

ABUAD Journal of Social & Management Sciences

Vol. 2, No. 1

May, 2016



A Publication of the College of Social and Management Sciences,
Afe Babalola University, Ado-Ekiti, Nigeria.

Development, Conflict and Conflict Management Styles as a Development Strategy:
Oyinloye, Olaoluwa Babatunde Adeyanju

Gendered Nudity as Forms of Protest in Nigeria: Implications for Effective Conflict Management: Irene N. Osemeka

Corruption in Nigeria: A Symptom of Leadership and Institutional Failure:
Olaseye, I. Oluseyi

An Assessment of Importance of Internal Audit Function in Fraud Detection and Reporting in Nigerian Banks: Ibukun-Falayi, Owoola Rekiat & Akindutire, Yetunde Tonia

The Chernobyl Disaster: An Analysis of its Impact and Lessons for Nigeria:
Kessington Aigbovia, PhD.

Approaches to Research Methods in Humanities, Social and Management Sciences:
Aworawo, Friday Ph.D. & Oyinloye, Olaoluwa Babatunde Adeyanju

Parenting Factors and Recidivism among Delinquents in Juvenile Institution in Kwara State, Nigeria: Fawole Olufemi Adeniyi & Ibrahim Taofeeq

Budget Fairness, Budget Participation, and Organisational Performance: Impact and Relational Analyses: Awodiran Muideen Adeseye

Industrial Health Policies and Worker's Productivity: A Case of United Bank for Africa:
Yousouph, Ridwan Olabisi, PhD.; Abdulqadri Nafiu Toyin & Adeyinka, Oluwakemi Adebimpe

Democratic Consolidation and Good Governance in Africa: Assessing the Incidences of Poverty and Corruption in Four African States: Ademola I. Azeez PhD.

The Roles of Women and Family in Engendering Peace in the North-Eastern, Nigeria:
Yousoph Rilwan Olabisi, PhD.; Habeeb Alli & Abdulqadri Nafiu Toyin

Fourth Republican Nigerian Political Parties and National Integration:
Johnson O. Olaniyi, Ph.D.

**ABUAD Journal of
Social & Management Sciences**
Vol. 2, No. 1, May, 2016

A Publication of
College of Social and Management Sciences,
Afe Babalola University, Ado-Ekiti, Nigeria.

Editorial Board

Prof. Adewale Alawiye-Adams	Editor-in-chief
Dr. Ademola Azeez	Managing Editor
Prof. Yekini Olawaiye Lawal	Editor
Prof. Samuel Igbatayo	Editor
Prof. Robert F. Ola	Editor
Dr. Philip Olubunmi Aborisade	Editor
Dr. Adeolu Durotoye	Editor
Dr. Ademola Akinyoadé	Editor
Dr. Babatunde Afolabi	Editor
Dr. Emmanuel A. Ayodeji	Editor & Secretary

Advisory Board

Prof. Israel ORUBULOYE	Professor of Sociology, Afe Babalola University
Prof. Bayo OLOYEDE	Professor of Banking & Finance, Ekiti State University, Ado-Ekiti, Ekiti State-Nigeria
Prof. Ibi AJAYI	Professor of Economics, University of Ibadan
Prof. S.O ADEBOLA	Professor of Banking and Finance, Babcock University
Prof. Taiwo ASAOLU	Professor of Accounting, Obafemi Awolowo University, Ile-Ife
Prof. Izedomi Famous	Professor of Accounting, University of Benin
Prof. Olujide Jackson	Professor of Business Administration, University of Ilorin
Prof. Noor Azizi Ismail	Professor of Accounting, Universiti Utara Malaysia, Malaysia
Ass. Prof. Serges Djoyou Kamga	Associate Professor Thabo Mbeki African Leadership Institute, University of South Africa, South Africa

ABUAD Journal of
Social & Management Sciences

© 2016: College of Social and Management Sciences,
Afe Babalola University, Ado-Ekiti, Nigeria

Published by:

College of Social and Management Sciences,
Afe Babalola University, Ado-Ekiti, Nigeria

All rights reserved under the copyrights conventions.

This book may not be reproduced in whole or part, in any form
or by any means electronic or mechanical, including photocopying,
Recording, or by any information storage and retrieval system now
Known or hereafter invented, without written permission of the
Copyrights owner or the publisher.

ISSN: 978-978-31064-7-0

1. D
D
2. G
E
3. C
F
4. A
I
F
5. T
I
6. A
I
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

Table of Contents

1. **Development, Conflict and Conflict Management Styles as a Development Strategy:** Oyinloye, Olaoluwa Babatunde Adeyanju
1-10
2. **Gendered Nudity as Forms of Protest in Nigeria: Implications for Effective Conflict Management:** Irene N. Osemeka
11-24
3. **Corruption in Nigeria: A Symptom of Leadership and Institutional Failure:** Olaleye, I. Oluseyi
25-42
4. **An Assessment of Importance of Internal Audit Function in Fraud Detection and Reporting in Nigerian Banks:** Ibukun-Falayi, Owoola Rekiat & Akindutire, Yetunde Tonia
43-50
5. **The Chernobyl Disaster: An Analysis of its Impact and Lessons for Nigeria:** Kessington Aigbovia, PhD.
51-58
6. **Approaches to Research Methods in Humanities, Social and Management Sciences:** Aworawo, Friday Ph.D. & Oyinloye, Olaoluwa Babatunde Adeyanju
59-70
7. **Parenting Factors and Recidivism among Delinquents in Juvenile Institution in Kwara State, Nigeria:** Fawole Olufemi Adeniyi & Ibrahim Taofeeq
71-84
8. **Budget Fairness, Budget Participation, and Organisational Performance: Impact and Relational Analyses:** Awodiran Muideen Adeseye
85-100
9. **Industrial Health Policies and Worker's Productivity: A Case of United Bank for Africa:** Yousouph, Ridwan Olabisi, PhD.; Abdulqadri Nafiu Toyin & Adeyinka, Oluwakemi Adebimpe
101-122
10. **Democratic Consolidation and Good Governance in Africa: Assessing the Incidences of Poverty and Corruption in Four African States:** Ademola I. Azeez PhD.
123-138
11. **The Roles of Women and Family in Engendering Peace in the North-Eastern, Nigeria:** Yousoph Rilwan Olabisi, PhD.; Habeeb Alli & Abdulqadri Nafiu Toyin
139-150
12. **Fourth Republican Nigerian Political Parties and National Integration:** Johnson O. Olaniyi, Ph.D.
151-172

Industrial Health Policies and Worker's Productivity: A Case of United Bank for Africa

¹Yousouph, Ridwan Olabisi, PhD.

