

Work Environmental Factors as Correlates of Non-Communicable Diseases: Behaviour Change Communication to the Rescue Among Bank Employees in Nigeria.

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Abstract: *The main goal of this study was to assess the relationship between the work environmental factors and non-communicable ill-health conditions (Repetitive Stress Injuries, (RSI), obesogenic related conditions like overweight and obesity with its attendant consequences and psychogenic health issues) among bank employees in Nigeria. A survey research of correlational type was adopted to evaluate the work-built environment as it relates to self reported ill-health conditions. The sample consisted of 881 bank employees from different commercial banks in Ogun State Nigeria with similar operational model. Mean score and standard deviation was adopted with multiple regression analysis used to determine the level of relationship. Result indicated that there is significant relationship. But psychogenic work environment contribute more significantly to ill-health conditions with $\beta = -.378$; $t = 12.063$; $P < 0.05$ while the obesogenic work environment did not significantly contribute with $\beta = -.1006$; $t = -.182$; P value of .856 is > 0.05 . Our findings showed a clear association between work environment and non communicable ill-health conditions. If the sedentary work, exposure to stringent target, incessant consumption of fast food and fear of job insecurity predisposes to diseases as revealed in the study, the bank work environment can be said not to be completely health friendly. Effective behavioural change communication strategies was suggested to be helpful in promoting activities that can prevent and stem predisposed attendant non-communicable diseases among bank employees in Nigeria.*

Keywords: *Work environment, bank employees, obesogenic work environment, non-communicable diseases, Obesity.*

I. Introduction

The banking sector is one of the sector that is perceived to offer healthy job opportunities for the most intelligent young Nigerians with perceived good work environment for several reason: the workers are housed in a clean air conditioned office, with relatively regular pay, well dressed with opportunity to access loan for personal use and are valued in the society as workers with white collar job. The banking sector in Nigeria since 2005 has continuously undergone and still undergoing reviews and reorganization such as recapitalization and repositioning for improved service delivery. The aforementioned is not without its own challenges for the banks, the regulatory agencies and their employees (Ogunleye, 2005; Ojedokun, 2008). The consolidation of the banks among other issues has increased inter-bank competition, demand for high returns on investment, a need to return highly skilled employees and a bid to avoid the sanctions of the monitoring and regulatory agencies. For the employees, the effects of these incessant changes in policy, is as great as that of the banking industry itself.

The banking sectors adopted sales model strategy which put heavy pressures on the employees to perform better and to meet stringent work targets which are set to justify their pay (Okueso, Awesu, George, Moronkola, and Emeahara, 2009), for example, more than before, Nigerian banks hinge confirmation of appointment, promotion, recognition and remuneration of an employee on how well he / she meets the set stringent job targets. The job targets may increase demand on their time and bring psycho-emotional discomfort which may have negative implications on the health of such employees. The consequences of the aforementioned structural reorganization on the health of the bank employees are numerous, ranging from physical and emotional stress with all its attendant ill-health predisposing indices like repetitive stress injuries (RSI) headache, anxiety, sleeplessness, high blood pressure, palpitation due to job insecurity and failure to meet job target to mention just a few. The work environment of bank workers in Nigeria is highly sedentary, no form of exercise is allowed because workers resume duty between 7am and 8am and closes at around 8pm daily. Also, the commonest available means of feeding is from fast food restaurants that are often located around the bank concentrated areas in the cities in Nigeria thereby leading to consumption of fast foods which is worsened with sedentary work predisposing to several non – communicable diseases.

