FACTORS INFLUENCING THE PRACTICE OF SELF-MEDICATION AMONG BANKERS IN SELECTED NEW GENERATION BANKS IN ILORIN KWARA STATE NIGERIA

Joseph A. Oluyemi, Muhammed A. Yinusa, Raji Abdullateef, Akoh Sunday, and Kadiri Kehinde

University of Ilorin, Nigeria

ABSTRACT

Self-medication which is a form of irrational use of drugs is fast becoming a global issue, and affecting all works life, including the Nigerian Banking Industry. This study investigated the factors influencing the practice of self-medication among bankers in Ilorin, Kwara State, Nigeria. The study was conducted in five new generation banks, namely: Fidelity Bank, Diamond Bank, Zenith Bank, Access Bank and Guaranty Trust Bank. Information was gathered through questionnaire administration and a total of 240 bankers were included in the study. The data were analysed using the Statistical Package for Social Science (SPSS) version 17.0.The study made use of tables, simple percentage and chats to present the data retrieved from the field. Major factors influencing the practice of self-medication as revealed in the study include: busy nature of the banking job (64%), knowledge of drug to take (91%), nature of sickness (85%), extent of severity of sickness (82%) and desire for a faster relief from sickness (46%). The practice of self-medication is also affected by respondents' age, years of experience, annual income and business unit as test of association were statistically significant ($P<0.05$). Stiffer government regulation and a downward trend in work pressure are key to alleviating the practice of self-medication in the Nigerian Banking industry and achieving meaningful sustainable development in the Sector.

Keywords: Factors, Influencing, Practice, Self-Medication, Bankers, Sickness, Sustainable Development, Sustainability.

INTRODUCTION

The Nigeria Banking Industry in the last four decades have witnessed a dramatic turnaround in her scope of operations, as a result of the emergence of a new set of commercial banks, popularly referred to as new generation banks. Although, this new trend has led to some form of development in the industry, it has also brought with it unnecessary pressure and unhealthy rivalry among the banks thereby posing a form of constraint on sustaining these developments. This has in one way or the other hindered effective sustainability of the developments that has overtime been achieved in the industry. According to Akingbola & Adigun (2010), the Nigerian Banking Industry is characterised by ever increasing job demands such as unrealistic targets set by banks for their marketers, excessive work schedule like closing late at nights and even working on weekends as well as ever-increasing competition among banks and the recent job insecurity rocking the industry.

However, the effects of this unhealthy competition and rivalry on the health of bankers cannot be overemphasised. Many bankers have had their health deteriorated and many have had to live with various form of illness due to the stress that they experience in the course of discharging their duties. Report shows that many bankers, in a bid to meet up with the demands of their "shaky jobs," and the pressure that comes with it, have developed health challenges like high blood pressure (Oseremem, 2012). In another study conducted by Akanbi (2013), findings revealed that a number of banks in the country have raised the bars for their marketers, thereby giving them unrealistic targets to chase as a result of the growing competition rocking the industry. This implication is the prevailing "rat race" evident in the industry among bankers in a bid to meet the demands of the job as well as aligning with the goal of their bank to be at the top in the industry. This may result in bankers not having the luxury of time to seek medical attention at the health facility when they required such, as a result of their excessive work load and busy schedule.

The banking profession which started in Nigeria in 1892 under the supervision Central Bank of Nigeria (CBN) has witnessed a number of developments especially over the last four decades (International Corporate Research, 2009). The industry experienced a major shift in the 1980's when a set of new commercial banks sprung up and the term 'new generation banks' was adopted to distinguish them, from the hitherto existing banks, now referred to as old generation banks. (Adenuga & Ilupeju, 2012). These so called new generation banks, brought with them, new innovations and re-engineering that was not found in the so called 'old generation banks' like electronic banking and aggressive marketing. It was this process that launched the Nigerian Banking Industry, into the new era of banking, which is being witnessed today (Ilupeju, 2008).

Within a very short time of existence of these banks, the Nigerian Industry became a major employer of labour, employing young and energetic graduates all over the country due to its proliferation nationwide. Events however took a fresh turn on 6th of July, 2004 when the then Governor of Central Bank of Nigeria, Professor Charles Soludo, announced that the minimum capital requirement base for commercial banks in the country would be raised from 2 billion Naira to 25 billion Naira. The new policy which was to take effect from December 2005 was aimed at strengthening commercial banks to perform their intermediary roles more efficiently and effective than before and to enhance best practices in the industry for sustainability (Mogaji, 2011; Ikpefan & Oligbo, 2012).