²Abdulqadri Nafiu Toyin

³Adeyinka, Oluwakemi Adebimpe

Abstract

This main thrust of this paper is to look at the effects of industrial health policies of corporations in Nigeria on worker's productivity using United Bank for Africa as a case study. In pursuance of this goal, fieldwork was undertaken, questionnaire was administered, and oral interview was equally conducted to complement and enriches the methodology. The study shows that the industrial policies of the bank were far from being ideal. In the main the employees were of the opinion that the bank does not carry out periodic inspection of their health, and so many absenteeism/man hour loss that were reported by the workers were due to health related problems, though at present this might seem not to have contributed to profit declaration by the bank and as such the productivity level might still be considered by the management as being fair. This lack of adequate attention to worker's health might not pose any problem to profit making in the present, because worker's attention are shifted to other areas of motivation because the bank is still enjoying the fact that most of the employees are still within the youthful age bracket who are still struggling and aiming for more money to save for the raining days ahead, but the future could cause doom for the bank in future because health is a mirror through which we see the strength and weaknesses of an organization.

The Problem

Organizations exist to meet set objectives and these objectives can be met through the effective and efficient management of both human and material resources available accountable to those saddled with the leadership of responsibility of organization (Beach, 1980). Among these resources, human beings are about the most difficult to manage, hence, the need for management to put in place policies that will not only motivate workers but also increase their productivity (Beach, 1980).

One of the ways of ensuring higher productivity is through the good health policies for members of the organization. An average employee hopes that his/her organization will provide good health service to him/her and his

¹Yousouph, Ridwan Olabisi: University of Ilorin, Ilorin, Nigeria,

²Abdulqadri Nafiu Toyin: University of Ilorin, Ilorin, Nigeria,

³Adeyinka, Oluwakemi Adebimpe: University of Ilorin, Ilorin, Nigeria,

immediate family members which may include his wife, including four biological children less than 18years old.

Good health, like good food and water is easy to take for granted. Oftentimes, it is not until we fall victim to a life threatening illness or it happens to someone we care about that we realize how important health really is (Mohammed, 2004). To many people, good health simply means that they have no obvious illness or physical symptoms, but what about those people who are depressed, lack vitality and say, they are not feeling well even though they show no specific illness (Olowa, 1989). Industrial health is a branch of public health concern with the health and well-being of workers. Its aims are to eliminate hazard and reduce industrial fatigue in work place .Bureau of Labour statistics (BLS 2007).

In the recent times, industrial health is widely regarded as one of the most important factors that any business, large or small must consider in its operation. One of the rapidly growing types of reported occupational injuries is what the U.S bureau of Labour statistics refers to as disorder. These conditions result from repeatedly performing the same task over a prolong period of time (Spring 2007).

Moreover, the issue of industrial health evolved concurrently with industrial development, of central importance was the establishment of protective legislation, most significantly the workers compensation laws (Sensagent ,2003).

A healthier, more educated and higher skilled population is the surest route to higher productivity and better standard of living. So says "Decent work", the report of the director-general to the 1999 international labour conference. In 2008 the journals of occupational and environmental medicine reported on a study of four companies with total to 15,000 employees, it showed health-related lost productivity cost with direct medical spending on medical and pharmacy claims were four times greater than direct medical spending alone. Musculoskeletal problems, depression, fatigue and sleeping disorders, were cited as primary factors driving cost upward. A recent study by the med stat group examine on the job slowdowns, so called "presenteeism" by economists found that workers who are present and working with health problems incur productivity losses that exceeds the cost of absenteeism and medical/disability combined. The study also identified the employees' health conditions that are most costly to employers. When factorizing in other costs, such as disability and health benefit with productivity losses due to workers slowdowns and absenteeism the costliest conditions are hypertension, heart disease and mental health problems.

A recent common wealth fund study shows that 69 million workers reported missing workdays because of illness, which translate into a total of 407 million days of lost worker productivity per year. In addition, 55 million workers reported that they were "unable to concentrate" at work due to their own illness or illnesses of family members. 478 million days of reduced worker productivity. The study reports that one-half of all workers experienced at least one day in which they are unable to concentrate at work because their own or a family member's illness, and about 20 percent of all workers missed at least six work days due to their own health problem or those of family members.

Some of the problems with workplace conditions are noise, dust, chemical, vibration, faulty electrical appliances, and lack of temperature control among others. The rising overall cost of health care in recent decades has not only affected individuals, but is creating financial problems for social security systems and threatens to crowd out other expenditures, notably on income replacement benefits. The world labour report (2000) shows how government can work to guarantee access for all to health care and protect individuals from the detrimental effects of poor health on income security.

Despite major advances in the field of medicine and health care services over the past decades, a significant health gap between the rich and poor remains. As population grows, so apparently do inequalities. Today, despite the wealth creating effects of globalization the poor continue to shoulder a particular disproportionate social burden in terms of inequalities access to decent healthcare, rising cost and high rates of morbidity and mortality. (Diop, 2001) noted that this has been as a result of disparities from political factors or the preference of private providers to serve only income group.

