can occur when stress continues and cortisol levels remain elevated – the body and mind can experience exhaustion, including a suppressed immune system, increased muscle tension, and reduced concentration. In fact, research has shown that chronic elevated cortisol increases our sensitivity and reactions to stress and impairs our ability to calm down after a stressful experience (Health Advocates, 2015).

There are clear links between work-related stress and variety of physical and mental disorders, despite the difficulty of proving a direct causal link since the majority of diseases and syndromes commonly attributed to stress have multiple causes. The effects of work-related stress on ill-health operate in physiological, cognitive, emotional and behavioural ways (Blaug, Kenyon, and Lekhi, 2007). Long-term exposure to stress causes disease, including coronary heart disease, hypertension, some forms of cancer, depression, anxiety, stomach and strokes (Loo, Salmiaha and Nor, 2015).

Effects of stress on the mental health:

Impact of stress on mental health and state of mind: chronic exposure to the stress reaction can potentially impact on mental health. There is a strong relationship between work-related stress and mental ill-health – excessive and persistent stress can trigger and escalate mental illness (Blaug, Kenyon, and Lekhi, 2007).

The Chartered Institute of Personnel and Development (CIPD) affirms that stress can be a precursor to common mental health problems, that is, anxiety, depression or a combination of the two; indeed, the term ‘stress’ is sometimes used to indicate a low-level depressive (Kortume, 2014). According to the study conducted by Wahab (2010) in Nigeria, 47.60% of the respondents were affected mostly by depression. In fact, stress and clinical depression often go hand-in-hand. It is clear that depression substantially increases

the risk of death, especially death by unnatural causes and cardiovascular diseases (Wahab, 2010) (Health Advocates, 2015).

Effects of stress on physical health:

Chronic exposure to the stress reaction can impact on physical health in a range of ways. For some individuals, it may lead to hypertension and increased risk of cardiovascular disease; for others the impact will be on the digestive system and manifest in peptic ulcers, irritable bowel syndrome or other digestive disorders; others still may find stress leads to muscular tension, back pain, headaches or other aches and pains. Other physical manifestations of stress include fatigue/exhaustion (often associated with insomnia or sleep disorder) and reduced immune function (CDC, 2014).

Evidence from previous studies shows anxiety, depression, fatigue, irritability, ulcer, back/ muscular pain and headache to be common among bank workers in Nigeria (Essien, 2014) Stress is also likely to manifest in less serious infections, allergies and physical disorders.

Costs of stress:

Workers who report that they are stressed incur healthcare costs that are 46 percent higher than for non-stressed employees, according to the Health Safety executive (HSE). And 60 to 90 percent of doctor visits are attributed to stress-related illnesses and symptoms. Additionally, a healthy person is more productive than an unhealthy person (Andohol, and Asom, 2012). Job stress ultimately leads to increased morbidity, which would in turn result in absenteeism, diminished productivity and eventually low labour turnover among employees.

2.5 Symptoms of Job stress

Job stress is widely held to be linked to a variety of physical and mental disorders, either by directly contributing to ill-health, or by increasing the tendency for those affected by stress to engage in behaviours that lead to illness and disease (Blaug, Kenyon, and Lekhi, 2007).

Also, occupational stress can also result to psychological symptoms which can manifest in the form of fear, anxiety (phobias, obsessions), depression, tension, boredom, irritability, and job dissatisfaction (Essien, 2014). The victims of job stress exhibit anger and depression. Depression often reveals itself in a person's countenance. A gloomy look, sad face, shoulder droop and withdrawal are some characteristics of a depressive.

Equally, findings by Clark (2002) revealed that excessive exposure of employees to stress could result to chronic fatigue otherwise referred to as burnout (Caplan and Jones, 2005). The implication is that employees who feel burnout are likely to experience feelings of physical exhaustion and ill health. Moreover, the likelihood of fatigue among those who experienced occupational stress was found to be about 5 times higher than their counterparts who were not occupationally stressed (Essien, 2014). Studies on burnout have related it with fatigue and physical exhaustion resulting from work-overload factor in many organizations (Caplan and Jones, 2005).

Other possible factors of fatigue investigated were; not getting enough sleep/rest, not eating balanced diet, and taking much alcohol or drugs (Essien, 2014).

2.6 Stress Management and Coping Techniques

Stress management is a term used for all activities aimed at controlling stress. It includes efforts to identify, prevent and reduce stressors in the workplace and to assist employees affected by or at risk of stress (Health Safety Executive, 2012). Stress coping strategies refer to the specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce, or minimize stressful events. There are many causes of work-related stress and individuals employ different stress coping strategies to manage that stress (Health Safety Executive 2012). Though people do deal with stress in many ways, it is important to recognize that not all coping strategies are positive or constructive (Olowogbon, 2014). A person's awareness of the level of stress and the coping strategies are more important than the type of pressure one faces in his or her workplace as these can help ameliorate or deteriorate one's health (Agbatogun, 2010).

Management of stress is the ability of an individual/executive to control stress or reduce it to the lowest level. It has been found that a number of individuals adopt different

coping methods and behaviour in managing stress. These actions range from dangerous, through antisocial and strange, to absolutely normal (Andohol, and Asom, 2012). Managers and supervisors need to be aware that employees whose performance at work deteriorates or whose behaviour becomes erratic may be suffering with stress. Employees may display a variety of symptoms, and a discernable change in their conduct such as absenteeism, reliability, inability to meet deadlines, violent or aggressive behaviour, mood swings, irrational behaviour, depression, drinking or taking drugs (prescribed or not) where their impact is felt at work (HSE, 2012).

Research also shows that financial struggles strain individuals' cognitive abilities, which could lead to poor decision-making and may perpetuate their unfavorable financial and health situations. On the management of stress or strategies adopted towards managing stress, a study conducted by Andohol and Asom (2012) revealed that:

- 10% of the target audience adopted dangerous coping behaviours which include excessive drinking of alcohol, smoking, over eating and the use of dangerous or narcotic drugs such as cocaine and heroine and marijuana.
- 55% adopted anti-social coping behaviours in managing stress. This include, not wanting to communicate with others, aloofness and lack of interest in others except themselves, and aggressive behaviour.
- 35% adopted strange coping behaviours in the management of stress. These behaviours include gum chewing, biting ones finger nails, singing especially at odd times and in odd places, drinking too much water, collecting papers and tearing them simultaneously, walking up and down in a room.

On stress avoidance strategies the study revealed that:

- 52% of physiological or physical strategies are adopted to avoid stress from manifestation. This includes spiritual and physical exercise, laughing, resting and relaxation, taking balanced diet, constant medical check-up.
- 42% of psychological strategies are adopted as stress avoidance. These strategies include, determination of job objectives, description and assignment of

responsibilities, improvement in work place communicating and socialization, seeking counseling and guidance.

The American Psychological Association suggests a range of ways that a company's culture can be changed to help reduce stress such as:

- i. Ensuring that workloads are in line with workers' capabilities and resources.
- ii. Designing jobs to provide meaning, stimulation and opportunities for workers to use their skills.
- iii. Clearly defining workers' roles and responsibilities.
- iv. Giving workers opportunities to participate in decisions and actions affecting their jobs.
- v. Improving communications to help reduce uncertainty about career development and future employment prospects.
- vi. Providing opportunities for social interaction among workers

Another approach to solving the stress problem is the preventive approach and it involves three stages which are:

- The primary prevention,
- The secondary prevention,
- The tertiary prevention.

Primary prevention deals with the causes of stress within an organization in order to reduce or eliminate them completely. For example, this type of strategy would reduce work overload, improve communication or increase participation in the decision-making processes within the organization (Brun, 2005).

Secondary prevention strategies that deal with the personal characteristics and mechanisms of individuals. The idea is to give these individuals the tools needed to deal more effectively with stress. These strategies do not address the causes of stress, but aim

to reduce the effects of stress on the individual. For example, these strategies could involve teaching individuals how to better manage their stress and time or to make better lifestyle choices (Brun, 2005).