This led to consolidation of banks through mergers and acquisition and it was this process that left the country with 24 banks, from the former 89 banks. Although the consolidation was able to raise the capital base of many banks and ensure the safety of customers' funds, the effects on the health of the bankers could not be denied. This process came with so much pressure in the industry as a result of competition and rivalry among the banks, and in a bid for bankers to meet up with the demands of the job and the stress that comes with it, many of them get exposed to one form of sickness or another. Thus, in order for bankers to maintain a balance between their work schedule and their health condition when they fall sick, possibilities are that bankers may result to self-medication, rather than seeking medical attention in the hospital for proper diagnosis due to accessibility. This study therefore investigates the factors influencing the practice of self- medication among bankers in selected new generation banks in Ilorin, Kwara State, Nigeria.

STATEMENT OF THE PROBLEM

The problems associated with self-medication are enormous and its effects cannot be undermined. This is because self-medication constitutes both social and economic problems not only to an individual but the society at large. This however requires urgent attention from various quarters because of the grave consequences this problem might cause if not adequately addressed. According to Burton (2012), self-medication often only gives temporary relief to sickness instead of permanent cure by suppressing and masking the symptoms only for the sickness to relapse after sometime.

In addition, self-medication creates drug resistance to sicknesses and may lead to drug addiction especially when it is done intermittently. Also, self-medication may also cause delay in diagnosis of illness, as the root cause of illness may not be known if thorough medical investigation is not done. Consistent use of drugs that are not prescribed by doctors can also lead to damage of organs in the body especially when the drugs are not properly administered, or overdose is done (Atohengbe, 2013). According to her, consistent use of paracetamol for instance for headache, without proper diagnosis, can cause liver damage which may result to death.

It is also pertinent to mention that, the practice of self-medication may affect the utilization of medical facilities provided to cater for the health of the people in the society. This is because, health facilities provided by the government and the private sector such as hospitals, clinics and dispensaries may be neglected at the expenses of more accessible channels such as pharmacies and drug hawkers, therefore leading to underutilization of health facilities in the society.

From the foregoing, it is evident that the phenomenon of self-medication is really a societal problem and its effects are devastating and generally have negative consequences on development process of the society, hence, the need for research to uncover the various factors influencing the practice.

LITERATURE REVIEW

A meaningful sustainable development in the Nigerian banking industry would be a mirage, if the growing competition and undue pressure in the industry is not urgently addressed. This is because in the quest for meeting up with the goals and objectives of the bank, many bankers go through so much stress and challenges. This stress exposes them to health problems such as high blood pressure and other social problems such as bribery for accounts, indecent dressing

particularly for the female bankers and assault on them by privileged rich people. Incidentally, in the Nigerian banking industry, individual contribution is recognised and rewarded in form of prize award, commendation and most importantly, promotion. Therefore, when bankers perform otherwise, the reverse is also the case. Many bankers have been relieved of their jobs because they are unable to meet up with the demands of the job. In some cases, many have had to leave their jobs when they could not cope with the pressure that comes with the job. The reward for success and the fear of losing their jobs however stimulates them to work in "desperation" to sustain their job even at the expense of their health.

This trend of desperation in the form of "the end justifies the means" going on in the industry is unlikely to help the industry sustain her development due to its effects on the health of the work force. According to Award, Elthaved, Maltowe et al (2005); Covington (2006); & Major, Vinczez & Mesko et al (2007), the usual high job demands being experienced by bankers in the Nigerian Banking Industry is significant to the practice of self-medication in the industry. This problem has also been compounded by the long queues and delay being experienced at the hospitals in many locations in the country today, thereby making people to result to self-medication instead of spending long hours on the queue, before being attended to. In the words of Major, Vincezez & Nesko et al, (2007), people practice self-medication because they cannot cope with the long queues in the health facility especially in Nigeria just like some other developing countries in Africa where health facilities available for the teeming population cannot cater adequately for the health needs of the people.

In a study carried out by the World Health Organization (2006), findings have shown that, the ratio of doctors to patients in Nigeria is drastically low as doctor to patient ratio in the country stands at 28:100,000.This explains why patients spend substantial amount of time in the hospitals waiting to be attended to by doctors and other allied health professionals. Unfortunately, patients' waiting time is an indicator of quality of service offered by hospitals and a major factor that affects the utilization of health care services (Maxwell, 1984; Fernandez, Daya, Barry & Palmer, 1994). This is however contrary to the recommendation of the Institute of Medicine (IOM) that, at least 90% of patients should be seen within 30 minutes of their scheduled appointment time (O'Malley, Fletcher, Fletcher & Earp, 1983).