Against the background of the above discourse the following questions will guided the study: What are the perceptions of employees about the effectiveness of industrial health policies? What are the impacts of industrial health policies of the bank on workers commitment and productivity? What are the effects of worker's relocation on productivity? How often does the bank carry out health examination? What are the sources of employees' information regarding health and safety? What are the most desired improvements in workplace?

Brief Review of Literature

Industrial Health Policies

Industrial health policies are those policies related to health put in place in an organization for safeguarding employee as well as to increase productivity. It is also to help maintain a satisfied, productive workforce. An unsafe or unhealthy workplace can lead to dissatisfaction among workers, resulting in poor job performance and reduced productivity (Thomas, 1982).

Again, industrial health is an interdisciplinary field that focuses on preventing occupational illness and injuries. The discipline of medicine, psychology, sociology provides method for study. About ten thousand occupational hazards exist. This occupational hazard can be organized in terms of plant and equipment and physical work environment, hazard material and task demands. Significantly, interaction occur between these categories, equipment can modify work environment by producing noise, potential hazardous material or heat but will be handled if only inappropriate procedure are followed (Spring 2007).

More so, industrial health is the promotion and maintenance of physical and mental health in the work environment (Spring, 2003).

Organization productivity and profitability are also greatly affected by absenteeism, one of the major consequences and costs of work-related injuries and illness. Measured as a percentage of scheduled work time, absentee rates average about three percent annually from 1976 through 1979. The total annual costs of absenteeism in the United States have been recently estimated at \$264 billion. A recent estimate of the cost of paid sick leave was approximately \$7 billion (Bureau of National Affairs 1980).

Disabling injuries and illness also deprive an employer of the full working life of an employee, (Schmitz, 1980).

Furthermore, unsafe working conditions often lead to voluntary turn over when employees become anxious about work-related hazards having to replace workers who die, become disabled or voluntarily terminate due to unsafe working conditions increases an organizations, recruiting, selection and training costs.

In addition, employers experience a rise in workers compensation, disability and accident related insurance expenditures as the number of work-related injury increases (Lindsay, 1980). Industrial health policy is a function of personnel. Some of the functions directly related to safety and health include selection, recruiting, training, performance appraisal among others. The selection function facilitates safety and health by selecting applicants who are physically and mentally able to perform the job.

While research shows very little support for an identifiable personality trait, predictive of unsafe work behaviours ("accident proness"), selection procedures can screen applicants of physical and mental impairments that could conceivably increase the likelihood of accident or illness.

Many organizations require applicants to fill out health questionnaires and to pass physical examination in order to qualify for certain job.

Training facilitates safety and health by educating workers in safe work procedures and behaviours. Safety training is one of the components organizational programs to promote safety awareness among employees.

Recruiting and retention of employees is facilitated when organizations demonstrate a protective concern for the safety and well-being of their employees. Whereas a good safety and health record may facilitate recruiting, a reputation for dangerous or unhealthy working conditions will surely discourage many potential applicants.

Safety work procedures and behaviour can also be encouraged by performance appraisal systems that make safety an important criterion of job performance. For example, the safety record of a manager unit could be one dimension for appraising managerial performance. This would encourage the manager to demand his/her subordinates attention for healthy and safety. (Komak, Lawson, and Heinzman, 1980).

Again, industrial health policies are set by government to enforce a business affecting commerce. The purpose of the policies is an ambitious one to prevent work related injuries and illness and deaths.

More so, an industrial health policy requires providing employee with a workplace free from recognized hazards that could cause death or serious injury. Employers are also required to comply with many safety rules and standards relating to every aspect of the work environment, while employees are required to comply with all safety and health rules, standards and regulations of their employer.

Industrial Accidents

Industrial accidents are unintended happening or accidents at work that has arisen out of and in the course of one's employment and has resulted in a personal injury. An unexpected, sudden occurrence includes in particular, a major emission, fire or explosion resulting from abnormal developments in the course of an industrial activity, leading to a serious danger to workers, the public or the environment, whether immediate or delayed, inside or outside the installation and involving one or more hazardous substances.

An employer can only get benefits if the accident results in personal injury (also described as loss of faculty). It does not matter if the effect of the injury is immediate for example, if an employee break his/her leg in a fall or is delayed for example, a blow to the knee which leads to impaired mobility at a later time.

Generally, an accident which happens when people are at work is accepted as having happened as a result of one's work, unless there is some evidence that this is not so. An accident can be treated as having

happened when you were at work and as a result of one's work if it occurred: Because one is doing something employed to do; Or because one's work put one at special risk; Or while one is helping in an emergency, for instance in rescue work at any premises used for employers business.

If an employee is doing something which his/her employer does not allow him/her to do, the rules for one's job do not allow to do, the accident may still be treated as having happened during and as a result of one's work, if what one were doing was done for the purpose of one's employer's business and was within the scope of one's job.

The potential for major industrial accidents which has become more significant with the increasing production, storage and use of hazardous substances, has emphasized the need for a clearly defined and systematic approach to the control of such substance in order to protect workers, the public and the environment.

Measures of Employee Productivity

Productivity in the widest sense can be defined as the ratio between output and all the resources used in production i.e. capital, labour, raw materials e.t.c. the most efficient use of all the resources available. (ILO, 2007)

Mali (1981) defines productivity as the measure of how well resources are brought together in organizations and utilized for accomplishing a set of results. It is the reaching of the highest level of performance with the least expenditure of resources.

The essence of all motivational efforts is to increase employee productivity. However, the willingness of the workers to be so motivated depends on certain factors among them ability, lack of technological expertise or skill, lack of physiological drive, managerial ability and attitude and technology employed. Nwachukwu (1988) it is a recognized fact that productivity is a critical factor in economic and social development for it determines the standard of living of the citizens. With higher productivity, the organization earns high income and profit; therefore, it is in a better position to pay higher wages.