Tertiary prevention comes into play at the point when the individual is experiencing work related mental health problems. This level of prevention influences the consequences of exposure to stress. Tertiary prevention strategies will result in a reduction of an individual's suffering and an improvement in his health. This may include consultations with a psychologist to obtain support and active listening or a policy to allow an individual who is on leave due to a mental health problem to gradually return to work (Brun, 2005).

2.7 Contextualized model on causes and consequences of work-related stress

Stress reactions may result when people are exposed to risk factors at work. Reactions may be emotional, behavioural, cognitive, and/or physiological in nature. When stress reactions persist over a longer period of time, they may develop into more permanent, irreversible health outcomes, such as chronic fatigue, musculoskeletal problems or cardiovascular disease. Bankers who are victims of prolonged exposure to job stress usually complain of anxiety, depression, fatigue, irritability, ulcer, back/ muscular pain and headache to be common among bank workers in Nigeria. (Essien, 2014).

Individual characteristics such as personality, values, goals, age, gender, level of education, and family situation influence an individual's ability to cope with demands imposed upon him or her. These characteristics may interact with risk factors at work and either exacerbate or buffer their effects. Physical and psychological characteristics, such as physical fitness or a high level of optimism, can act as precursors or buffers in the development of stress reactions and mental health problems (WHO, 2004). The socio demographic characteristics, lifestyle, and presence or absence of social support will influence the reaction of individual bank workers to stress.

Living and working conditions and country's level of development

Invariably, workers have to deal and interact with family and other social situations. Resources to adequately face family and social responsibilities and to ascertain a good quality of the worker's stress coping technique depend on the level of literacy, level of income and level of social infrastructure, given by the level of any country's development, as well as the understanding and provisions made by employers to deal with family and other social matters. On the other hand, quality of work is also determined by the level of development of the given country.

The national situation sets norms and values that will pertain to work and to the situation at home and not only reflect cultural values, but include other issues like demographic developments and the economic situation reflected by the degree of employment, job opportunities, technological developments and legislative issues. Although the individual may influence the organization and the organization may influence the national level, the 'higher' level will often be more powerful than the 'lower' level; the individual level is the lowest one in this hierarchy (WHO, 2004). Thus, bank employees usually exercise little control over circumstances surrounding their work and social life. Job stress can be most daunting due to its possible threats to family functioning and individual performance. Job related stress can create a difference between demands on families and the ability of families to provide material security for them (Shahidet *al.*, 2011). This is illustrated in Figure 2.0.

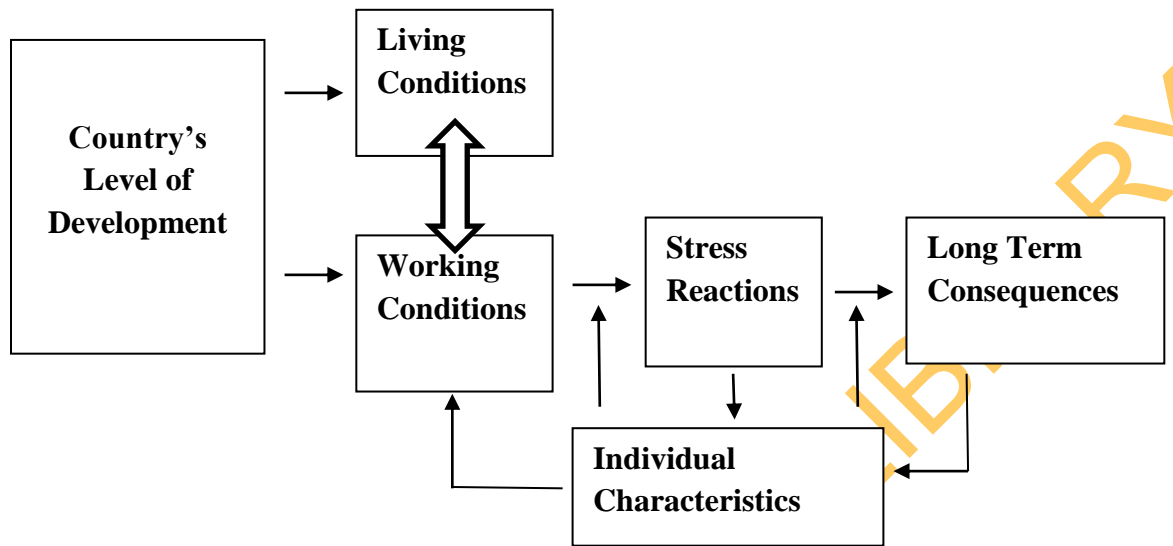


Figure 2.1: Contextualized model on causes and consequences of job stress(Source: WHO, 2004)

2.7 Workplace Health Promotion and the Banking Sector in Nigeria

The workplace, along with the school, hospital, city island and marketplace, has been established as one of the priority settings for health promotion in the twenty-first century. The workplace directly influences the physical, mental, economic and social wellbeing of workers and in turn the health of their families, communities, and society (WHO 2015).

There are currently twenty commercial deposit banks in Nigeria. The Central Bank of Nigeria (CBN) is at the pinnacle of the banking system and it is primarily responsible for formulating and enforcing policies, monitoring and evaluating the banking system to ensure that banks comply with monetary, credit and foreign exchange guidelines. Due to the sensitivity of the industry and its centrality to the development of the nation, the banking industry is consistently monitored and its activities highly regulated. The industry is fast paced and highly competitive hence a lot of pressure is exerted on the staff so they can meet up with the ever dynamic demands.

Regrettably, the concept that the workplace is an important arena for health campaigns of many kinds, as well as basic occupational health and safety programmes is not yet widely accepted (WHO 2015), as it is the case in Nigeria as well. The Nigerian banking system is risk averse, hierarchical, centralised, authoritarian, and non-consultative, hence bank employees, being part of this type of work setting can have their individual sense of freedom, autonomy and identity threatened, moreover, their lack of participation in decision making activities usually result in negative psychological moods (Oke and Dawson 2008). Security of employment is no longer assured and the peculiar organisational culture resulting from this, coupled with other environmental factors, such as, life expectancy and an absence of property ownership, make job stress prevalent among bankers (Oke and Dawson 2008).

The concept of the health promoting workplace (HPW) is becoming increasingly relevant as more private and public organisations recognize that future success in a globalizing marketplace can only be achieved with a healthy, qualified and motivated workforce. A HPW can ensure a flexible and dynamic balance between customer expectations and

organization skills on one hand and employee skills and health needs on another hand (WHO, 2015).

Workplace health promotion is a combination of company and individual initiatives. It is achieved through a combination of improving the work organisation and working environment and promoting the active participation of employees in health activities. It is focused on both the business and the individual employee. An example would be the business managing stress from an organizational viewpoint but also assisting employees to identify and cope with stress in their lives. Workplace health promotion initiatives support individuals in acquiring healthy behaviour patterns, which will lead to an improved state of health (Health and Safety Authority, 2010)

A number of benefits are associated with workplace health promotion, including:

- Improved employee satisfaction
- Increased productivity
- Healthier workplace
- Improved morale
- Fewer absences from work
- Reduced health risks
- Reduced medical costs
- Reduced staff turnover

There are various types of workplace health promotion activities, including:

- Company measures to improve the working environment and enhance health, for example manual handling and display screen assessments, stress audits or a work-life balance policy
- Education and awareness for employees about health topics such as smoking, alcohol, healthy eating, exercise, stress, heart disease, diabetes and cancer
- Health screening, including completion of a lifestyle questionnaire, measurement of blood pressure, cholesterol, body mass index and blood and urine tests

- Providing healthy food options in canteens or subsidised healthy food such as fruit
- Encouraging employees to exercise during their lunch break
- Supporting employees to join a gym or sports club
- Supporting employees with health insurance and GP visits (Health and Safety Authority, 2010).