The case is however different in most developing countries including Nigeria, as studies have shown that patients spend at least 2-4 hours in the out-patient departments before being attended to by doctors (Sign, Haqq, Mustapha1999; Ofili & Ofowve, 2005). Although, the duration of waiting time varies from country to country and even within countries yet it also varies from hospital to hospital. In Nigeria, for example, an average waiting time of about 173 minutes was found in Benin City, Edo State (Dansky & Miller.1997). While in the University College Hospital Ibadan (UCH), Oyo State, a mean waiting time of 1 hour 13 minutes was observed (Bamgboye, Erinosho & Ogunlesi, 1994).

It has also been observed that, when sickness is not too serious, self-medication is usually preferred to alleviate such sickness. This view was asserted by Sandler (1990) & Ibrahim (1996), who suggested that, the seriousness of an ailment will go a long way in determining if the person will consult the doctor or not. In many situations, when sickness comes with mild symptoms such as headache and body pains, that are bearable and can be self-managed, self-medication may suffice. However, it is unlikely, that a person faced with life threatening symptoms will self- medicate. This is what

the World Health Organization refers to as responsible self-medication, that is the act of preventing and treating diseases that do not require medical consultation (WHO,2010),

Further studies have also suggested that people practice self-medication because it is cheaper and more affordable than going to the hospital. This is often the case in many quarters especially in the developing countries like Nigeria, where it is sometimes believed that; self-medication is cheaper to administer than going to the hospital for proper diagnosis and treatment. This is in line with the view of Sandler (1990); Connelly, Habeeb & Gearhart (1993); who opined that people practice self-medication because it does not cost as much as consulting doctors. Many a times those who practice self-medication do not have to go through medical tests required in the hospital to know the root cause of sicknesses, such as laboratory test, x rays, Ultra sound and so on. These investigations are usually left undone.

Furthermore, it is also believed in some quarters that self-medication works faster and does not also have side effect on their health. In Nigeria, this is particularly common with those that use traditional medicine such as the local concoction called *agbo* among the Yoruba tribe in Nigeria. This is sometimes more preferred to orthodox medicine they get from the doctors because of the notion that it works faster for them and has no side effect. This agrees with the study conducted by Oreagba, Oshikoya & Amachree (2011) on herbal medicine use among urban residents in Lagos State, in which majority of the respondents who are herbal medicine users, believe that local concoction popularly known as *agbo* among the Yoruba tribe*,* works faster for them and that adverse effect rarely occur with the use.

Sufficient also to mention that one cannot separate culture from illness and diseases especially in a developing country like Nigeria. It is believed that, people's culture goes a long way in influencing human beliefs and treatment of illnesses and diseases. According to Haak (1988), people practice self-medication because they believe that some illnesses are beyond the knowledge of western trained doctors. This is particularly common in traditional African traditional societies such as Nigeria where various superstitious and traditional religious beliefs are held on illnesses and diseases. This corroborates the view of Jegede (2005), on the concept of "Were" (madness) among the Yoruba tribe, in Nigeria, where it is believed that, a person one can be inflicted with mental illness referred to as (*Were afise*).

It is in view of these that it has become imperative for researchers to seek solutions to the problem of self- medication in the Nigerian banking industry by carrying out research on these problem and other related issues pertinent to the sustainability of the developments in the industry.

THEORETICAL FRAMEWORK

This study was explained with the Health Belief Model (HBM). A model centred on explaining and predicting health-related behaviours, particularly with regards to the uptake of health services (Janz & Nancy, 1984). The Health Belief Model was developed in the 1950s by a group of social psychologists at the U.S Public Health Service (Rosenstock, 1974). The model assumes that an individual will consider a recommended health action if such action has perceived benefits. According to the theory, such benefits may include relief from pain, saving of time and cure. The theory also assumes that if such recommended health action out-weighs perceived barriers such as long queues and delay at the hospital as well as negative attitude of medical professionals, such health action would be considered.

Based on these assumptions, it is assumed that bankers would rather engage in self-medication if they perceive it is beneficial so as to meet up with the demands that come with their job. Similarly, bankers will also practice self-medication if such health action out-weighs perceived barriers. Health Believe Model has however been criticised for not taking into consideration personal attitude, behaviours that are habitual, and behaviours that are not health related.

METHODOLOGY

The survey design was used in the study and information was gathered through questionnaire administration. The researcher was assisted by two research assistants to administer the questionnaires and to explain the questions to respondents for clarity. A total of 255 questionnaires were administered to the study population and in all, 240 were retrieved, representing about 94% return rate. The multi-stage sampling technique was used in the study and the study sample was all the bankers present at work in the five selected banks as at the time of distributing the questionnaire.

There are seventeen banks in Ilorin, Kwara state, out of which the five new generation banks were purposively selected. This is due to the excessive work schedule associated with them as noted in earlier literature by (Akingbola and Adigun, 2010).The cluster sampling was used to select respondents from the main branches of these five selected banks, where the questionnaires were randomly distributed. The structured questionnaire contained both open and closed ended questions and was divided into three sections.