It is therefore important for the management to encourage higher productivity by making the employees aware of the reasons behind productivity, by making the employees aware of the reasons behind functions they are performing and providing the support required to obtain sustained effort, which could be in the form of training, for both attitude and new techniques (Mcbeath, 1974).

In achieving higher productivity, the role of the supervisor cannot be over emphasized. He influences and in some cases determines the productivity of his subordinate and employees. The productivity of employee hinges on

many factors among them the willingness of the organization to meet the needs of their workers (by way of motivation and incentives) and the ability of the management to carry the workers along through good health policies and sound supervisory ability. Productivity can also be enhanced through the tapping of hidden potential of its work force by creating an environment in which self-motivation and control may develop and flourish.

Methods

This research makes use survey research design which concern itself with the present and attempt to determine the current status of the phenomena under investigation. Since the case study for this research is the United Bank for Africa (UBA), all bankers permanently employed by six UBA branches in Ilorin were the target. The researchers understand that there are ad-hoc staffs and there may be contract staffs among staff of such bank. The United bank of Africa has the total number of 17 thousands staff nationwide. However, there is 248 staff in all Ilorin branches including the regional house with 16 staffs, UBA challenge branch with 60 staffs, A-division branch with 62 staffs, Taiwo branch with 32 staffs, Oja branch with 28 staffs, PS with 15 staffs and unity branch with 35 staffs.

There are six (6) branches of UBA in Ilorin with one regional office. One hundred and twenty (120) staffs were the sample size in which 50 staff was sampled in two branches, that is; from challenge and A-division branches, 40 staffs from other two branches, that is Oja and Taiwo branches. While 30 staffs were sample in regional and PS branches, 15 staffs from each of the branches.

Simple random sampling was use. This was achieved by assigning numbers to each sample unit and selecting members of the sample by using a random number table. In this research all, the 248 staffs of UBA branches were given numbers in which 120 staffs with an even numbers were selected. Questionnaire and interview were selected due to the nature of target population. Data were presented in form of appropriate table.

Research Setting

Today's United bank for Africa plc (UBA) is a product of the merger of Nigeria third (3rd) and fifth (5th) largest banks, namely the old UBA and erstwhile Standard Trust Bank PLC (STB) respectively and a subsequent acquisition of the erstwhile Continental Trust Bank limited (CTB). The union emerged as the first successful corporate combination in the history of Nigeria banking.

Results

Socio-demographic Characteristics of the Respondents

Demographic Data

Table 1: Distribution of respondent

Socio Demographic Characteristic	Frequency	Percentage
Sex		
Male	68	61.8
Female	42	38.2
Age		
23-29years	45	40.9
30-40years	60	54.5
41-55years	5	4.5
Respondents qualification		
Secondary school certificate	3	2.7
ND/NCE	23	20.9
HND/B.SC/B.ENG	68	61.8
MSC/MA/MBA	15	13.6
Others	1	0.9
Marital status		
Married	74	67.3
Single	31	28.2
Divorced	1	0.9
Separated	4	3.6
Total	110	100.0

Column 1 shows that 68 (61.8) of the total respondents are males, while 42 (38.2%) are females; meaning that there are more male employees in UBA Ilorin than females. The preponderance of more male to female might not be unconnected with the fact that our culture still prefers more male to working than females especially among those who were married, thereby depleting the number of females who are willing, able and available for banking jobs which might be so tasking and time demanding.

Column 2 shows that 45(40.9%) of the total respondents fell in the ages of 23-29 60 (54.5%) fall in the ages of 30-55 years and 5 (4.5%) fell in the ages of 41-55 years. This simply means that we have people in their mid-life in the organization and the implication of this is that where there are more young people in an organization the probability of achieving organizational goals are higher because young people still possess more energy to put in all their best to ensure higher productivity as they have lesser problem boring their mind except in rear cases.

Column 3 shows that 3(2.7%) of the total respondents have secondary school certificate, 23(20.9%) have OND/NCE certificate, 68(61.8%) have HND/B.Sc/B.ENG certificate, 13(13.6%) have MSC/MA/MBA and others qualification is 1 (0.9%). This simply means that they more HND/B.SC/B.ENG holders in the organization. This means that the organization employed skilled workers who have undergone several

training. The implication of this is positive, as there are more skilled employee's productivity will be enhancement.

Column 4 shows that 74 (67.3%) of the total respondents are married, 31(28.25%) are single, 1(0.9%) is divorced and 4(3.6%) are separated. This simply means there are more married people in the organization. The implication of this is that since there are more married male as table 1 indicated, this means that the male have wives that could cater for them at home and this could enhance their productivity because they are less bothered about the issue of taking care of house chores among others. Thus behind every successive UBA Plc male employee, there is a female i.e. wife. Also it might be noted that though the stated number of married is high, the reality on ground might not be so, it is possible that more divorcee might exist but because of the African belief which frown on divorcing and disclosure of such that might be responsible for the low rate of divorce in the study setting.

Column 5 shows that 29(26.4%) of the respondents are from kwara State, 7(6.4%) are from Ekiti, 9(8.2%) are from Ondo State, 12(10.9%) are from Kogi, 2(1.8%) are from Anambra, 3(2.7%) are from Edo, 8(7.3%) are from Lagos, 7(6.4%) are from Ogun, 2(1.8%) are from Imo State, 4(3.6%) are from Benue, 3(2.7%) are from Niger State, 1(0.9%) from Delta and 1(0.9%) are from Nasarawa. The high number of respondent from kwara might not be unconnected with the fact that all the six branches surveyed are domiciled in the state headquarter (Kwara State, Ilorin) and as such most of its staff will be from the state. Again, the policy of the bank is to recruit staff and post them to their state of origin, which will enhance the productivity of the bank/staff, because the staff will be able to attract more funds to the bank by depositor.

