

## Factors Influencing the Practice of Self-Medication among Bankers in Selected New Generation Banks in Ilorin Nigeria

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### Abstract

The irrational use of drugs often referred to as Self-medication, is fast becoming a global issue affecting all works life, including the Nigerian Banking Industry. This study aims at investigating the factors responsible for the practice of self medication among bankers in Ilorin, north central region of Nigeria. The study was conducted in five new generation banks in Ilorin, 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 was 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 job (64%), knowledge of drug to take (91%), nature of sickness (85%), seriousness of the sickness (82%) and faster relief from sickness (46%). The practice of self medication is also affected by respondents' age, work duration, annual income and business unit as test of associations were statistically significant ( $p < 0.05$ ). Stiffer government regulation remains the way out of this practice in the banking industry in Nigeria and the Nigerian society at large.

**Keywords:** Factors; Influencing; Practice; Selected; Self medication; Bankers; Sickness; Ilorin; Nigeria

### Introduction

The Nigeria Banking Industry in the last four decades has witnessed 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. According to Akingbola and Adigun [1], the Nigerian Banking Industry is characterised by increasing job demands, excessive work schedule, ever-increasing competition among banks and job insecurity. The effect of this on the health of the workers cannot be overemphasised. Many bankers have had their health deteriorated and many have had to live with various forms of illnesses due to the stress that comes with their job [2].

Report shows that in some new generation banks, many bankers in a bid to meet up with the demands of their "shaky jobs" and the pressure that comes with the job have become hypertensive [2]. A number of banks have also raised the targets for their marketers as a result of the growing competition in the industry, resulting in the prevailing "rat race" evident in the industry [3]. The implication of this is that bankers may not have the luxury of time to seek medical attention at the hospital when they fall sick as a result of their excessive work load and busy schedule.

Banking itself which started in Nigeria in 1892, under the supervision of the Central Bank of Nigeria (CBN), has witnessed a number of developments especially, over the last four decades [4]. 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 [5]. These banks brought with them new innovation and re-engineering not found in the so called 'old generation banks', and this launched the industry into the new trend of banking that is being witnessed in Nigeria today [6].

In addition to this, the industry became a major employer of young and energetic graduates due to its proliferation across the country. 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 would be raised from 2 billion Naira to 25 billion

Naira and that banks would require to comply to the new policy by the end of December 2005. The aim was to strengthen commercial banks to perform their intermediary roles more efficiently and effectively than before [7,8].

This resulted to consolidation through mergers and acquisition of banks 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 customer's funds, the effects on the workers could not be denied. It came with pressure in the industry in a bid for bankers to meet up with the demands of their job, causing some of them to suffer one form of illness or another.

Therefore, in order to maintain a balance between work schedule and their health condition, possibilities are that they may result to self medication instead of consulting doctors for proper diagnosis to utilize effectively the little time at their disposal. This study thus investigates the factors influencing the practice of self medication among bankers in selected banks in Ilorin.

### Statement of the Problem

Self medication constitutes both social and economic problems to an individual and the society at large, and this requires attention from various quarters. According to Burton [9], self medication gives temporary relief to sickness instead of permanent cure thereby delaying diagnosis. This is often done by suppressing and masking the signs and symptoms of sickness only for the sickness to relapse after sometime. Apart from this, self medication creates drug resistance and could lead

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to drug addiction especially when it is done intermittently.

In addition, self-medication can lead to the damage of certain organs in the body. According to Atohengbe [10], when a drug is not properly administered or an overdose is done, damage can be done to organs of the body like the liver. She asserted that those who are addicted to taking paracetamol for headaches stand the chance of experiencing liver damage, which may lead to death.

Underutilization of health care facilities may also arise due to the practice of self-medication (Figure 1). This is because health facilities such as hospitals, clinics and dispensaries provided by the government and the private sector to cater for health needs of the people may be neglected.

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

The increasing job demands and ever increasing competition in the Nigerian Banking Industry has contributed immensely to the practice of self medication in the sector. According to Award, Elthaved, Maltowe et al., Covington and Major, Vinczez and Mesko et al., self-medication which encourages an individual to look after minor ailments with simple and effective remedies is fast becoming a global issue. This cut across cultures, genders, health, social status, race and occupation and the Nigerian Banking Industry is not left out in this practice.