 The first section contained questions relating to socio-demographic variables of respondents; the second section contained questions on the practice of self-medication among bankers in the selected banks, while the third section contained questions relating to the effects of self-medication in the study population. The study had 55 respondents from Access Bank, 35 respondents from Fidelity Bank, 45 respondents from Diamond Bank and 50 respondents from Zenith Bank, while Guaranty Trust Bank had 55 respondents. The Statistical Package for Social Science (SPSS 17.0) was used to analyse the data collected from the field. The study also made use of tables, simple percentage and charts to present the data retrieved from the field.

 On ethical issues, the researcher sought permission from the management of the banks, and the bankers were duly briefed on the purpose of the study and the benefits that will accrue to them in the study. The questionnaires were filled in anonymity, to ensure that respondents gave adequate information and avoid any fear of molestation, from their superiors and organization if their identities were revealed.

Figure 1: Map of Kwara State indicating the city of Ilorin

Source: http://www.mapzones.com

RESULTS

Table 1: Socio-Demographic factors of respondents

Variables (N=240)	No of Respondents	Percentage
Sex		
Male	174	(73)
Female	66	(27)
Total	**240**	**(100)**
Age		
≤30	122	(51)
31-40	95	(39)
41 and Above	23	(10)
Total	**240**	**(100)**
Marital Status		
Single	102	(42)
Married	138	(57)
Total	**240**	**(100)**
Religion		
Christianity	149	(62)
Islam	91	(38)
Total	**240**	**(100)**
Grade/Level		
Executive Trainee	50	(21)
Assistant Banking Officer	52	(22)
Banking Officer	43	(18)
Senior Banking Officer	16	(7)
Assistant Manager and Above	14	(6)
Support staff (*Cleaners, Drivers, Office Assistant ,Tellers*)	65	(26)
Total	**240**	**(100)**
Salary Per Annum (**Naira**)		
≤1M-1M	97	(40)
1.1M-5M	77	(32)
5.1 and Above	66	(28)
Total	**240**	**(100)**
Business Unit		
Operations	104	(43)
Marketing	88	(37)
Support staff	48	(20)
Total	**240**	**(100)**

Source: Field work, 2014

Table 1 above revealed that 73% of the total respondents are male, 51% are less than 30 years of age, and 57% are married while 62% are Christians. It was also revealed that 65% of the respondents are sub-staff likes drivers, tellers, office assistant etc. while 40% earn less than a million naira annually and 43% are operations staff.

Table 2: Related questions on the Practice of Self-medication

Variables	No of Respondents	Percentage
Have you ever been sick since you took up this job?		
Yes	221	(88)
No	29	(12)
Total	**240**	**(100)**
How Serious was the sickness?		
Not so serious	122	(55)
Serious	78	(35)
Very serious	21	(10)
Total	**240**	**(100)**
Do you practice self-medication?		
Yes	191	(80)
No	49	(20)
Total	**240**	**(100)**
How often do you practice self-medication?		
Always	89	(47)
Occasionally	102	(53)
Total	**191**	**(100)**
Why do you practice self-medication		
Due to the busy nature of my job	123	(64)
It works faster	88	(46)
Knowledge of the drug to take	173	(91)
Sickness was not serious	156	(82)
No side effect	126	(65)
Lack of believe in orthodox medicine	18	(9)
Delay in hospitals	71	(37)
Nature of sickness	163	(85)
It is cheaper	53	(28)
Attitude of medical professionals	23	(12)
Am addicted to self-medication	29	(15)
I Could not access the hospital due to distance	28	(15)
My bank did not make hospital available for me	26	(14)
I could not afford hospital bills	7	(4)
Common symptoms that led to self-medication		
Head ache	113	(59)
Body Pain	102	(54)
High Body Temperature	77	(40)
Stomach Ache	51	(27)
Cold and Malaria	19	(10)
Dizziness	10	(5)
Common Medication for Self- Medication		
Paracetamol	154	(81)
Pain Reliever/Killer	115	(47)
Malaria Tablets	71	(37)
Agbo (local herbs)	28	(15)
Anointing Oil	10	(5)
Holy Communion	9	(4)

Source: Field work, 2014

Table 2 above revealed that 88% of the respondents have been sick at one time or the other, out of which 55% was not so serious. However, 80% of the respondents have practiced self-medication at one time or the other before. Although only 47% practice self-medication always, knowledge of the drug to take had the highest respondents for reasons the

bankers practice self-medication with 91%. This was followed with nature of the sickness 85% while inability to afford medical bills had the least respondents with 4%.