Substantive Issues

Table 1: Ranking of Respondents Description of the health policies of this Bank

Opinion	Frequency	Percentage
Fair	31	28.2
Good	37	33.6
Very good	35	31.8
Excellent	7	6.4
Total	110	100

The above table shows that 31(28.2%) of the respondents describe the health policy of their bank as fair, 37(33.6%) describe the health policy as good, 35(31.8%) describe the health policy as very good, while 7(6.4%) describe the health policy as excellent. From the table, it means that larger percentage of the respondents describe the health policy as very good, 37(33.6%). The implication of this is that as there are health care

provisions for the employees and as such, productivity could be enhanced as health could serve as a mirror through which we can see the strength and weaknesses of each employee.

Table 2: Distribution of respondents by their perception about effectiveness of Industrial Health Policy

Opinion	Frequency	Percentage
Fair	27	24.5
Good	56	50.9
Very good	24	21.8
Excellent	3	2.7
Total	110	100

The table above shows that 27(24.5%) of the total respondents perceive the effectiveness of industrial health Policy as fair, 56 (50.9%) perceived it as good, 24(21.8%) perceived it as very good, 3(2.7%) perceived it as excellent. The table shows that larger % of the respondents perceived the effectiveness of the Industrial health Policy as good. The implication of this is that when larger percentages of workers perceive the health policy of their Bank a good one, it could serve as a motivator especially among workers that takes their health as a priority.

The organization is expected to put in place good health policies that will improve the health of workers and which will in turn improve their productivity. That is why the interviewer wants to be sure, if there is adequate health care provision in the organization.

The finding from the respondents reveals that employees have a particular perception about the industrial health policies in their organization. A pointer to this emerges from an interview conducted with a male employee, Who states: -

"..... our health policy is good to some extent"

Male respondents/ 45 / senior staff

The response above is corroborated by another respondents who said, there are health policies on ground

".....Hem, the perception is fair, very fair"

Male respondents / 26/ junior staff

other employee responded that

".....Can I answer, well, I think it is ok"

Male respondent/ 31/ senior staff

From the responses above, it was deduced that the perception of employee about industrial health policies is on the average level because majority of the respondents said their perception is good.

Table 3: Distribution of respondents on how often their bank carryout Health examination

Health examination	Frequency	Percentage
Monthly	7	6.4
Annually	42	38.2
None of the above	61	55.5
Total	110	100

The table above reveals that 7(6.4%) of the respondents said that health examinations are carried out on monthly basis, 42(38.2%) said it is conducted annually, while 61(55.5%) said it is not carried out at all. This means that larger percentage of the respondents said their organization do not examine their health. The implication of this could be negative on the organization and this could hinder the achievement of the organizational goals. If workers health is not taken as a priority, the management could have more to pay for when rate of absenteeism increases as a result of illness.

The responses of employee on how often their organization conduct health examination varies among the responses are

“.....To be frank, I think since I have been in this bank, they had it once, it is not annually”.

Male respondents/ 45/ senior staff

Another respondent added that

“....Anytime, it is not weekly, monthly or annually, anytime you have health problem you can work into the registered hospital or whatever and they attend to you, once you have your card”.

Male respondent/ 31/ senior staff

Another respondent said:

“Hem, since I have been in the office here, I think they have it once. They only had it when any of the staff fall sick “.

Male respondent/ 26/ junior staff

From the responses it was deduced that the organization only carry out health examination on any workers that have health related problem and the examination would be done by company health maintenance organization such as Marina Medical Services Limited (MMSL) where all the UBA banks are registered or nearest hospital in which the company had registered with.

Table 4: Distribution of respondents on the impact of industrial health policies on bank workers

Impact of health	Frequency	Percentage
Fair	28	25.5
Good	57	51.8
Very good	23	20.9
Excellent	2	1.8
Total	110	100

The table above shows that 28(25.5%) of the respondents said that the impact of industrial health policies on their work is fair, 57(51.8) said is good, 23(20.9%) said is very good, while 2(1.8%) said the impact on their work is excellent. since larger percentage of the respondent believe that effect of Industrial health policies is good, it is good for the organization to put in place health policies that could serves as motivator otherwise if workers often fall sick and absent themselves from work it could reduce productivity.

Table 5: Distribution of respondents on how health polices can change their attitude to work

Opinion	Frequency	Percentage
Yes	90	81.8
No	20	18.2
Total	110	100

The table reveals that 90(81.8%) of the total respondent believe that health policies can change their attitude to work, while 20(18.2%) believe that health policies cannot change their attitude to work. The implication of this is that since larger % of respondents believes that health policies can change their attitude to work, the management are employ to take provision of health care as a priority.

Any organization that want to achieve its goals to the fullest must put employee's health into a great consideration because if they do not, they could have more cost to pay when employees performance starts to reduced as a result of absenteeism due to illness. It was in the light on this that UBA plc but in place some health policies in compliance with National Health Insurance Scheme (NHIS).

The responses of employee go thus,

".....Yes, it has effect on my performance as a worker. You know if my health is good my performance will increase if the organization can check my health status maybe once in a year".

Male respondent/ 26/junior staff

Another added that

".....Health policies can change my attitude towards work, but if there are no policies the effect is very, very bad".

Male respondent/ 45/senior staff

Table 6: Distribution of respondents on the likely effect of non-health policies on workers performance

Effect of non-health policies	Frequency	Percentage
Good	24	21.8
Bad	86	78.2
Total	110	100

The table reveals that 24(21.8%) of respondents view the likely effect of non-health policies on their performance as good, while 86(78.2%) view it as bad. It means that workers know the importance of good health on their

performance because if they are often absent from work as a result of illness, it could hinder achievement of organizational goals. In addition, this could in turn affect nation's economy

Table 7: Distribution of respondents on how company's health policies can be sources of security when faced with hazard on the job

Opinion	Frequency	Percentage
Yes	85	77.3
No	25	22.7
Total	110	100

The table shows that 85(77.3%) of the total respondents said company's health policies can be a sources of security when faced with hazard on job , while 25(22.7%) said health policies can not be a sources of security when faced with hazard. since larger percentage said the company's health policies could serves as security when face with hazard on job, the implication is that if there are no health policies to serve as security workers could be dissatisfy and exhibit not commitment attitude towards work.