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2.8 Conceptual Framework

The growing increase in lifestyle-related health problems has motivated a shift from treatment-and-prescription centric (reactive) healthcare system to a patient-centric (proactive) system that is based on prevention and promotion of healthy behavior around the world (Orji, Vassileva, and Mandryk, 2012). The Health Belief Model (HBM) was used in this study as it is a theoretical framework that explains preventive health behaviour.

HBM was developed to help understand why people did or did not use preventive services offered by public health departments in the 1950s and has evolved to address newer concerns in prevention and detection (e.g., mammography screening, influenza vaccines) as well as lifestyle behaviors (Glanz and Bishop, 2010). It addresses problem behaviors that evoke health concerns. It postulates that an individual's likelihood of engaging in a health related behavior is determined by his/her perception of the following tenets: Perceived susceptibility, perceived severity, perceived benefit, perceived barriers, cue to action, and self-efficacy.

Theoretical Constructs

The following four perceptions serve as the main constructs of the model: perceived seriousness/ severity, perceived susceptibility, perceived benefits and perceived barriers. Each of these perceptions, individually or in combination, can be used to explain health behaviours. More recently, other constructs have been added to the HBM; thus, the model has been expanded to include motivating factors cues to action and self-efficacy. (Orji, Vassileva, and Mandryk, 2012).

Perceived seriousness/ severity

The construct of perceived seriousness speaks to an individual's belief about the seriousness or severity of a disease. While the perception of seriousness is often based on medical information or knowledge, it may also come from beliefs a person has about the difficulties a disease would create or the effects it would have on his or her life in general.

Perceived susceptibility

Personal risk or susceptibility is one of the powerful perceptions in prompting people to adopt healthier behaviour. It is only logical that when people believe they are at risk for a disease, they will be more likely to do something to prevent it from happening. But when people believe they are not at risk or have a low risk of susceptibility, unhealthy behaviour tends to result.

Perceived benefits

The construct of perceived benefits is a person's opinion of the value or usefulness of a new behaviour in decreasing the risk of developing a disease. People tend to adapt healthier behaviour when they believe the new behaviour will decrease their chances of developing a disease.

Perceived barriers

This construct addresses the issue of perceived barriers to change. This is an individual's own evaluation of the obstacles in the way of him or her adopting a new behaviour. In order for a new behaviour to be adopted, a person needs to believe the benefits of the new behaviour outweigh the consequence of continuing the old behaviour. This enables barrier to be overcome and the new behaviour to be adopted.

Modifying factors

The four major constructs of perception are modified by other variables, such as culture, age, education level, past experiences, skill, motivation etc. These are individual characteristics that influence personal perception.

Cues to action

In addition to the four beliefs or perception and modifying variables, the HBM suggests that behaviour is also influenced by cue to action. Which are events, people or things that move people to change their behaviour.

Self-efficacy

This is the belief in one's own ability to do something. People generally do not try to do something new unless they think they can do it. If someone believes a new behaviour is useful (perceived benefits), but does not think he or she is capable of doing it (perceived barrier), chances are that it will not be tried.

2.8.1 Application of Health Belief Model to Coping Techniques of Bankers

Perceived Severity: If bank workers believe that job stress is a serious health problem and unhealthy coping techniques can compound the problem, they may seek healthful ways of reducing and coping with stress. The perception of severity of a disease often depends on medical information or knowledge, however, it can also be based on the beliefs a person has about the difficulties a disease could create to his life and work as well as the economic cost of the disease.

Perceived Susceptibility: If bank workers believe they are at risk of stress related illnesses such as hypertension, ulcer, burnout etc. they are likely to adopt more healthful ways such as getting enough sleep, exercising etc. to manage stress but if they feel they are not at risk, they may likely not avoid stressors and unhealthy coping techniques such as smoking and drinking caffeine. The greater the perceived risk of contracting an illness, the greater the likelihood of bank workers to engage in behaviours aimed at decreasing the risk.

Perceived Benefits: These refer to the bank workers' opinion of the value or usefulness of a new behaviour in decreasing the risk of developing diseases. People tend to adopt healthier behaviours when they believe the new behaviour will decrease their chances of developing diseases. If bank workers feel that avoiding stressors and excessive alcohol, exercising and getting enough sleep is beneficial to their health, they are likely to adopt a positive health behaviour more especially if the perceived benefits outweigh the perceived barriers.

Perceived Barriers: This is an individual's own evaluation of hinderances in the way of him or her adopting a new behaviour. These are perceived obstacles to the adoption of healthful stress coping techniques and general management of stress. In order for a new behaviour to be adopted, a person needs to believe the benefits of the new behaviour outweigh the consequences of continuing the old behaviour (Center for Disease Control and Prevention, 2004). If these perceived barriers outweigh the perceived benefits, it is unlikely that bank workers will adopt healthful stress coping behaviours. These barriers

may include difficulty with starting a new habit or behaviour, embarrassment, company policy, rules and regulations, and environmental factors which may be beyond their control.

Self-Efficacy: This refers to bank workers' confidence in their ability to be able to prevent and manage stress in a positive ways, as well as adopting healthful coping techniques such as getting enough sleep, getting adequate nutrition, exercising, participating in sports, observing break times during office hours etc.

Modifying Factors : These refer to the bank workers' individual characteristics that modify the other constructs of perception. These include culture, age, level of education, past experiences, skill, wages, marital status, and motivation that influence their personal perception. For example, an older bank employee who had been treated for high blood pressure may have a heightened perception of susceptibility to hypertension, hence adopt more healthful coping technique. Conversely, a young bank employee who has never experienced a peptic ulcer would have a diminished perception of severity of the ailment and would not see the necessity to consume breakfast before resuming at work in the morning.

Cue to action: These are the stimulus needed to trigger the decision making process to accept the recommended health action. These cues can be internal such as headache, ulcers, insomnia, backache, high blood pressure etc. These cues can also be external such as illness or death of a colleague, advice from doctor, newspaper article, mass media commercials and advice from social support groups and various types of workplace health promoting activities. All these factors can positively influence the attitude and decision of bank workers to adopt a healthful way of coping with stress.

A bank employee's motivation to adopt healthful stress coping techniques would depend on specific attitudes such as his/her perceived susceptibility to ill health due to stress, how severe he/she perceives the illness to be- the financial and mental costs of the illness, the perceived benefits of adopting a healthy lifestyle, and perceived barriers to the development of the intended lifestyle.