It has been copiously reported that sedentary work, fast food consumption and all forms of inactivity predispose to overweight and obesity (which increases the risk of several diseases, among them are

cardiovascular disease, hypertension, type 2 diabetes, and several forms of cancer which forms the bulk of several existing non-communicable diseases (Must, Spadano, Coakley et al, 1999; Babalola and Oyeniyi, 2005; Eric, Hong, Malavika, Justin, Trogon and Phaedra, 2007; Igbunugo, 2007; Akinwumi, 2007, Beaglehole and Yach, 2003, WHO, 2010). The health issues that concern the bank workers originate from the work-built environment where the bankers work which are both: Obesogenic (Sedentary, Fast Food consumption, absence of exercise) and psychogenic, (exposed to stringent targets, Daily work of over 12 hours, job insecurity, incessant armed robbery attacks, and regular surcharge from account imbalance, fraud and failure to meet stringent work target among others) with all its attendant at-risk health behavior which is consequent upon the work environment.

According to Maslach and Jackson (1986), occupational burnout is a psychological syndrome that involves three states: emotional exhaustion, depersonalization and a feeling of diminished personal accomplishment in response to chronic and prolonged job stress. Emotional exhaustion is a condition in which an employee feels emotionally drained or spent as a result of being exposed to high work related risk for an extended period of time, as seen among bank employees in Nigeria, and the summation of the effects of these situations exposes them to psychogenic health issues which has negative implications on their health (Burke and Mikkelsen, 2006; James, 2004; Morgan, Cho, Hazlett, Coric, and Morgan, 2002; Dileep, 2006; Udoh, 2001) which may culminate in low individual and organizational outcome (O' Driscoll and Brough, 2003, Fritz and Sonnentag, 2006). Burke and Mikkelsen (2006), reported that exposure to psychogenic work-built environment predisposes to low job satisfaction, low meaningfulness of work, high work family conflict and domestic violence, low physical and psychological health conditions e.g. general malaise, increased use of unprescribed drugs, headache, alcohol use, sickness, sleeplessness, nocturnal sweating, agitation, increased number of sick day, palpitation and other ill-health conditions. In the last two decades, studies have linked work psychogenic issues to individual attributes (Beasley, Thompson and Davidson, 2003; Zellars, Perrew and Hockwater, 2000). Work family conflict (Thompson, Brough and Schmidt, 2006) social support (Burke and Mikkelsen, 2006) or a combination of factors. (Kokkinos, 2007).

Psychogenic health conditions are likely to occur more among service employees who are responsible for helping protecting or taking care of others. (Brotheridge and Grandey, 2002; James 2004). Bank workers are an example of service employees charged with the duties of protecting the bank and its customer's funds and deposits. Unlike other service employees, bankers are more vulnerable to obesogenic and psychogenic health conditions in Nigeria due to long hours at work sitting (over 12 hours daily) in front of computer, absence of shifting duty, and dual obligation of protecting the bank and its customer's deposit, with stringent work target and high incidence of job insecurity. The demographic characteristics of bank employees have direct influence on the individual incidence and prevalence of associated ill-health conditions. Literature has it that female workers suffer more from musculoskeletal stress injuries because of their anatomical structure (Akrouf, Crowford, All-Shatti, Kamel, 2010; Lacerda, Nacul, Augusto, Olinto, Rocha and Wanderley, 2005), also female bankers are regularly appointed as cashiers attending to customers which increases their psychological stress and making them more sedentary with continuous use of computer which implicate their predisposition to visual and musculoskeletal repetitive stress injuries (RSI) (Tella, Akodu, and Fasuba, 2010). With the aforementioned predisposition to several work related ill-health conditions by bank employees work environment in Nigeria, the need to prepare a milieu through which a good behavioural change template can be set becomes imperative, and opportunities that can make this happen could not be taking place at a more propitious time than now (Glanz, Rimer and Viswanath, 2008) when effective communication skill is one of the fundamentals in bringing about a positive health behavior change which the bank employees require to actively live a healthier life. Behaviour change communication (BCC) is an effective means through which bank employees can better change their health behavior adopting: raising awareness, motivating individual staff, and helping to successfully and optimally utilize existing facilities like walkways for brisk walking after work, use of recreational facilities in the community and the neighbourhood among others. For behavioural change communication (BCC) to achieve its set goals in this enterprise, it will adopt: analysis, programme design, developments, implementation, monitoring and evaluation processes.