Table 8: Distribution of respondents on should employees be punished for unhealthy life style

Employee be punished for unhealthy lifestyle	frequency	Percentage
Yes	51	46.4
No	59	53.6
Total	110	100

The table shows that 51(46.4%) of the total respondents said that employee should be punished for unhealthy lifestyle, while 59(53.6%) said employees should not be punished for unhealthy lifestyle. The employees should be blamed for unhealthy lifestyle and the employers should be blame for not educating their employees on the importance of healthy lifestyle.

Table 9: Distribution of respondents on absence from work since employment

Is your Absence from work related to health issue?	Frequency	Percentage
Yes	87	79.1
No	23	20.9
Total	110	100

The table shows that 87(79.15%) of the total respondents have been absent from work since employment, while 23(20.9%) have never been absent from work. The implication of this could be adverse if the number of absenteeism are more, production could be reduces as a result of absenteeism.

The respondents have been absent from due to one thing or the other. Except from annual leave, high rate of absenteeism from work could have grievous effect on the organization and it could hinder the achievement of organizational goals.

A respondent states..

".....Apart from my annual leave, my absence from work is always related to trying to look after my health"

Male respondent/ 26/ junior staff

Another respondent adds

".....I was absent due to maternity leave"

Female respondent/ 35/ senior staff

Table 10: Distribution of respondents on the reason for absence from work

Reason for absenteeism	Frequency	Percentage
Sick leave	50	45.5
Annual leave	24	21.8
Otherwise	14	12.7
No response	22	20
Total	110	100

The table shows that 50(45.5%) of the total respondent said reasons for their absent from work was due to sick leave, while 24(21.8%) were absent as a result of annual leave and 14(12.7%) were absent as a result of other reasons. Though 120 questionnaires were distributed but 110 were returned and 88 respondents attempted this question, while there was 22 multiple responses, 22 did not attempt the question just because the question is not applicable to them.

Table 11: Distribution of respondents on whether they have ever incurred accident at work

Opinion	Frequency	Percentage
Yes	46	41.8
No	64	58.2
Total	110	100

The table shows that 46(41.8%) of respondents have incurred accident at work, while 64(58.2%) has never incurred accident work. This might not be good for the Bank as the management need to recognize the job schedule so that lesser accident will be incurred in the future.

Table 12: Distribution of respondents on whether the accident was caused by person or colleague

Accident caused by your colleague	Frequency	Percentage
Yes	15	13.6
No	34	30.9
No response	61	55.5
Total	110	100

The table reveals that 15(13.6%) of the total respondents said the accident was caused by themselves or colleagues, while 34(30.9%) said the accident was neither caused by them or colleague. Out of the 110 returned questionnaires, only 49 people attempted this question and there was 61

multiple responses. 61 people did not attempt the question because it did not apply to them: N=49.

Table 13: Distribution of respondents on the nature of accident incurred

Nature of accident	Frequency	Percentage
Robbery attack	3	6.5
Fire outbreak	1	2.2
Suffocation of elevator	2	4.3
Slip and fall due to slippery surface	5	10.9
No response	64	76.1
Total	110	100

Table above shows that 3(6.5%) of the total respondents experience robbery attack as the incident incurred while doing their assignment at the organization. 1(2.2%) of the respondents experience fire outbreak, 2(4.3%) of respondents experience suffocation in the elevator, 5(10.9%) of respondents slip and fall due to slippery surface, while 35(76.1%) of respondents incurred other accidents. Out of 110 questionnaires returned, only 46 attempted this question and there was 61 multiple responses because 61 did not attempt the question just because it did not apply to them: N=46.

Reports have it that greater numbers of occupational accident have been recorded over the years. For instance, 1.2 people die yearly from work related accidents with the economic consequences of the accident accounting for four percent of the global gross domestic product. Describing the nature of accidents incurred, one of the respondent's states:

".....Hem, it was because of power failure. The light went off while I was in the elevator and I nearly suffocated".

Another added:

'.....I had a robbery attack, we are on marketing team and had robbery attack on our way".

Male respondent/31/senior staff

Table 14: Distribution of respondents on the response of management to the accident incurred.

Response of Management	Frequency	Percentage
Free care	5	4.5
Show a great concern	42	38.2
No response	63	57.3
Total	110	100

The table shows that 5(10.5%) respondents said that their management respond to the accident by showing free care attitude, while 42(89.4%) of respondents said their management response was that of a great concern. Out of the 110 questionnaire returned, only 47 attempted this question

and there was 63 multiple responses because 63 did not attempt the question just because it did not apply to them:-N=47.

Table 15: Distribution of respondents on whether the accident affects their performance at work

Opinion	Frequency	Percentage
Yes	34	30.9
No	14	12.7
No response	62	56.4
Total	110	100

The table shows that 34(30.9%) of respondents said the accident affects their performance at work, while 14(12.7%) said that it did not affect their performances. Out of 110 questionnaires returned, 48 attempted this question and there was 62 multiple responses, 62 did not attempt the question because it did not apply to them.

Table 16: Distribution of respondents on assignment in the organization

Assignment more prone to accident	Frequency	Percentage
Administrative	39	35.5
Marketing	24	21.8
Cashier	25	22.7
Others	22	20.0
Total	110	100

The table shows that 39(35.5%) are administrative staffs, 24(21.8%) are marketing, 25(22.7%) are cashier, while 22(20.0%) take up other assignment in the organization. This shows that there are more administrative staff in the organization.