Among common symptoms that led to self-medication, headache had the highest respondents with 59%, followed by body pain with 54%. The least was dizziness accounting with 5%. However, Paracetamol accounted for the drug most commonly administered with 81%, pain killer had 41%, malaria tablets 37%, local herbs (agbo) 15%, Anointing oil 5% and Holy Communion 4%.

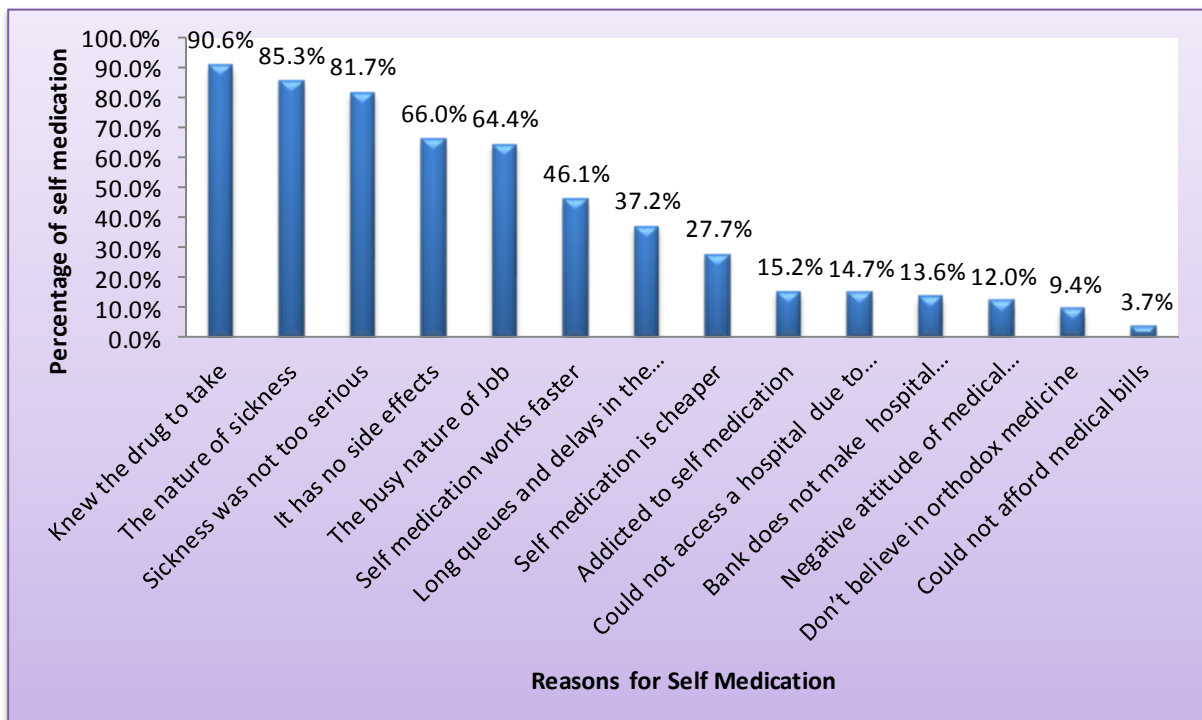Figure 2: Percentage of factors influencing the practice self-medication.

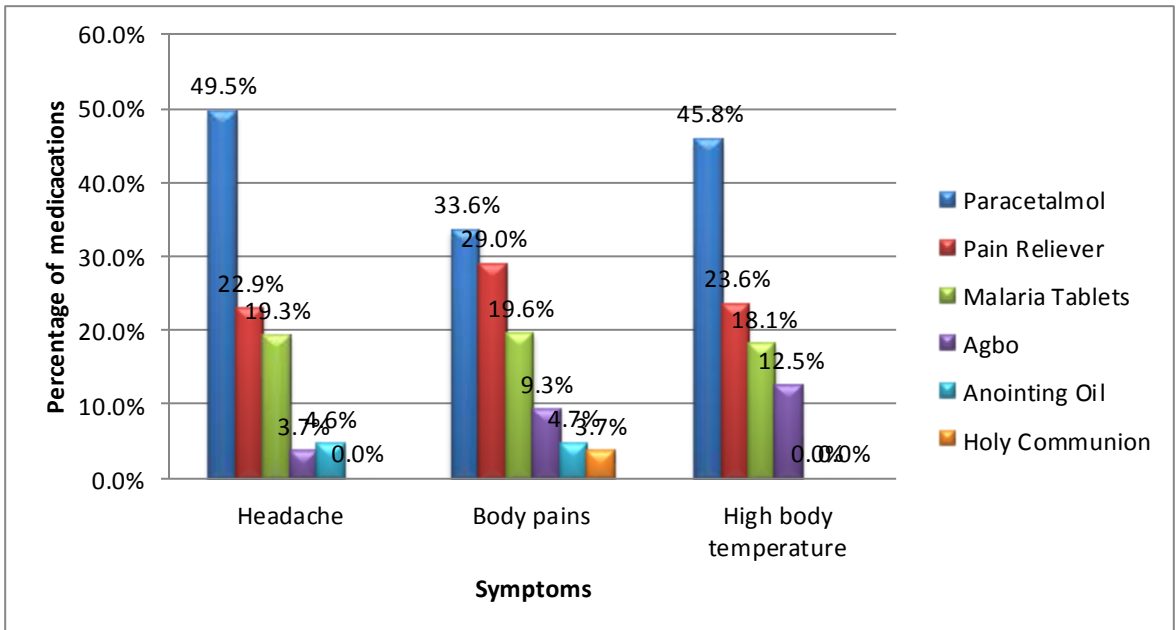Figure 3: Percentage of common symptoms noticed and drugs used.