Behaviour change communication (BCC) in the contemporary world recognize that changing health behavior extend beyond reaching individuals but also adopted socioecological model which accept the application of interpersonal relationships, community norms, and the broader environment on people's health and their health behaviour through effective communication. BCC adopts diffusion of innovation theory (Rogers, 2003, Oldenburg and Glanz, 2008) five process stages of knowledge, persuasion, decision, implementation and confirmation using several existing communication channels: mass media (Radio, TV, newspapers and Magazines, internet), interpersonal (one-to-one communication, counseling and telephone conversation), and community channels (town hall meetings, political and other rallies, public meetings mosque and church gatherings etc) Just a handful of studies have been devoted to physical and psychogenic occupational burnout and obesogenic health issues which causes and predisposes to non-communicable diseases

among bankers in Nigeria. Hassan, (2009) occupational stress among bank workers in Lagos, Tella, Akodu and Fasuba, (2010) The prevalence of neck and upper extremity repetitive stress injury among bank workers in Lagos, Ojedokun, (2008), Job insecurity, satisfaction and intention to quit among employees of selected banks in Nigeria. Oluwafemi and Balogun (2008) Predicting commitment forms from psychological contract breach and violation, among survivors of merged banks in Nigeria. Oloyede (2006) Impact of work-induced stress on perceived workers productivity in Banking industry in Nigeria.

Purpose

The goal of this investigation was to use representative data collected from bank workers to assess the correlation between work-built environment and self reported non-communicable ill-health conditions which included: Repetitive stress injuries like joint pains, back aches, neck pain; obesogenic health issues: overweight and obesity with its attendant health issues like, palpitation, high blood pressure, diabetes mellitus and psychogenic health issues like: occupational burnout, headache, anxiety, fear of job loss, insomnia and so on. The findings from this study provided insight and understanding into the impact of work built environment of bank employees and its predisposition to several hidden Non – communicable diseases in Nigeria.

II. Methods

Design

A survey research design of correlational type was used to assess the relationship between the work-built environment and self reported non-communicable ill health conditions among the representative samples. The self reported ill health conditions are incessantly persistent or diagnosed by Physicians and reported by participants.

Sample

Eight hundred and eighty one bank staff (n=881) was drawn from the four existing geopolitical zones of Ogun State. Multistage sampling technique was employed for the conduct of the study. In the first stage, total sampling technique was adopted to select the entire geopolitical zones of the state: Remo, Ijebu, Yewa and Egba. In the second stage, proportional sampling technique was adopted to select forty nine (n = 49) commercial bank branches from four main towns in each of the geopolitical zones. Remo (n = 13), Ijebu (n = 11), Yewa (n = 12) and Egba (n = 13). Representative sample of the population was selected because all the required elements for the study were taken care of when selecting the branches. In the third stage, proportional stratified random sampling technique was adopted to select eight hundred and eighty one (n = 881) staff using percentage representation (80%) male (n = 523) and female (n = 358). The sample distribution according to the geopolitical zones of the state proportionately was: Remo (n = 220), Ijebu (n = 164), Yewa (n = 243) and Egba (n = 254).

Data Collection Procedure

After the validation of the instrument with reliability testing: self reported ill-health condition questionnaire SRIHCQ with (r=0.8), and at-risk health behavior questionnaire ARHBQ (R=0.76), a letter of introduction was collected from the department of Human Kinetics and health education, university of Ibadan, Ibadan in Oyo state and several copies of the letter were produced and addressed to branch managers and bank head of operations of the sampled bank branches to allow for participation of staff in the study. The branch managers and head of operations were informed and educated explicitly on the purpose and importance of the study. Twelve trained research assistants worked in collaboration with the head of operations for distribution and collection of questionnaire. In all, 961 questionnaires were administered to eligible participants, while only 881 were well completed. Out of the 881, male were (n = 523) and female (n = 358). Out of the 961, some were not filled while some failed to follow the given instructions hence the removal of 80 poorly filled questionnaires. In-depth interview was also conducted in the twenty four selected bank branches. Selected were (n = 96) staff purposively sampled from among the managers, head of operations and some teller staff. Interview guide with validated questions were used for the interview to elicit information on self reported ill-health issues.