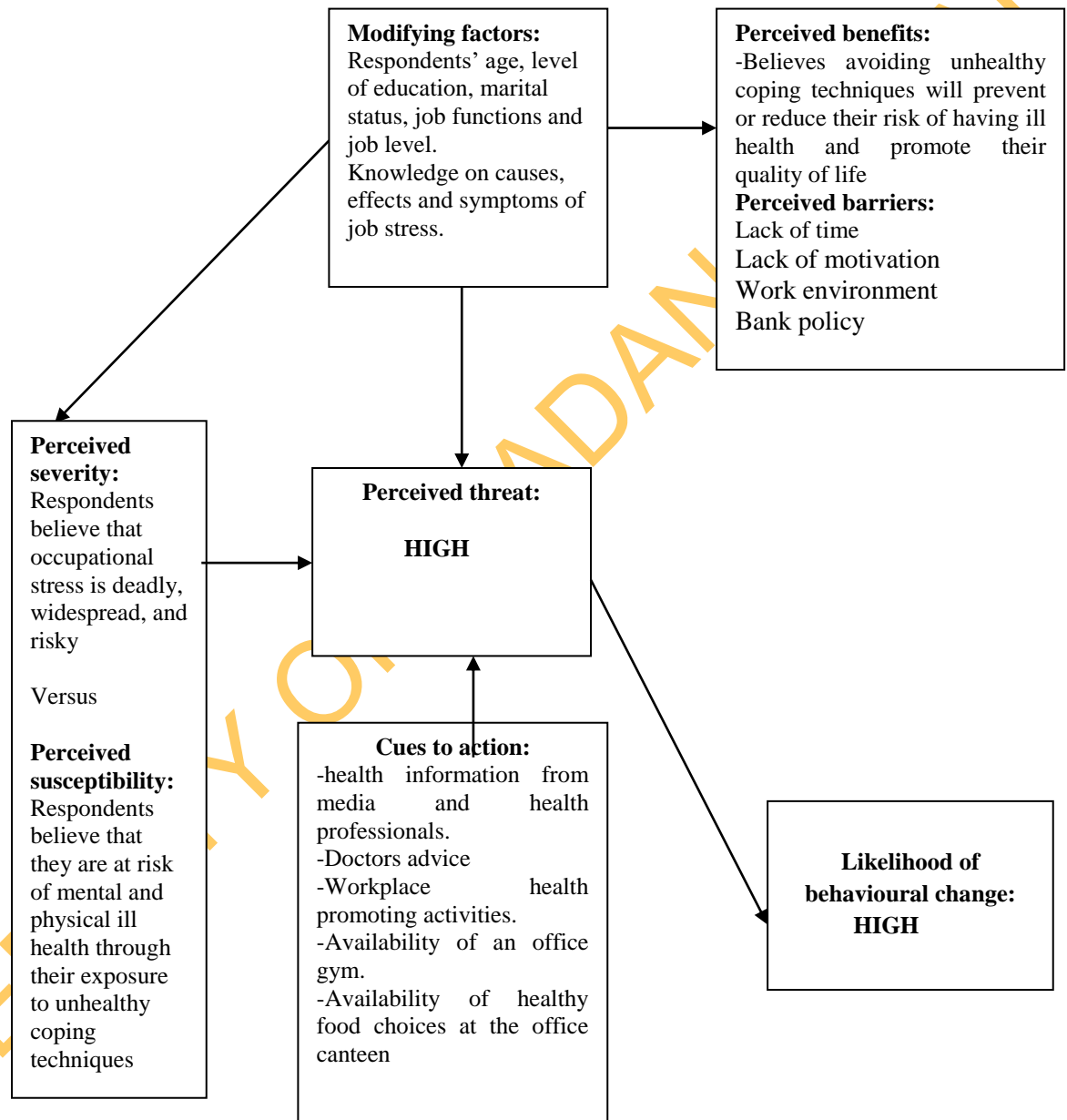


Figure 2.2 Conceptual framework of the Health Belief Model

CHAPTER THREE

METHODOLOGY

3.1 Study Design

The study was a descriptive and cross-sectional design. It investigated the stress coping techniques of bank workers as well as the peculiar factors within the banking sector that predisposes workers to occupational stress.

3.2 Description of Study Site

Ibadan-North local government area in Ibadan, Oyo State, has its headquarters at Agodi and it consists of 12 wards with an area of 27km² and a population of 306,795 according to the 2006 census. It is an important commercial and administrative area in Ibadan and it comprises a number of institutions which include the State Secretariat, University of Ibadan, The Polytechnic Ibadan, Nigerian Television Authority (NTA), various banks, churches, mosques, schools, gyms and fitness centres.

Also, Ibadan North is home to people from all walks of life- ranging from the high income and the middle class areas of Bodija and Ashi to the low income areas of Yemetu. There is a large number of supermarkets, convenience stores, pharmacies, and the famous Bodija market catering for the daily domestic needs of its residents. The major religions practiced are Christianity and Islam although some indigenes do practice traditional religion.

The relaxation centres within this Local government area include Agodi gardens, Ventura mall which features a cinema and various fun spots within the mall, the zoological garden in the University of Ibadan and the botanical garden, also situated in the University of Ibadan. Other places of relaxation are various eateries, several night clubs, bars and hang outs.

Ibadan North is a hub of commercial activities and all major banks and finance houses have at least a branch in this Local Government Area. This evidently indicates that there is a substantial number of bank workers in this area. Furthermore, the proximity of a

large number of fast food eateries, food canteens and bars to these banks suggests high patronage from bank workers and sheds some light into the lifestyle of these bank workers. Hence the area was suitable for capturing the stress coping techniques of bank workers.

3.3 Study Population

The study population consisted of white-collar (professional, administrative, or managerial) employees presently working in different selected banks in Ibadan North Local government area at the time of study.

3.3.1 Inclusion criteria

All eligible white-collar bank workers who gave their consent were included in the study.

3.3.2 Exclusion criteria

Interns and members of the National Youth Service Corps were excluded from the study. Also blue-collar (manual, maintenance, security) employees, as well as non-consenting eligible white-collar bank workers were excluded in the study.

3.4 Determination of Sample Size

According to a study conducted in Lagos by Olatona, *et. al.*, 2014 among bankers in Lagos, the prevalence of work related stress among bankers was 91.7%. Based on this rate, the sample size was calculated using the formula:

$$n = \frac{z^2(pq)}{d^2}$$

Where n = Sample size

p = Assumed prevalence of disease or health condition

q = 1-p

d = Maximum sampling error allowed (0.05)

$$\therefore n = \frac{1.96^2 \times (0.917 \times 0.083)}{0.05^2}$$

=117 respondents

The minimum sample size for the study was 117. However the sample size of 140 was employed for this study. This was to cover for possible no responses and loss of questionnaires.

3.5 Sampling Procedure

A three-stage sampling was employed to select 140 respondents from the bank workers population in Ibadan North.

In the first stage, a branch of each of the banks among the 34 banks in the local government was randomly selected. The banks included Access Bank, Skye Bank, First Bank, Heritage Bank, Union Bank, United Bank for Africa (UBA), Keystone Bank, Unity Bank, First City Monument Bank (FCMB), Zenith Bank, Diamond Bank, Fidelity Bank, Guaranty Trust Bank (GTB), Ecobank, and Stanbic IBTC.

In the second stage, 85% of the banks were randomly selected so as to ensure adequate representation of the sample population. The randomly selected banks were Access Bank, Skye Bank, First Bank, Heritage Bank, Union Bank, United Bank for Africa (UBA), Keystone Bank, Unity Bank, FCMB, Zenith Bank, Diamond Bank, Fidelity Bank.

In the third stage, purposive sampling was used to select available and consented respondents in each of the selected banks.

3.6 Data collection instrument

A quantitative approach of data collection was employed for this study. Semi structured self-administered questionnaires with five sections were used for data collection.

Section A contained questions that captured the socio-demographic characteristics of the respondents.

Section B contained questions that aimed at assessing the knowledge of the respondents about occupational health. A 12-point knowledge scale was used to assess the level of knowledge of respondents about job stress. Scores ranging from $0 \leq 3$ indicated poor knowledge, scores ranging from $>3 \leq 8$ indicated fair knowledge and scores ranging from $>8 \leq 12$ indicated good knowledge.

Section C encompasses questions that captured the peculiar stressors in the banking sector. A 10-point stress scale adapted from stress questionnaire by International Stress Management Association (ISMA) UK was used to assess the stress level of the respondents and scores ranging from $0 \leq 3$ indicated low stress level, scores from $>3 \leq 7$ indicated moderate stress level, while scores ranging from $>8 \leq 10$ indicated high stress level.

Section D contained questions aimed at identifying the health promotion strategies put in place by banks to reduce stress of workers.

Section E comprised questions that identified the stress coping techniques of respondents.

3.7 Validity of data collection Instrument

To ensure the validity, the questionnaire was designed based on the objectives of the study after extensive literature review on the subject matter was conducted. Furthermore, draft questionnaire was subjected to peer, public health professionals', and supervisor's review.