Table 17: Distribution of respondents on which assignment is more prone to job accident

Assignment more prone to accident	Frequency	Percentage
Administrative	23	20.9
Marketing	55	50.0
Cashier	24	21.8
Others	8	7.3
Total	110	100

The table shows that 23(20.9%) of the total respondents said administrative work is prone to accident, 55(50.0%) said marketing is more prone to accident, 24 (21.8%) said cashier work is more prone to accident, while others 8(7.3%) said other assignment in the organization is prone to accident.

Provision of good healthcare is part of management tools for improving the morale and commitment of the workers though they are not easy to manage. The extent to which the organization is able to manage this important tool will in no small way determine the level of performance of the human element in it.

Theoretical Context and Discussion of Findings

Functionalism Theory

Functionalism first emerged in nineteenth-century Europe. The French sociologist Emile Durkheim was the most influential of the early functionalists. The theory was developed by American sociologist such as Talcott Parsons in the twentieth century, and it became the dominant theoretical perspective in sociology during 1940s and 1950s.

The starting point for Parsons is that all social actions can be understood in terms of how they help society to function effectively or not. When a person is sick, they are unable to perform their social roles normally. Parsons argued that the best way to understand illness sociologically is therefore to view it as a form of deviance which disturbs society's functioning in just the same way that crime does. Therefore, like crime any other form of deviance, illness needed to be controlled in some way, and the deviant helped or forced into performing their social role once again.

This led Parsons to explore the relationship between illness and social control.

Talcott Parsons: The Sick Role

In the social system Talcott Parsons (1951), put forward one of the most famous concepts in the sociology of health and illness: the sick role.

Instead accepting the idea of sickness as a biological concept, Parsons suggested that it was a social concept, so being ill meant acting in different, deviant ways to the norm. Being sick was therefore a form of social role, with people acting in particular ways according to the culture of society. In modern societies, this involves four elements, two of which are rights and two of which are obligations.

The rights of the sick role

The sick person has the right to be exempted from normal social obligations. Such as attending employment or engaging in family activities. However, the extents to which the person can take on the sick role and avoid normal duties depend upon the seriousness of the illness and other people's acceptance that they are genuinely ill. For example, employers might reject an employee's claim to be sick and unable to work. They may argue that the person is merely forging illness. In cases like this, a medical expert is called upon to decide on the validity of the claim to be sick.

The sick role is something that the person can do nothing about and for which they should not be blamed. They therefore have the right to be looked after by others. The sick role effectively absolves the person from any blame for their social deviance.

As well as the two rights, there are two related obligations:

The sick person must accept that the situation they are in is undesirable and they should seek to get well as soon as possible.

The sick person must seek professional help and cooperate with the medical profession to get better.

According to Parsons, the rights of the sick role are completely dependent on the sick person undertaking these obligations-if not, their illness is not regarded as legitimate and they are seen as unfairly appropriating the sick role.

Much of the industrial health policies are established so as to prevent related injuries and illness, thereby preventing employees from being deviant as argued by Parsons because if the health policies are not put in place or not effective when an employee incur an injury and is not treated on time, it could lead to a long standing illness which could in turn lead to a decrease in production as a result of absenteeism or not being able to perform duties normally.

On one hand, an employee who is sick has the right to be exempted from employment and employers have the right to take care of the sick employee provided such sickness resulted from an industrial accident.

On the other hand, the sick employees are to see their situation as undesirable and seek to get well as soon as possible because if they do not do so their absenteeism could affect productivity seriously.

The sick employee must also report an industrial accident to the authority in charge of health and safety at work so as to seek professional help.

Summary of findings

From the study so far, we have been able to establish the following facts. In any organization be it public or private, the level of attainment of organization aims and objectives depend largely on the commitment of the human assets therein. The extent to which they are managed and motivated determine s their readiness to put in their best. It has been established that motivation is a continuous exercise and it should be made so if it is to achieve the desired result.

It was also established in the course of study that Health policies can only be meaningful if they meet needs of those it is intended to serve. These Health policies are of different types and can best apply to different situations. It is measures of good management if the organization can introduce plans that will suit the generality of the workers needs so that they can put in extra effort thereby improve productivity level.

Provision of good healthcare is part of management tools for improving the morale and commitment of the workers though they are not easy to manage. The extent to which the organization is able to manage this important tool will in no small way determine the level of performance of the human element in it.

With particular reference to UBA Plc. Ilorin, the study has been able to establish that the management does not attach importance to health of workers but they concentrate on other areas of motivation especially through money incentives. It was established that workers are alienated from specie being i.e. they have Jettison their human characteristics for animal characteristics. Workers are not really satisfied with the Health policies but they hardly complain even on other issues affecting them negatively because they are afraid of losing their job if they complain too much. UBA plc Ilorin does not conduct health examination on worker except in some rear cases. The employers on the other hand deliberately create an artificial figure of unemployed so as to use the unemployed as a mirror for checking the employed.

It was also established that even employees themselves live an unhealthy lifestyle such as smoking, alcohol taking among others.

It was also found that the Health policies of the company left much to be desired, thus there was the need for improvement if it was to serve as a motivation.

On the effect of health policies on productivity of workers of the company, it was the submission of most workers that poorly managed Health policies as found in the company did not give room for enhanced productivity. However, it was their contention that productivity level could be better if greater attention is given to their health coupled with other motivation policies.

Generally, about 1.2 million workers die as a result of work-related hazards annually, with the economic consequences of the accidents accounting for four percent of the global Gross domestic product.

Conclusion

The issue of health is central to all societies. Without adequate level of health in a population, society cannot function. In addition, members of organization must be healthy in order to be productive and to contribute to society's growth. Different organizations, however, place different emphases on health's importance and safety at work. However, the study concludes (based on the results of the findings) that:

A health policy in the company is far cry from what can be regarded as ideal. Though health examination are not frequently carried out provision

of health care mainly on what the management wants and not what is good for both company and the interest of workers.