III. Results

Demographic characteristics of the study participants

Table 1:Demographic profile of the sampled participants.

Variables	Characteristics	Frequency	%
Age Group	18 – 22	19	2.2
	23 – 27	301	34.2
	28 – 32	204	23.2
	33 – 37	239	27.1
	38 – above	118	13.3
Sex	Male	523	59.4
	Female	358	40.6

Marital Status	Single	400
	Married	375
	Divorced	53
	Separated	42
	Widower	11
Years of work – experience	1 – 5 years	438
	6 – 10 years	279
	11 – 15 years	106
	16 – 20 years	53
	21yr – above	5
Mode of Transportation	Chauffeured	100
	Self drive	461
	Commercial / walking	320

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

Table 2: Work environmental factors that are perceived to predispose to ill-health conditions.

Option	N	No		Yes		Mean Response	Std Deviation
		Freq.	%	Freq.	%		
Fear due to many targets.	881	174	19.8	707	80.2	.80	.398
Fear of armed robbers	881	212	24.1	669	75.9	.76	.428
Stress of surcharge	881	592	67.2	289	32.8	.33	.470
Long term sitting	881	232	26.3	649	73.3	.74	.441
Job Insecurity	881	401	45.5	480	54.5	.54	.498
Social Isolation	881	490	55.6	391	44.4	.44	.498
Fast Food consumption	881	260	29.5	621	70.5	.70	.456
Unhealthy Rivalry	881	606	68.8	275	31.2	.31	.464
Unhealthy nutritive environment	881	242	27.5	639	72.5	.73	.447
Swelling due to long sitting	881	420	47.7	461	52.3	.52	.500
Work pressure and smoking	881	755	85.7	126	14.3	.14	.350
Work pressure and alcohol usage	881	781	88.6	100	11.4	.11	.317

Table 2 present the perceived relationship between the work environmental factors that predisposes to self reported ill-health conditions. The mean number of reported fear due to inability to meet stringent work target was .80(SD = .398); fear due to exposure to armed robbery attacks was .76(SD = .428); stress of surcharge was .33(SD = .470); long time sitting was .74(SD = .441); Social isolation was .44(SD = .497); Fast food consumption was .70(SD = .456); unhealthy rivalry was .31(SD = .464); unhealthy nutritive environment was .73(SD = .447); swelling due to long sitting at work was .52 (SD = .500); work pressure and alcohol usage was .11(SD = .317); work pressure and smoking was .14(SD = 350) and job insecurity was .54 (SD = .498).

Table 3:Prevalence of self reported non-communicable ill-health conditions of the participants.

Ill-health Conditions	N	No		Yes		Mean Response	Std Deviation
		Freq.	%	Freq.	%		
Back Pain	881	102	11.6	779	88.4	.88	.320
Joint Pain	881	230	26.1	651	73.9	.74	.439
Regular Headache	881	542	61.5	339	38.5	.38	.487
Stomach Ulcer	881	689	78.2	192	21.8	.22	.413
Profuse sweating at night	881	569	64.9	312	35.4	.35	.479
Poor sleep	881	471	53.5	410	46.5	.47	.499
High blood pressure	881	742	84.2	139	15.8	.16	.365
Diabetes Mellitus	881	795	90.2	86	9.8	.10	.297
Poor Appetite	881	546	62.0	335	38.0	.38	.486
Unable to read without glasses	881	743	84.3	138	15.7	.16	.364
Excess weight gain	881	498	56.5	383	43.5	.43	.496
Crave for cigarette	881	799	90.7	82	9.3	.09	.291
Swelling in the legs	881	528	59.9	353	40.1	.40	.490