The usual high job demands been experienced by bankers in the Nigerian Banking Industry is significant to the practice of self medication in the industry. Unfortunately the long queues and delay at

the hospitals has added to the problem. According to Major, Vincezez and Nesko et al., people practice self-medication because they cannot cope with the long queues in the hospital. This is even more worrisome in Nigeria where health facilities available for the teeming population cannot cater adequately for the health needs of the people. Similarly, the ratio of doctors to patients is drastically low, the World Health Organization [11]; puts the ratio of doctor to patient in Nigeria at 28:100,000. This is why patients spend substantial amount of time in the hospitals waiting to be attended to by doctors and other allied health professionals. Incidentally, 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 [12].

According to Fernandez et al., [13], patients perceive long waiting time as a barrier to actually obtaining medical services. The Institute of Medicine (IOM) recommends that at least 90% of patients should be seen within 30 minutes of their scheduled appointment time [14]. This is however not the case in most developing countries including Nigeria, as studies have shown that patients spend 2-4 hours in the out-patient departments before seeing doctors [15,16]. Although the duration of waiting time varies from country to country and even within country it varies from hospital to hospital. In Nigeria, an average waiting time of about 173 minutes was found in Benin City [17]. While in the University College Hospital Ibadan, a mean waiting time of 1 hour 13 minutes was observed [18].

Further studies revealed that the seriousness of sickness also determines the practice of self medication. This view was asserts by Ibrahim and Sandler, who opined 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 illnesses come with mild symptoms that are bearable and that can be self managed, people tend to fall back on self medication. It is however unlikely that a patient faced with life

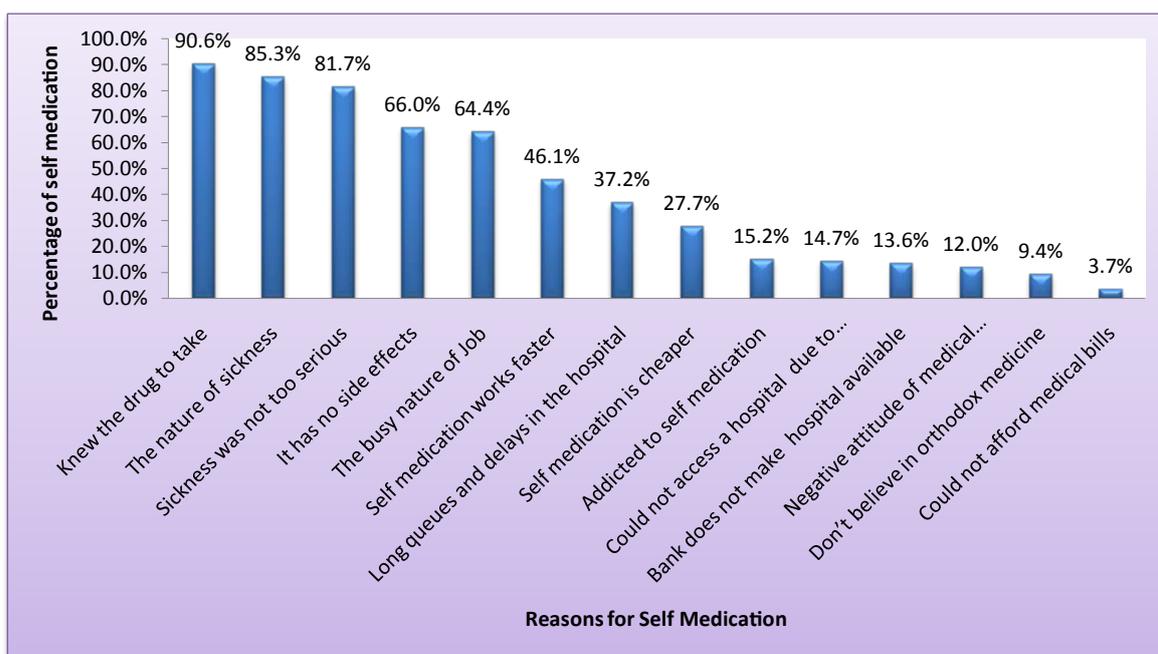


Figure 1: Percentage of factors influencing the practice self-medication.

threatening and grave symptoms will self medicate. The World Health Organization refers to this type of self medication as responsible self medication. According to WHO [19], responsible self-medication can help prevent and treat diseases that do not require medical consultation. Therefore, mild symptoms such as headache and body pains would not likely require that someone consult the doctor especially when drugs to alleviate such symptoms can be accessed over the counters in the pharmacy without prescriptions from the doctor. Atohengbe [10] is however of the opinion that such practice may cause more harm to the body than good.