Figure 4: Percentage of common symptoms noticed and drugs used cont.
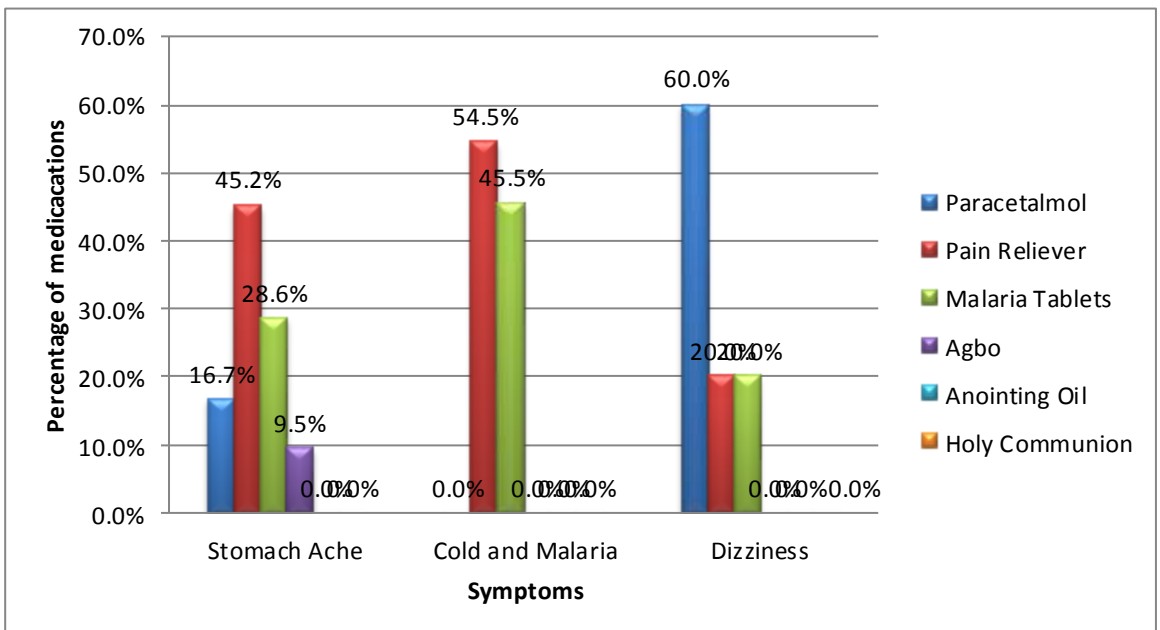
Table 3: Analysis of Effects of Self-Medication on Bankers

Variables	Number of Respondents	Percentages
Was your Sickness Cured when you self-medicated?		
Yes	181	(95)
No	10	(5)
Total	**191**	**(100)**
Did the sickness relapse after sometime?		
Yes	138	72
No	53	28
Total	**(191)**	**(100)**
Does self-medication enhance your productivity and efficiency at work?		
Yes	172	(91)
No	19	(9)
Total	**191**	**(100)**
Has Self-medication ever affected your health adversely?		
Yes	56	(29)
No	132	(71)
Total	191	(100)
Has it ever led to health complication?		
Yes	29	(15)
No	162	(85)
Total	**191**	**(100)**

Source: Fieldwork, 2014

Table 3 shows that 95% of those that self-medicated at one time or the other where cured of their sickness, while 72% of those that were cured did not have their sickness relapsed. In addition to this, 91% revealed that the practice of self-medication helped enhanced their productivity and efficiency at work. However, only 29% said that self-medication affected their health adversely while, 15% said self-medication led to complication of their health.

Table 4: Cross tabulation of socio-demographic factors and practice of self-medication.