Table 3 presents the self reported ill-health conditions of participants. The mean number of Back pain: .88 (SD = .320) Joint pain: .74 (SD = .439); Regular headache: .38 (SD = 487); Stomach ulcer: .22 (SD = .413); Profuse sweating at night: .35(SD = .479); Poor sleep: .47 (SD = .499); High BP: .16(SD = .365), Diabetes

mellitus: .10(SD = .297); Poor appetite: .38(SD = .486); Inability to read without glasses: .16(SD = .364); Excess weight gain: .43(SD = .496); Crave for cigarette: .09(SD = .291) and swelling in the legs: .40(SD = .490)

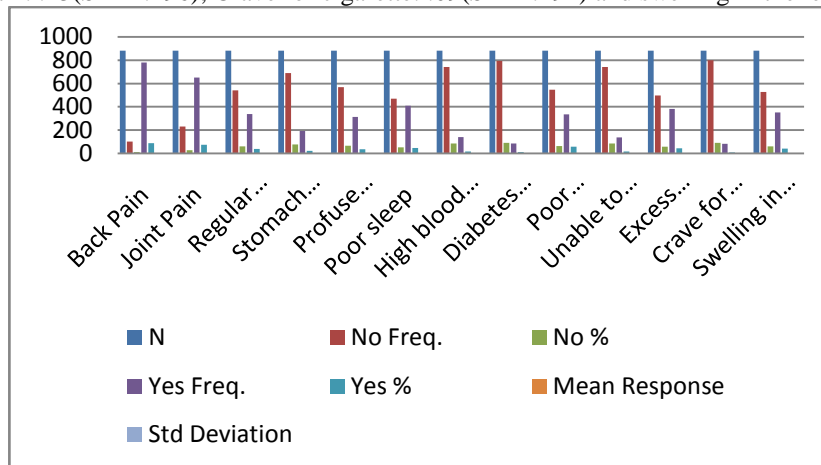


Fig. 1: Bar chart of reported ill-health conditions among Bankers in Ogun State.

Table 4: Coefficient indicating degree of influence of work-built environment variables (obesogenic and psychogenic) on reported non-communicable ill-health conditions among bankers in Ogun State Nigeria.

Model	Unstandardized		Standardized		
	Coefficients		Coefficient	T	sig.
	B	Std. Error	Beta		
(Constant)	9.366	.409		22.908	.000
Psychogenic work-built					
Environment V.	1.066	0.88	.378	12.063	.000
Obesogenic work-built					
Environment Var.	-.018	.097	-.006	-.182	.856

- a. Predictors; (constant) psychogenic at – risk – behavior, obesogenic at-risk health behavior.
- b. Dependent variable: ill – health conditions.

Among the work environment (psychogenic and obesogenic) factors, psychogenic work environmental factors as presented in table 4, contributed more significantly to Bankers ill-health conditions with B = .378; t = 12.063; P < 0.05, while obesogenic work built environment variables on the other hand did not contribute significantly to Bankers non-communicable ill-health conditions with B = -.1006; t = -.182; P value of .856 is > 0.05.