Consequently, the practice of self medication has been enhanced by the cost. Often times, self medication is more affordable than going to the hospital to consult with doctors. This is in line with the view of Sandler, Conelly, Habeeb and Gearhart; that people practice self medication because it often times does not cost as much as consulting doctors. This is because some of the medical tests required in the hospital to know the root cause of illness such as laboratory test, X rays, Ultra sound etc. are usually left undone.

In addition to this, people practice of self medication because it works faster for them and has no side effects on their health. In Nigeria, this is particularly common with those that use traditional medicine such as the local concoction called agbo. Many people prefer this local concoction than the orthodox medicine they get from the doctors because of the notion that it works faster for them and has no side effects. This is in line with the study conducted by Oreagba et al. [20] on herbal medicine use among urban residents in Lagos, Nigeria, where majority of the respondents, who are herbal medicine users, believe that agbo works faster for them and that adverse effect rarely occur with the use.

One cannot also separate peoples' culture from illness and diseases; it goes a long way in affecting their beliefs and treatment of illness and diseases. According to Haak, people practice self-medication because the illness is beyond the knowledge of western trained doctors. This is particularly common in African traditional societies where various beliefs are held on illness and diseases. This is in line with the view of Jegede [21], on the concept of "were" (madness) among the Yoruba tribe in Nigeria, where it is believed that one can be inflicted with mental illness (were afise).

It is in view of these that it has become imperative for researchers to seek solutions to the problem of self medication by carrying out research on this problem and other related issues.

## 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 [22]. HBM was developed in the 1950s by a group of social psychologists at the U.S Public Health Service [23]. The model propounds that an individual will consider a recommended health action if such action has perceived benefits such as relief from pain, and also if such action out-weights perceived barriers such as long queues and delays at the hospital. Based on these assumptions, bankers would rather engage in self-medication if they perceive benefits so as to meet up with the demands that come with their job. In addition, they will also self medicate if such action out-weighs perceived barriers such as long queue at the hospital, negative attitude of health professionals etc.

HBM has however been faulted for not taking into account

personal attitude, behaviours that are habitual, and those 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 contents to the 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 study population 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 out of which the five new generation banks were purposively selected due to the excessive work schedule associated with them as noted in earlier literature by [1]. 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 the bankers while the third section contained questions relating to the effects of self-medication on bankers.

The study had 55 respondents from Access Bank, 35 workers from Fidelity Bank, 45 workers from Diamond Bank and 50 workers from Zenith Bank, while Guaranty Trust Bank had 55 workers. The Statistical Package for Social Science (SPSS 17.0) was used to analyse the data collected from the field. The study made use of tables, simple percentage and charts to present the data retrieved from the field.

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.

## Results

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. Findings further 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 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% (Figure 2). 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%.

Variables (N=240)	No of Respondents	Percentage
<b>Sex</b>		
Male	174	(73)
Female	66	(27)
<b>Total</b>	<b>240</b>	<b>(100)</b>
<b>Age</b>		
≤30	122	(51)
31-40	95	(39)
41 and Above	23	(10)
<b>Total</b>	<b>240</b>	<b>(100)</b>
<b>Marital Status</b>		
Single	102	(42)
Married	138	(57)
<b>Total</b>	<b>240</b>	<b>(100)</b>
<b>Religion</b>		
Christianity	149	(62)
Islam	91	(38)
<b>Total</b>	<b>240</b>	<b>(100)</b>
<b>Grade/Level</b>		
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)
<b>Total</b>	<b>240</b>	<b>(100)</b>
<b>Salary Per Annum (Naira)</b>		
≤1M-1M	97	(40)
1.1M-5M	77	(32)
5.1 and Above	66	(28)
<b>Total</b>	<b>240</b>	<b>(100)</b>
<b>Business Unit</b>		
Operations	104	(43)
Marketing	88	(37)
Support staff	48	(20)
<b>Total</b>	<b>240</b>	<b>(100)</b>

Source: Researcher's Fieldwork, 2014

**Table 1:** Socio-Demographic factors of respondents.

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 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 ( $p < 0.05$ ) (Figure 3).

## Discussion

Result shows that almost three quarter (73%), of the studied population are male, while, about half 51% of the respondents are 30 years and below. This is in line with the view of Adenuga and Ilupeju [5] on the working conditions of female marketers in some banks in Ibadan, that Nigerian banks deliberately source for young and energetic graduates from universities or polytechnics who are both physically and mentally sound to handle the job effectively.