SOCIODEMOGRAPHIC DATA	Frequency (%)	Ever Practice Self Medication n=191 (79.6)	Never Practice Self Medication n=49(20.4)	X^2	P-value
Sex					
Male	174(72.5)	135(77.6)	39(22.4)		
Female	66(27.5)	53(84.8)	10(15.2)	1.553	0.213
Age in years					
<30	122(50.8)	104(85.2)	18(14.8)		
31-40	95(39.6)	74(77.9)	21(21.1)	10.056	0.006*
41-50	23(9.6)	13(56.5)	10(43.5)		
Marital Status					
Single	102(42.5)	84(82.4)	18(17.6)		
Married	138(57.5)	107(77.5)	31(22.5)	8.837	0.360
Religion					
Christianity	149(62.1)	113(75.8)	36(24.2)		
Islam	91(37.9)	78(85.7)	13(14.3)	3.391	0.066
Grade/Level					
Work Duration (years)	194(80.8)	163(84.0)	31(16.0)		
0.5 yrs	30(12.5)	21(70.0)	9(30.0)		
6-10yrs	16(6.7)	7(43.8)	9(56.2)	16.687	0.002*
11-15yrs					
Annual Pay income	97(40.4)	74(76.3)	23(23.7)		
<1M	77(32.1)	55(71.4)	22(28.6)		
1.1-5M	66(27.5)	62(93.9)	4(6.1)	12.171	0.002*
6-10M					
Strategic Business Units					
Operations	104(43.3)	67(64.4)	37(35.6)		
Marketing	88(36.7)	76(86.4)	12(13.6)	29.515	<0.001

Source: Fieldwork, 2014

 Table 4 above shows a statistical significant relationship between age, work duration, annual income as well as strategic business units and the practice of self-medication as test of association were statistically significant (p<0.05).

DISCUSSION

 Result shows that almost three quarter of the study population are male while about half of the respondents are 30 years and below. This corroborates the view of Adenuga and Ilupeju (2012) on their study on the working conditions of female marketers in some banks in Ibadan that opined that, Nigerian banks deliberately source for young and energetic graduates

from universities or polytechnics, who are both physically and mentally sound, to handle the banking job effectively. The study also revealed that more than half of the study population are support/contract staff like tellers, office assistant, cleaners, drivers etc. This also confirms the report of Balogun, Ademosu, Ojelu, & Ebhomele (2013), on mass casualization of banks staff in Nigeria. They opined that many banks in Nigeria make use of more contract staff and pay them "*pea nuts*" compared to what permanent staff takes home in a view to increase the bank's profit, even at the expense of the workers. The income of the study population also confirms this, almost half of the respondents; earn less than a million naira annually.

Further result from the study reveals that, over two third of the respondents have fallen sick at one time or the other on the job although, almost half of those that has ever fallen sick on the job, were serious. Yet, a number of the respondents have practiced self-medication at one time or another. This is in tandem with the report of Oseremem (2012) that many bankers in some new generation banks in the country have developed high blood pressure in a bid to cope with the pressure that comes with their job. This is a setback to sustainable development in the industry bearing in mind that the prevailing stress in the industry that is responsible for such illnesses.

According to the findings in the study, the first major factor influencing the practice of self-medication among the bankers is the busy nature of banking job. This agrees with the view of Akingbola & Adigun (2010), who opined that, the Nigerian banking industry is characterised by increasing job demands, and unstructured work schedule like, working late and at even at weekends. There is therefore a serious need for this rat race to be addressed in order to achieve a meaningful sustainable development in the industry. This was followed by the factor of knowledge of the drug to take, this probably is due to the fact that the population is predominantly literate, and probably have access to health information such as the internet, books, seminars and health talks.

The study also identified the nature of sickness as a major factor influencing the practice of self-medication among the bankers. This may be due to cultural superstitious beliefs held in some quarters that, some sicknesses are not pathological and therefore cannot be cured by orthodox medicine. This agrees with the view of Jegede (2005), on the *"concept of Were"*, among the Yoruba tribe, who asserted that mental illness can be used to afflict a person. This is what he referred to as *"Were afise"*. Another factor revealed by the study responsible for the practice of self-medication among the respondents is the seriousness/severity of the sickness. This probably explains why paracetamol and pain relievers account for the drug mostly used in the study. It was probably done to suppress signs and symptoms of mild sicknesses such as headache, body pains, and fatigue. It is unlikely that an individual will not seek medical help if his/her health condition becomes serious and unbearable.

One other major factor identified in the study influencing the practice of self-medication among the bankers, is that, self-medication works faster than going to the hospital to seek medical care. This is largely because bankers who do this are not usually subjected to medical examinations such as X-ray, scan and other forms of investigation, necessary for diagnosis in the hospital. However, the last major factor influencing the practice of self-medication in the study is that it does not leave behind side effect. This is probably for those that use traditional medicine, such as the local concoction popularly known as *agbo* among the Yoruba's in Nigeria. This corroborates earlier literature by Oreagba, Oshikoya & Amachree (2011), on herbal medicine use among urban residents in Lagos State, Nigeria where herbal medicine users believe that adverse effects rarely occur with its use.