IV. Discussion of Findings

Qualitative

The responses of most bankers interviewed on their work stress factors include: long hours at work with several challenges of insecurity of job, account imbalance, fraud and also there is often need to meet work target which are always stringent and difficult to achieve. Some of the female staff interviewed reported that the work is so time consuming that they barely have enough time to attend to their family, causing incessant disagreement at home. A particular female banker reported that she almost burnt down her landlord’s house in the course of cooking after work three times when she slept off after putting food on the fire after work. She decided not to cook any longer after work but eat ready- made food bought from fast food restaurants after close of work. It was reported by many of the respondents that they no longer relate well with their friends since their work is so demanding that they no longer socialize. Some bankers when asked that what is it that they enjoy most in their work, some of them said that it is dignifying while about ten percent of them expressed willingness to quit if other jobs are available. On the psychological effects of incessant armed robbery attack, many of the respondents reported that their work environment is seen to be conducive but most times it makes them sick because it is completely different from the home environment which brings about discomfort at home. Most times, workers are exposed to several discomfort especially when account becomes imbalance or when fraud was been perpetrated and audit reports becomes indicting at departments. On associated ill-health conditions, bankers reported unanimously that the sedentary work causes back pain, sometimes there was regular headache which is often caused by fear of unknown such as loss of job and account imbalance also is blurring of vision. Sometimes there is raised blood pressure as a result of heavy exposure to stress at work place. Some of the men

reported that the pressure of work causes alcohol consumption at the close of work daily to reduce the effects of work pressure. When asked on the solution to these work stressors, and how have they being coping with ill-health conditions. All respondents reported that the bank has hospitals where treatment is sought at a subsidized rate. On spiritual health, many of them reported that they seek solace in God by going to church for regular prayers for God to keep their job and give them the strength to cope with the physical demands of the job.

The response of the workers to whether they enjoy their work when further probed on job satisfaction was that yes, they enjoy it but recently the work is becoming too tedious and stressful, nobody can predict what will happen in the next couple of days as rules keep changing by the day. The health problems that are associated with the job are numerous and the most dreaded ones had been the incessant armed robbery attack on their branches leaving staff maimed and sometimes killed and that has made some staff resign for other jobs. Other complaints include sleeplessness, which is often due to workers' inability to complete their daily tasks or being unable to accomplish the set target at the work place. Other complaints include blurring of vision, joint pain, neck pain, shoulder pain and mostly back pain, high blood pressure, stomach ulcer and so on. The stress associated with the job has caused hypertension to many staff, especially those that have been on the job for several years. When asked the effects of sedentary job on their weight, respondents admitted that it has caused weight gain which is more prevalent among the female members of staff. About the incidence of stress, the workers reported that the rate at which they are exposed to stress is tremendous especially after the recapitalization when the job security is almost completely eroded. The causes of the stress ranges from inability to complete daily task, prolonged hours at work, fear due to fraud, exposure to stringent targets, lack of staff latitude, imbalance of account, overpayment of customers, periodic search for guarantors, incessant and changing guidelines, audit and regulatory inconsistencies and work overload to mention just a few. The workers reported that the long hours at work is getting to an embarrassing level, sometimes ten hours and above including weekends, when accounts are meant to be balanced. The job has not given any breathing space for the workers. The workers interviewed reported that their source of feeding during long hours at work is mostly food bought from the fast food restaurants that are present in their neighborhood, though some bring food from home, but it is often not adequate for them. It is a known fact that many bank workers patronize fast food restaurants like Mr. Biggs, Tantalizer, Chicken Republic, and so on for their lunch and dinner in Nigeria. When the workers were asked the knowledge of the consequences of their sedentary job, their commonest response is that it causes back pain, tiredness, absence of time to attend to personal issues; it can cause weight gain, headache, sleeplessness and others. When asked where they seek health care, they responded retainer hospitals, pharmaceutical stores / patent medicine stores, where they buy medicine to treat minor complaints, company retainer hospitals / clinics and sometimes family doctors. They seldom attend government hospitals because of the easier accessibility to retainer hospital as they do not have to pay cash unlike the government hospital. They also reported their willingness to choose their health care services unlike the bank choosing for them, as it will afford them the opportunity to choose from the available varieties and also it will provide a high degree of privacy and independence. Their response on the need for exercise to reduce the likely consequences of their sedentary work, they responded positively though some reacted that there will be no time to do any exercise because the work has taken all their time during the day but if there is a tailored programme, they would participate to improve their health. On stress reduction, their responses are that the number of workers should be increased and if possible, run a shift duty, also the security of the job should be better guaranteed. The bank should employ stricter antifraud facilities and strategies to make the work environment more active with increased latitude. Provision of an improved and secure work environment that will ward off armed robbery should also be explored. Lastly they would prefer their employers to set realistic targets at work. On the use of behavior change communication (BCC) as a way to reduce the effect of their work environment and predisposition to ill-health condition, sixty three percent (63%) of the participants during the interview session agreed that dearth of health knowledge can be corrected through BCC which will provide information on the available resources and facilities for recreation, nutrition information on the use of fruits and vegetables among others to prevent predisposition to overweight with all its attendant ill-health consequences. Also, the available means of information through community participation, interpersonal relations were acknowledged as a means through which health behavior change can be accomplished. The use of mass-media devices for health information, seminars and health workshop was promised by members through BCC to be utilized for healthy living.