3.8 Reliability of data collection Instrument

Reliability of the questionnaire was determined by pretesting 10% of the sample size in banks at Dugbe, Ibadan North-West Local Government Area. The data collected were analysed and internal consistency of the instrument was tested using the Cronbach's alpha which generated the coefficient of 0.80. This result aided in the modification of the instrument where it was deemed necessary before the final administration of the questionnaire.

3.9 Data Collection Procedure

The questionnaires were administered to a sample (140) of the study population at the selected banks. The Branch Managers of each selected banks was approached and permission to carry out the study in their banks was taken. The Heads of Operations and Heads of Marketing of the banks were also informed of the purpose of the study. Respondents were approached daily after close of business and were given an

explanation about the aim and objectives of the study and were further asked for their informed consent to participate in the study. Two well-trained research assistants administered the questionnaires under the supervision of the investigator. The investigator also participated in the process of data collection. Each interview lasted for about 20 minutes and the data collection process lasted for a period of three (3) weeks.

The challenges faced during the data collection stemmed majorly from the very busy schedule of the bank workers. In addition to that, some of the bankers complained of being too tired to participate in the study after working hours. To overcome these challenges, we appealed to the Branch Managers to entreat the consenting bank workers to create time to fill the questionnaires.

3.10 Ethical Consideration

Ethical approval was obtained from the Oyo State Ministry of Health Ethics Review Committee in Ibadan North Local Government Area. Additionally, a written informed consent of each respondent was sought before administration of questionnaire. Ethical consideration was ensured at every stage of the research: methodology, data collection and management, as well as during respondents' enrollment. Participation in the study was absolutely voluntary.

3.11 Data Management

The administered questionnaires were checked for completeness and accuracy after retrieval on the field. Thereafter, serial number was assigned to each of the questionnaire to facilitate easy identification and for correct data entry and analysis. A coding guide was developed to code the completed questionnaires, after which they were entered into computer.

3.12 Data Analysis

The data were analysed using SPSS version 20. The data were subjected to descriptive statistic (frequency, percentage and mean) and inferential statistics (Chi-Square test). Statistical difference was determined at a confidence interval of 95% and Pearson's

correlation value less than 0.05($p < 0.05$) was considered significant. Results were generated and presented in appropriate tables and charts.

3.13 Study Limitations

The limitations of the study were that the study was conducted among selected banks in Ibadan North with a sample size of one hundred and forty respondents and this may not be a true representation of the situation of bankers all around Nigeria, hence the results of the study cannot be generalised. Also the investigator could not verify the responses given by the respondents thereby relying only on what the respondents disclosed or reported. Some of the responses could have been influenced by Hawthorne effect and respondents might have not provided correct responses to some of the questions. Furthermore, the study used a self-administered questionnaire where recall bias may have affected some responses on the health promoting strategies to reduce stress in the work place.

CHAPTER FOUR

RESULTS

4.1 Respondents' Socio demographic Information

The age range of the respondents fell between 21 to 46 years and the mean age was 30.7 ± 5.1 . Half (50.0%) of the respondents were females. A larger proportion of the respondents (55.0%) were married while some (42.9%) were single and a minimal proportion (2.1%), were divorced. Most (84.3%) of the respondents were of Yoruba ethnicity, 8.6% were Igbos, and Hausas and Isokos made up 1.4% each. Majority (77.1%) of the respondents were Christians while some(21.4%) were Muslims. Only 10.0% of the respondents were in the top level management, some (45.7%) were in the midlevel, and others(42.1%) are in the low level management. A large percentage (60.9%) of the respondents had their job function under the operations unit, less than one third (29.3%) were in the marketing unit, and a lower proportion (6.1%), were in the administrative unit.

Table 4.1: Respondents' socio demographic characteristics

Characteristic	Frequency	Percentage %
Bank		
Skye Bank	12	8.5
Wema Bank	11	7.9
Access Bank	11	7.9
First Bank	11	7.9
Heritage Bank	10	7.0
Union Bank	11	7.9
UBA	11	7.9
Keystone Bank	10	7.0
Unity Bank	9	6.4
FCMB	11	7.9
Zenith Bank	11	7.9
Diamond Bank	11	7.9
Fidelity Bank	11	7.9
Total	140	100
Age (years)		
21-25	22	15.7
26-30	52	37.1
31-35	48	34.3
36-40	13	9.3
41-45	4	2.9
46-50	1	0.7
Total	140	100

Management hierarchy

Top level management	16	11.4
Mid level management	64	45.7
Low level management	60	42.9
<hr/>		
Total	140	100

Job function

Operations	85	60.7
Marketing	44	31.4
Administrative	11	7.9
<hr/>		
Total	140	100

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4.2 Respondents' knowledge of job stress

Half of the respondents (50.0%) demonstrated poor knowledge of causes, symptoms, and effects of job stress, less than half (42.9%) had fair knowledge, and a minority (7.1%) had good knowledge of job stress. The mean knowledge score was 5.7 ± 1.4 . Causes of job stress identified by respondents included demands of the job, excessive workload, working long hours, unrealistic targets, etc. with 'excessive workload' as the cause with the highest frequency (23.6%). This is followed by 'demands of the job' (15.0%), then 'working long hours' (12.9%), and 'unrealistic targets' (6.4%). Other causes of job stress identified by the respondents are shown in Table 4.2 below. Effects of job stress on physical health identified by respondents included fatigue (14.3%), headache (14.3%), general body ache (10.7%), high blood pressure (3.6%). Details of other effects of job stress mentioned by respondents are shown in Table 4.2 below. Effects of stress on mental health recognised by participants included short memory (8.5%), lack of concentration (7.6%), depression (4.3%), nervous breakdown (2.1%), aggressiveness, (3.6%). Symptoms of job stress identified by the respondents included fatigue (23.6%), headache (12.6%), body ache (10.7%), errors on job (5.0%), blood shot eyes (4.3%).