The company pays a handsome package of fringe benefits, which has shifted the attention of workers away from the inadequacies of health policies in the company. Nevertheless, if care is not taken sooner than later, the workers will react.

Productivity of workers is at satisfactory level but this can still be further improved upon if what is due to the workers are given to them as at when due.

Health policies can contribute positively or negatively to workers productivity depending on how it is managed. With particular reference to UBA Plc. Ilorin, the study has been able to establish that the management does not attach importance to health of workers but they concentrate on other areas of motivation especially through money incentives. It was established that workers are alienated from specie being i.e. they have Jettison their human characteristics for animal characteristics. Workers are not really satisfied with the Health policies but they hardly complain even on other issues affecting them negatively because they are afraid of losing their job if they complain too much. UBA plc Ilorin does not conduct health examination on worker except in some rear cases. The employers on the other hand deliberately create an artificial figure of unemployed so as to use the unemployed as a mirror for checking the employed.

It was also established that some of the employees themselves live an unhealthy lifestyle such as smoking, alcohol taking among others. It was also found that the Health policies of the company left much to be desired, thus there was the need for improvement if it was to serve as a motivation.

On the effect of health policies on productivity of workers of the company, it was the submission of most workers that poorly managed Health policies as found in the company did not give room for enhanced productivity. But it was their contention that productivity level could be better if greater attention is given to their health coupled with other motivation policies.

References

- Annandale E. (1998). The sociology of health and medicine, Cambridge, Polity press.
Beach D. (1980) Personnel: The management of people at work. New York.
Bell V. (2005) Occupational injury and illness statistics
Bureau of labour Statistics (2007). Overcoming Employee health problems to prevent productivity-related losses.

- Centers for disease control and prevention CDCP (2006). Control costs through health and productivity management.
- Cole A. (1996) Management theory and practice, Britain, Martin and printers
- French W. (1983). The personnel management process. Human Resources Administration and Development. Houghton, Mifflin Company.
- Goetzel R. et al (2004) "Health Absence, Disability and Presenteeism cost estimates of certain physical and Mental Health Conditions Affecting U.S employers" Journal of occupational and Environmental Medicine.
- Green A. (1996). Health sector reform and the interpretation of policy context. Health policy No 47 pp. 69 -83.
- Hadley J. (2002) Sicker and poorer. The consequences of being Uninsured. Washington.
- Haralambos, M. Holborn M. R. (2004) Sociology themes and perspectives. Hammersmith London, HarperCollins publisher limited.
- Herzberg F. (1959). The motivation to world, New York, John Willey and sons Inc
- Ibrahim D. (1989)"Productivity improvement in Nigeria. Journal of Nigeria Institute of Management. Vol. 25, No 6 pp55.
- Lindsay F (1980) "Accident process-does it exist? Occupational safety & health. February 1980, 10, No 2 pp 8-9.
- IOM (2003) Institute of Medicine Hidden Costs, value Lost: Uninsurance in America. Washington DC, National Academy press.
- Komaki A., Lawson L., Heinzmann T. (1980) "Effect of training and feedback component analysis of behavioural safety program: Journal of Applied psychology, 1980, 65 no 3 pp 261-70.
- Lipsey, Robert E. et al (1987) Savings and Economic growth Macmillan Publishing Company Inc.
- McBeath G. (1974). Productivity through people. A practical guide to improvement: Business books Ltd. London.
- Mali F. (1981). Improving total productivity, New York: John Willey and sons.
- Manheim (1997). The source of social power, Vol. 1, Cambridge, Cambridge University press.
- Mohammed Y. (2004) Introduction to research methodology and statistics, Kano, Nigeria, Debis Co. Press & publishing company.
- Monday (1982). Demographic and psychological factors producing organizational commitment among industrial workers. Kamla-Raj pp. 31-38
- Money, S (2002). An appraisal of the National Health Insurance Scheme of Nigeria, Commonwealth law bulletin, 32:3 pp 415-427.
- Morrow (1993). Demographic and psychological factors producing organizational commitment among industrial workers. Kamla-Raj pp. 31-38

- National Health Insurance Scheme NO 35 OF 1999 Laws of the Federation of Nigeria.
- Nwachukwu. (1988) Management theory and practice Onitsha, Africana feb Publishers.
- Olowa, Y (1989). A hand on social work and social institutions, Lagos: Publisher, One plus one enterprise
- Paster Z. (2006). Workers health and productivity report. Vol.1 presented by Oakstone publishing, Alabama.
- Rais, A. (1991) Health care pattern and planning in developing countries. Greenwood press.
- Ranold, J. (1993) Financing health care in sub-Saharan Africa greenwood press. pp1-18.
- Ransome, K. (1992) National Drug in Nigeria Journals of public Health policy. Vol 13, No 3
- Samuel O. (2008) Demographic and Psychological Factors predicting organizational commitment among industrial workers.
- Santos & Notland (2006). Demographic and psychological factors producing organizational commitment among industrial workers. Kamla-Raj pp. 31-38
- Sinan Aral and Marshal (2007). Network structure information advantage. Massachusetts institute of Technology.
- Talcott P. (1952). The sick role and the role of the physician Reconsidered, Milbank memorial, funnel quarterly: health society, No 53 pp 257-78.
- Thomas H. (1982) Understanding Personnel Psychology New York, Madison Press.
- Uzoago W. (1981). Money and Banking in Nigeria Enugu, Dimension Publishing. Co.
- Vijan et al. (2004) The Impact of Diabetes on workforce participation. Result from National Household Survey.
- Vogel E. (1993). The emotionally disturbed child and the family. Hammersmith London, Harper publisher limited.
- WHO health organization (2002). World health report, Geneva.
- World Health Report (2002) Health Systems.
- World Labour Report (2000). Healthcare: key to decent work. A report of the Director-General to the ILO (1999) International Labour Conference.
- World Bank (2008) Origin of Rich-poor differences in healthcare financing.