Quantitative findings

There is significant relative influence of psychogenic work-built environment variable, on ill-health condition while there is no significant relative influence of obesogenic work built environment variables of ill-health condition of bankers in Ogun State Nigeria. The influence of work-built environment on ill-health condition of bankers as found out in this study, support, Tella, et al (2010) that reported the prevalence of ill-health conditions among bankers in Nigeria as revealed through the high incidence of musculoskeletal conditions which are sequel to work posture and repetitiveness. They also found out in their study that the prevalence of repetitive injury among bankers is higher among the female staff. Their study also revealed that

job distribution in the bank has a relationship with neck and upper extremity repetitive stress injuries. Akingunola and Adigun (2010) in their study also affirmed that psychological stressors are prevalent among bankers, they further established that these stressors are more severe and prevalent among the executive than the non executive staff members. They reported cases of exhaustion, fatigue which may eventually lead to burnout which they referred to as a state of physical, emotional and mental exhaustion, they referred to the bank work environment as unpleasant work climate which threaten individual worker's freedom, identity and autonomy.

The work of Kumari, Pandey, Member, Lacsit and Khanaki (2010) in India on workers using computer for several hours at work revealed that there are several health consequences associated with this practices, they suggested wide publicity / information in media about various problems generated from working on computer and employers must do something urgently for the better health of their employees. Also, it is corroborated by the submission of Hall, Royle, Brymer, Perrewe, Ferris & Hockwaters (2006), Schaufeli, Taris, and Van-Rhenen (2008) and Taris, Schaufeli (2005) they all reported in their studies that high felt obligation associated with target is associated with increased level of occupational burnout. Ajala (2005) noted that the ultimate answer to the environmental health problem is prevention, and that the simple truth is that most of the illnesses, from environmental health hazards, which can kill and affect people, are considered preventable.

V. Conclusion

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

VI. Recommendations

The following recommendations were suggested.

1. The labour law of eight hours at work should be strictly adhered to by the banking sector in Nigeria.
2. The sitting arrangement for the teller staff should be suitable to prevent or reduce proneness to RSI.
3. Individual bank should relax target given to their staff.
4. Female staff should be given the latitude to choose not to be involved in commercial unit to reduce exposure to sexual harassment.
5. Effective use of health communication should be imbibed by bank workers through their trade union organising workshop and health seminar

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Implications For Health Education Researchers

This study revealed that the perceived beautiful work environment of bankers in Nigeria predisposes to several non communicable diseases. It was established that it predisposes to R.S.I., Obesogenic and Psychogenic ill-health conditions. This is consistent with the fact that sedentary work-built environment, fast food consumption, absence of exercise have been validly established to be predisposing factors to some non-communicable diseases and bank work environment is implicated. Future research interventions are necessary to assess the implications of health education on the health consequences of work built environment exposure among bank workers in Nigeria.

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