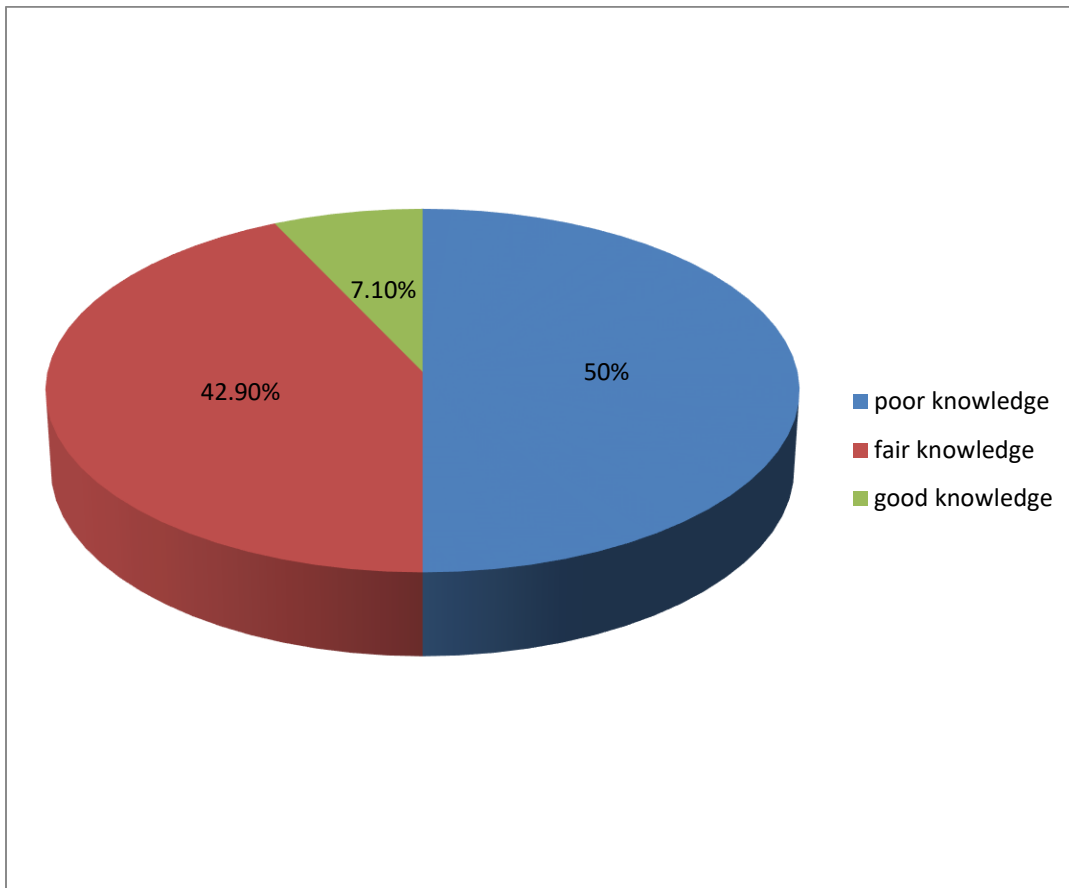


Figure 4.1 Knowledge of respondents on job stress

Table 4.2: Knowledge of respondents on causes and effects of Job stress

Variable	Frequency	Percentage %
Causes of job stress		
Excessive work load	33	23.6
Demand of job	21	15.0
Working long hours	18	12.9
Unrealistic target	9	6.4
Role ambiguity	2	1.4
Hostile work environment	3	2.1
Difficult superior	3	2.1
Uncooperative colleagues	3	2.1
Angry customers	2	1.4
Shortage of staff	3	2.1
Effects on physical health		
Fatigue	33	23.6
Headache	18	12.6
Body ache	15	10.7
Errors on the job	7	5.0
Blood shot eyes	6	4.3
High B.P	5	3.6
Ulcer	8	5.7
Effects on mental health		
Short memory	12	8.5
Lack of concentration	11	7.6
Nervous breakdown	3	2.1
Aggressiveness	5	3.6
Depression	6	4.3
Reduced productivity	5	3.6
Insomnia	9	6.4

4.3 Peculiar Stressors in the banking sector

Majority (80.7%) of the respondents affirmed that they usually work overtime. A large proportion of the respondents (71.4%) opined that they do not get enough sleep. More than half (58.6%) of the respondents did not observe break times during office hours and 40% agreed that they did. Few of the respondents (22.9%) however, took office work home and majority(76.4%) claimed not to. More than half (61.4%) of the respondents agreed that they had enough time to get their work done properly. About one third(42.1%) of the respondents were of the opinion that they were exposed to unfavourable physical conditions at work while some (56.4%) were of the opinion that they were not. Majority (91.4%) of the respondents affirmed that they worked long hours, majority (82.1%) also agreed that they have experienced fatigue as a result of stress posed by their job. A large proportion (82.1%), of the respondents agreed that they receive enough information to do their work properly. Almost half (45.0%) of the respondents felt their targets are unrealistic.

Table 4.3 Respondents' response to peculiar stressors in banking sector

Questions	Yes (%)	No (%)
Do you usually work overtime?	113 (80.7)	24 (17.1)
Do you get enough sleep?	39 (27.9)	100 (71.4)
Do you observe break time(s) during office hours?	56 (40.0)	82 (58.6)
Do you take unfinished office work home?	32(22.9)	107 (76.4)
Do you have enough time to do your work properly?	86 (61.4)	52 (37.1)
Are you exposed to unfavourable physical conditions at work?	59 (42.1)	79 (56.4)
Do you work long hours?	128 (91.4)	8 (5.7)
Have you ever experienced fatigue as a result of stress caused by your job?	115(82.1)	17(12.1)
Do you receive enough information to do your work properly?	115(82.1)	23(16.4)
Do you feel your targets and deadlines are unrealistic?	63(45.0)	68(48.6)

***Non responses were excluded**

4.4 Health Promotion Strategies in the work place

More than one third(42.9%) of the respondents attested that there is a written corporate statement on work health promotion seen by all members of the work force in everyday work. Less than half (45.0%) of the respondent agreed that there are resources allocated for work health promotion. When asked if health promotion is taken into account during training and retraining, some (45.7%) of the respondents said no while others (42.1%) were of the opinion that they were taken into account. More than half (57.9%) reported that every staff has access to important health related facilities. Some (49.3%) of the respondents opined that staff are given the opportunity to actively participate in health related matters while less(42.0%) were of a contrary opinion. Morethan one third(37.9%) of the respondents reported that work is organised so that staff avoid being continually overtaxed, half(50.0%) of the respondents disagreed to the question. With respect to the question about the organization supporting compatibility of working life with family life, half (50.0%) of the respondents disagreed while some (41.4%) agreed.

Table 4.4 Respondents' response to health promotion strategies in workplace

Questions	Yes (%)	No (%)
Is there a written corporate statement on work health promotion which is visibly experienced by all members of workforce?	60 (42.9)	63 (45.0)
Are there resources allocated for work health promotion?	63 (45.0)	67 (47.9)
Is work health promotion taken into account during training and retraining?	59 (42.1)	64 (45.7)
Does every staff have access to important health related facilities?	81(57.9)	48 (34.3)
Are staff given opportunity to actively participate in health related matters?	69 (49.3)	59 (42.1)
Is work organized so that staff avoid being continually overworked?	53(37.9)	71(50.7)
Does the organisation support compatibility of working life and family life?	58(41.4)	70(50.0)

***Non responses were excluded**

4.5 Stress Coping Techniques among Bankers

When the respondents were asked if there were specific ways used to cope with stress encountered at work, half (50.0%) affirmed that there were. When further probed about their coping techniques, 8.6% stated that they listen to music, 5.7% stated that they take out time to relax, 2.1% stated that they take drugs. Other coping techniques mentioned included taking alcohol (1.4%), planning work ahead of time (1.4%). When asked if respondents discuss stressful situation with anyone, a large proportion (60.7%) responded that they do. When further asked with whom they discussed stressful situations, some 22.9% and 8.6% respectively stated that it is their spouse and friends, few (2.9%) stated their doctors, and others(8.6%) stated their colleagues. Other people with whom respondents reportedly shared stressful situation include girlfriend, fiancé, superiors etc. Coping techniques reported by respondents include listening to music, exercise, alcohol consumption after work, tobacco smoking after work, watching television. The stress coping techniques among bankers is represented in Table 4.5.

Table 4.5: Stress coping techniques of respondents (n = 140)

Variable	Frequency	Percentage %
Listening to music*	99	70.7
Exercise*	60	42.9
Drinking alcohol	22	15.7
Smoking tobacco	5	3.6
Watching television/movie*	100	71.4
Pray*	110	78.6
Become aggressive	28	20.0
Take tranquilising drug	18	12.9
Drive fast in car	18	12.9
Visit a place of recreation*	88	62.9
Take a walk/stroll*	90	64.3

** Multiple responses were included

*Good coping techniques

4.6 Test of Hypotheses

Hypothesis 1: the null hypothesis stated that there is no relationship between the gender of bank workers and their corresponding stress level. The Chi square test analysis showed that more male bank workers (5.7%) were highly stressed than female bank workers (4.3%) and more females experienced low stress level than males (3.6%). The difference in the level of stress of female and male bank workers is statistically significant ($p < 0.05$). Thus the hypothesis that there is no relationship between the gender of bank workers and their corresponding stress level was rejected.

Hypothesis 2: the null hypothesis stated that there is no relationship between the level of knowledge of bank workers on job stress and their corresponding level of stress. The result of the Chi square analysis showed that none of the respondents with good knowledge were highly stressed and respondents with poor knowledge had the highest frequency in all levels of stress. However, the difference between the level of knowledge and the level of stress is not statistically significant ($p > 0.05$). Thus the hypothesis that there is no relationship between the level of knowledge of bank workers on job stress and their corresponding level of stress was accepted.