Other factors revealed in the study influencing the practice of self- medication is that self-medication is cheaper, there is delay in the hospital, inability of bankers to afford medical bills, lack of provision of medical facilities by their employers, long distance to health facility, and addiction.

The study also showed a relationship between, respondents' age, work duration, annual income, business unit and the practice of self-medication, as test of association were statistically significant (p< 0.05). It was revealed that, the lower the age of the respondents, the higher likelihood of practicing self-medication. This reflects the current trend in the industry, where young and energetic graduates who have strength to cope with the demands of the job are massively employed. Findings revealed that bankers who have spent below 5 years in the industry self-medicated more, this is probably due to the fact that supervisors and managers do more of mental work than physical work, which only gives mental stress, rather than physiological stress common with the lower staff cadre.

It was also observed that workers who earn below 1 million Naira per annum self-medicated more than those that earn a million Naira and above annually. These categories of workers are probably support staff, like cleaners, office assistants, drivers, tellers etc. They are usually not provided with medical facilities and may not be able to afford medical bills in the hospital, thereby resulting to self-medication. This confirms the report of Balogun et al (2013), on the Nigerian banks who asserted that the Nigerian banks are synonymous to slave camps. The dichotomy in the Nigerian Banking Industry between regular staff and contract staff may also be a hindrance to sustainability of the developments in the industry in the long run. Although this is usually done to reduce cost and increase the bottom line, it is imperative for this gap to be closed so as to allow a level playing ground for bankers in the industry. This will enhance greater efficiency and also increase productivity.

Finally, the study revealed that there is a relationship between strategic business units and the practice of self-medication as figures show that more operations staff practices self-medication than marketers in the study population. This confirms the view of Akingbola & Adigun (2010) that the Nigerian Banking Industry is characterised by unstructured work schedule such as working round the clock till late at night and even at weekends.

CONCLUSION AND RECOMMENDATIONS

This study has explored the factors influencing the practice of self-medication among bankers in five new generation banks in Ilorin, Kwara State, Nigeria. These banks include Access Bank, Diamond Bank, Fidelity Bank, Guaranty Trust Bank and Zenith Bank. A total of 255 questionnaires were administered to the study population, while 240 were retrieved back from the field. The study revealed that bankers practice self-medication for various reasons such as having a knowledge of the drug to take; busy schedule; Nature of their sickness; Because their sickness was not too serious; For faster relief of symptoms; medication not having any side effect; delays encountered in the hospitals; Lack of provision of medical facilities by their employers; long distance to the hospital; Addiction; Negative attitude of medical professionals; Inability to pay medical bills and because it is relatively cheap. The study also showed a significant relationship between respondents' age, work duration, annual income as well as business unit and the practice of self-medication as test of relationships were statistically significant (p< 0.05). In other words, the practice of self-medication in the study population is affected by the respondents' age, the number of years at work, the annual pay and the business unit respondents' belong to. Based on the findings from this study, the following recommendations were made:

(i)   It recommends that government and other related bodies should employ stiffer regulations on drug dispensing and also discourage hawking of drugs in the country without appropriate operating licensing.

(ii)   The study also recommends that banks should orientate their workers on the dangers involved in the practice of self-medication by organising seminars and workshops for their workers in order to give them adequate knowledge on the problem and the dangers involved in the practice.

(iii)   Furthermore, banks should ensure it provides medical facilities for their workers, as part of their corporate social responsibility, to cater for their health needs when required.

(iv)   Banks should also provide their workers with physical fitness facilities such as gym and other sporting and recreational facilities.

(v)   They should encourage their workers to engage in other physical fitness programmes such as road walk, inter-bank sporting competitions etc. This will help them to ease and dampen the pressure that they experience in the course of discharging their duties and also help them to keep fit and healthy.

(vi)   Lastly, the study recommends that the Central Bank of Nigeria, should help discourage the unnecessary rivalry, and growing competition, going on in the Nigerian banking industry. This will help to make the industry friendlier for the banks and their workers which will invariably lead to sustainable development in the industry.

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ABOUT THE AUTHORS

Oluyemi Joseph, M.Sc. Student, Department of Sociology, University of Ilorin

Yinusa Muhammed (Ph.D.)m Senior Lecturer, Department of Sociology, University of Ilorin

Abdulateef Raji, Assistant Lecturer, Department of Sociology, University of Ilorin

Sunday Akoh, Assistant Lecturer, Department of Sociology, University of Ilorin

Kehinde Kadiri, Lecturer 11, Department of Mass Communication, University of Ilorin