Hypothesis 3: the null hypothesis stated that there is no relationship between the management hierarchy of bank workers and their corresponding level of stress. The Chi square analysis revealed that although all top management staff was either moderately stressed or highly stressed and none experienced low level of stress, the difference between the job level of bank workers and their corresponding level of stress is not statistically significant ($p > 0.05$). Hence, the hypothesis that there is no relationship between the job level of bank workers and their corresponding level of stress was accepted.

Table 4.6.1: Relationship between the gender of bank workers and their corresponding stress level.

Gender	Level of stress			Total	X ²	Df	p value
	Low (%)	Moderate (%)	High (%)				
Male	4	58	8	70	15.40	4	0.04
Female	5	59	6	70			
Total	9	117	14	140			

Table 4.6.2: Relationship between the level of knowledge of bank workers on job stress and their corresponding level of stress

Knowledge level	Level of stress			Total	X ²	Df	p value
	Low (%)	Moderate (%)	High (%)				
Poor	4	59	7	70	1.50	4	0.82
Fair	4	49	7	60			
Good	1	9	0	10			
Total	9	117	14	140			

Table 4.6.3: Relationship between the management hierarchy of bank workers and their corresponding level of stress

Job level	Level of stress			Total	X ²	Df	p value
	Low	Moderate	High				
Top level	0	14	2	16	3.055	4	0.54
Mid level	5	55	4	64			
Low level	4	48	8	60			
Total	9	117	14	140			

CHAPTER FIVE

DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

This chapter is divided into five subsections which are

- Socio demographic information,
- Knowledge about job stress,
- Peculiar stressors in the banking sector,
- Health promotion strategies to reduce stress in the workplace, and
- Stress coping techniques among bank workers.

5.1 Discussion of Findings

5.1.1 Socio demographic information

The age of the respondents in this study ranged from 21 to 46 years with a mean age of 30.7 ± 5.0 years and this revealed that a higher proportion of bankers are young adults. This is similar to the findings of Olatona, Ezeobika, Okafor, and Owoeye(2014) who reported the age range of bank workers to be 20 to 49 with a mean age of 31.3 ± 5.0 years. Majority of the participants were of Yoruba ethnicity, this is due to the fact that the study was conducted in Ibadan, Southwest Nigeria, where there are predominantly Yoruba people. As regards hierarchical level at work, some of the respondents were at the midlevel management, others were at the low level management, and only a handful of the respondents operated at the top level management. A high percentage of the respondents were in the operations which include tellers, customer service representatives, and control and audit officers where balancing of accounts, irate customers, or too many customers, and unfinished office work were reported causes of stress documented during the survey. Some of the respondents functioned under the marketing department and they stated that walking about, unrealistic targets, among others are causes of job stress peculiar to the unit. More than half of the respondents were reported to be married which could serve as social support to help ease the effects of job stress.

5.1.2 Knowledge about job stress

Many of the respondents demonstrated poor knowledge on the causes, effects, and symptoms of job stress. This implied that they were not likely to know healthful techniques to effectively prevent stress or be able to know when their level of stress is increasing above normal range. Some demonstrated fair knowledge of causes, effects, and symptoms of job stress and very few demonstrated good knowledge which indicated the likelihood of managing job stress better. Excessive workload was found to be a major cause of job stress and this concurs with other previous studies conducted within similar population (Olatonaet *al.*, 2014) (Shahidet *al.* 2011). Although, excessive work load is by far the highest cause of job stress identified by the respondents, the causes listed were not limited to the amount of work. Emotional factors such as ‘envious colleagues’ ‘difficult bosses’ ‘uncooperative colleagues’ ‘unfriendly environment’ were among causes of job stress identified by respondents.

Respondents were quick to mention headache and fatigue when asked about the effects of job stress on the physical health. Others also mentioned backache and high blood pressure. These are in agreement with the findings of Essien (2014) who disclosed that backache, headache, muscular pains are all common among bank workers. However when asked to mention the effects of job stress on mental health, many of the respondents did not know what they are. This percentage was quite high and called for more awareness to be raised as regards mental health. Furthermore, there were lots of wrong notions about mental health as some respondents listed headache, body ache, febrile feelings as effects of job stress on mental health. Ironically, previous studies conducted among bank workers in Nigeria has shown that the negative effects of stress on mental health such as anxiety, sleeplessness, depression, irritability, etc. are rampant among bank workers in Nigeria (Olatonaet *al.* 2014)(Essien, 2014). Conversely though, some correctly listed effects such as depression, anxiety, short memory, and loss of concentration as effects of job stress on mental health.

With regards to symptoms of job stress, a wide variety of symptoms were identified by the respondents and these ranged from emotional ailments such as ‘aggressiveness’ ‘mood swings’ ‘errors on the job’ to physical ailments like ‘blood shot eyes’

'hypertension 'fatigue' and 'insomnia'. This suggests that bank workers are quite familiar with symptoms of job stress and these symptoms can serve as cue to action for them to seek healthful coping techniques. The study however revealed that the level of stress of bank workers was not influenced by their level of knowledge. This suggests a gap in their ability to successfully reduce their level of stress based on their knowledge however, this may be due to perceived barriers in the work environment.

5.1.3 Peculiar stressors in the banking sector

Most of the respondents were found to work long hours and many usually worked overtime. This is in agreement with previous studies conducted by (Olatona *et al.*, 2014), Essien (2014), Enekwe (2014), Azad (2014) in which workload has been identified as a major cause of job stress. As reported in Olatona *et al.*, (2014), an average bank worker usually resumed work as early as 7.30am and may not leave the office until late in the evening around 9.00pm. The workload problem as reported by Essien (2014), was as a result of downsizing of the work force in the banking industry where many commercial banks want to achieve much, using fewer hands. The work overload situation among bankers is not peculiar to Nigeria as studies conducted by Khattat *et al.*, (2011), in Pakistan revealed that working long hours and work overload was a major cause of job stress which may lead to physical burnout. Moreover bankers were usually required to sit for long hours attending to customers and this leads to back pain and body ache.

Majority of the respondents stated that they did not get enough sleep when asked about their sleeping pattern. This was as a result of the workload and the obligation to get to work early and leave there late. This in itself can lead to higher levels of anxiety and depression as well as reduced performance as reported by Sattiet *et al.*, (2015). Only about one third of the respondents reportedly observe break times during office hours. This was as a result of a large number of customers in line, waiting to be attended, consequently, there was usually no time to take a break. Sitting long hours in front of computers without taking a break for recreation has been found to be unhealthful leading to increased stress level.

Interestingly, less than one third of the respondents took unfinished office work home. This was probably due to the fact that the accounts need to be balanced daily before they leave the office. While not taking office work home may be advantageous on one hand, it kept them in the office for longer. Only some of the respondents agreed that they had enough time to get their job done properly and a large proportion of the respondents reported being exposed to unfavourable physical conditions at work. This is similar to the findings of Shahid (2011).

Majority of the respondents have experienced fatigue as a result of stress posed by their job. This was corroborated by the findings of Essien(2014) who reported that “many bank employees in Nigeria have been observed to report to duty early, move from offices to offices, and return late, tired and worn out”. This was usually the daily routine of banker workers in the marketing unit so that they can meet their targets. Many of the respondents felt that their targets and deadlines are unrealistic which is similar to findings of Shahid (2011) and Essien (2014). Unrealistic targets raised the level of anxiety of bank workers. Furthermore, exposure to risks due to fund mobilization and customer sourcing were a major factor predisposing bank workers to stress. These contributed to the overall daily stress encountered by the respondents.

5.1.4 Health Promotion Strategies to reduce Stress in the Workplace

When asked if there were resources allocated for work health promotion, a higher proportion felt there were none while others felt there were resources allocated for work health promotion. The implication of this is that many of the respondents were not aware of resources allocated for health promotion in the workplace. Some of the respondents were of the opinion that health promotion was taken into account during training and retraining while a larger proportion did not agree. This indicates that the awareness of any health promotion strategies in the work place is low.

Majority of the respondents agreed that every staff had access to important health related facilities which included breaks, restroom, sport facilities, canteen, etc. however, some were of a different opinion. Many of the respondents reported that staff were given the

opportunity to actively participate in health related matters. It is important that staff participate in health related matter so as to ensure sustainability of any health promoting initiative within the organization.

A large proportion of the respondents believed that work was not organized so that staff avoid being continually overtaxed. This agrees with the findings of Enekweet *al.*, (2014) and Azad (2014). This implied that the respondents were being overtaxed with work. In the study, many of the bank workers stated that their organization did not support compatibility of working life with family life. This was in accordance with the findings of Khattaket *al.*,(2011) and Essien, (2014). It is important to know that a major cause of job stress was the family/work interface

5.1.5 Stress Coping techniques among Bank Workers

Many of the respondents stated that they had specific ways of coping with stress encountered at work and majority had people they discuss stressful situation with- which include colleagues, supervisors, spouse, friends, and family members. This provided social support that helped ameliorate the negative effects of stress they encounter at work. This however contradicts the findings of Shahidet *al.*, (2011) which suggests that bank employees do not discuss stressful conditions due to poor interpersonal relationships. Coping techniques adopted by respondents include listening to music, exercise, praying, drinking alcohol, driving fast in cars, etc. The use of exercise as a coping technique by many of the respondents was consistent with the findings of Olatonaet *al.*, (2014). This may be as a consequence of increased awareness of the benefits of exercise and physical fitness. On the other hand though, negative coping techniques such as alcohol consumption, tobacco smoking, becoming aggressive and driving fast in car still occurred among bank workers. This also was consistent with the findings of Olatonaet *al* (2014). This called for more awareness to be raised about the effects of these negative coping techniques.

5.2 Implications of Study findings for Health Promotion and Education

This study revealed that there is a dearth in knowledge about the causes and effects of job stress on the mental and physical health among this population. The purpose of health promotion is to positively influence health behaviours of individuals and communities as well as the living and working conditions that influence their health. Health Promotion and Education strategies include individual and group health education, training and counseling, audio-visual educational materials development, community development, advocacy, coalition building, social and behavioural change communication.

Training, as a health promotion strategy can be used to build capacity of bank workers to know the healthful stress coping techniques to use. Training in the workplace is encouraged as it helps prevent stress through:

- Making bank workers aware of the signs of stress.
- Using the knowledge of signs of stress to interrupt behaviour patterns when the stress reaction is just beginning. Stress usually builds up gradually (the more stress builds up, the more difficult it is to deal with).
- Analysing the situation and developing an active plan to minimise the stressors.
- Learning skills of active coping and relaxation, developing a lifestyle that creates a buffer against stress.
- Practicing active coping in low stress situations first to maximize chances of early success and boost self-confidence and motivation to continue (Michie, 2002).

Furthermore training the bank workers can help them develop personal skills that will help them to improve theirself-efficacy towards successful prevention and management of job stress. These personal skills include:

- Practicing relaxation techniques such as self-hypnosis, deep breathing etc.
- Indulging in physical activities such as brisk walking in the fresh air.
- Keeping a stress diary so as to become more aware of situations that cause stress
- Time management techniques

The training process can be conducted by health professionals and consultants. To ensure sustainability, training of trainers should be conducted among the bankers.

Awareness of the effects of job stress among bank workers can be raised by incorporating health talks, which address job stress and its attendant physical and mental ailments, into the daily morning meetings at the banks. All members of staff should be encouraged to participate in the health talks as this will enable them to memorise and internalise the instructions given during the health talks.

Behavioural change communication materials such as jingles, messages, and video clips which encourage the adoption of healthy lifestyles and positive stress coping techniques should be prepared and played alongside adverts of new products and services in the banks. This will help reinforce the newly learned positive stress coping behaviours among the bank workers.

Creation of supportive environment as a health promotion strategy needs to be employed in the banking sector. Behaviour change should be made accessible by availability of instrumental supports such as recreation space within work space and emotional support such as counseling at work. This is necessary as educational activities alone cannot effectively reduce the prevalence of job stress. Legislation may be necessary to enforce behavioural change in certain aspects especially within the corporate setting. This may also serve as a cue to action for bank workers to adopt healthful ways of coping with stress. The creation of positive social and environmental condition is the sine qua non of effective mental health promotion.

The perceived barriers to adopting positive coping techniques within the work environment can be addressed through advocacy. Advocacy aimed at building healthy public policy can be made to policy makers in the industry at the strategic and national level to put in place health promotion policies such as regular corporate exercise, breaks, regulated working hours etc. This will further empower bank workers to avoid job stress.

5.3 Conclusion

Majority of the bank workers perceive their job to be stressful, and job stress had negative impact on their health, performance, and output. Majority of the bankers showed poor knowledge of the effects of job stress on mental health. While some were more conversant with the devastating effects of stress on physical health, they did not put much importance on the effects of stress on their mental and social health.

The peculiar stressors in the banking sector stemmed mainly from their workload. This in turn led to working long hours. In addition to that, poor relationship with superiors or colleagues, high targets and deadlines and the stress of commuting to and from work were major contributors to job stress. It is not uncommon to find bank workers finding it difficult to manage work life and family life and this adversely affected their social health. The prolonged work schedule restrained them from relaxing and looking after their families properly. There are no outlined principles on health promotion strategies to reduce job stress in the banks. Hence the banks were not being utilised as potential health promotion settings. Health is created and lived by people within the settings of their everyday life; where they learn, *work*, play, and love (WHO, 1986).

A larger proportion of the bankers practiced good coping mechanism although less than half employ exercise as a coping mechanism. On another hand, a low proportion employ negative coping mechanism such as smoking, drinking alcohol, driving fast in cars and taking tranquilizing drugs, this might affect their health negatively now and in the future.

The findings of this study support the need for effective strategies to reduce the prevalence of job stress among bank workers in Nigeria. Thus to successfully reduce the prevalence of job stress, there is need for partnership and coordinated effort of all stakeholders and policy makers in all sectors and raising the awareness of the general public on the detrimental effects of job stress to physical, mental, and social health of workers.

5.4 Recommendations

The findings obtained in the study has denoted a high level exposure to stressors in the banking sector, relatively low level of knowledge about the causes of job stress and its consequences on the physical, mental, and social health of bank workers. Hence, the following recommendations are made:

1. Health-related programs such as stress management seminars should be organised frequently wherein information about the dimensions of stress, its management, and healthful coping techniques can be disseminated. These will provide opportunities to employees at the workplace to begin, change, or maintain healthy behaviors.
2. Health-related policies that are designed to protect or promote employee health should be displayed and implemented. They will affect large groups of employees simultaneously.
3. Health benefits such as health insurance coverage and other services (for instance supporting workers in joining a gym or fitness club) or discounts regarding health should be prioritized at the banks.
4. Awareness of the deadly effects of job stress should be made among bank workers through health talks and seminars so that their knowledge of job stress and healthful coping techniques can be increased. This will empower them to better manage stress at the individual level.
5. Environmental support such as good parking space, proper air circulation within the banks, reducing overcrowding, etc. should always be ensured so as to protect and promote employee health.
6. Social support such as availability of staff bus, availability of counselors, encouragement from supervisors and colleagues, appraisals and loan opportunities should be given to members.
7. Banks should undertake a periodic stress assessment, identifying the chief stressors prevalent in the organisation, its departments, and divisions.
8. Proper strategies should be made regarding workload, working hours, interpersonal relationships and supervision of bank workers to reduce stress and to better ameliorate the stressful situations.

9. Priority should be placed on creating socially and mentally health promoting environments for bank workers. Avenues where they can lodge complaints, discuss challenges and make suggestions freely will foster emotional wellbeing.

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