It was also revealed in the study that more than half (65%) of the studied population are support/contract staff like tellers, office assistant, cleaners, drivers etc. This confirms the report of Balogun et al., [24], on mass casualisation of banks staff in Nigeria where many banks make use of more contract staff and pay them “pea nuts” compared to what permanent staff takes home in a view to increase their profit. This also reflects in the income of the studied population where (40%) of the respondents earn less than a million naira annually.

Variables	No of Respondents	Percentage
<b>Have you ever been sick since you took up this job?</b>		
Yes	221	(88)
No	29	(12)
<b>Total</b>	<b>240</b>	<b>(100)</b>
<b>How Serious was the sickness?</b>		
Not so serious	122	(55)
Serious	78	(35)
Very serious	21	(10)
<b>Total</b>	<b>240</b>	<b>(100)</b>
<b>Do you practice self-medication?</b>		
Yes	191	(80)
No	49	(20)
<b>Total</b>	<b>240</b>	<b>(100)</b>
<b>How often do you practice self-medication?</b>		
Always	89	(47)
Occasionally	102	(53)
<b>Total</b>	<b>191</b>	<b>(100)</b>
<b>Why do you practice self-medication</b>		
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)
<b>Common symptoms that led to self-medication</b>		
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)
<b>Common Medication for Self- Medication</b>		
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: Researcher's Fieldwork, 2014

**Table 2:** Related questions on the practice of self medication.

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

Source: Researcher's Fieldwork, 2014

**Table 3:** Analysis of Effects of Self-Medication on Bankers.

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

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

Further result also shows that two hundred and twenty one (88%) of the respondents have fallen sick at one time or the other on the job, even though almost half (45%) of the sickness was serious. However, one hundred and ninety one (80%) of the respondents have practiced self-medication at one time or another. This is in tandem with the

report of Osaremem [2] that many bankers in some new generation banks are hypertensive.

The first major factor mentioned in the study influencing the practice of self-medication among the bankers is the busy nature of their job (64%). This agrees with the view of Akingbola and Adigun

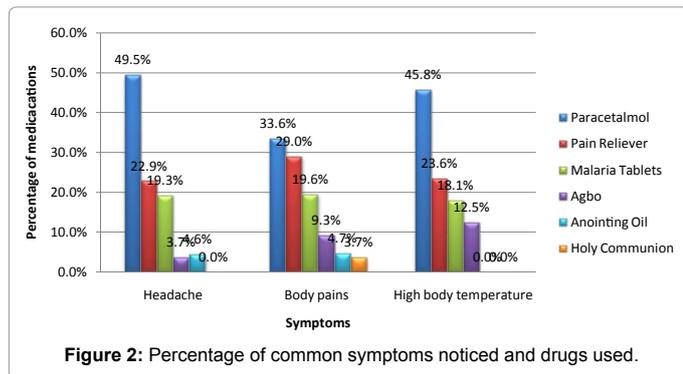


Figure 2: Percentage of common symptoms noticed and drugs used.

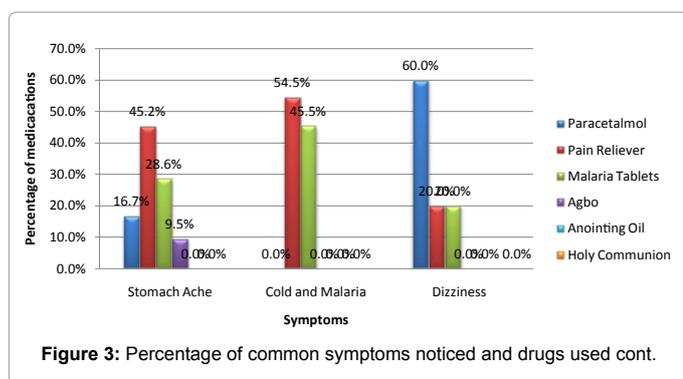


Figure 3: Percentage of common symptoms noticed and drugs used cont.

[1] that the Nigerian banking industry is characterised by increasing job demands and unstructured work schedule like working late and at weekends. This was followed by the knowledge of the drug to take (91%); this probably is due to the fact that the population is literate and probably has access to health information through seminars, book, and various media channels.

The third major factor mentioned is the nature of sickness (85%). This may have resulted from beliefs held in certain cultures that some sicknesses are not pathological and cannot be cured by orthodox medicine. This agrees with the view of Jegede [21], in earlier literature on the concept of “were” among the Yoruba tribe in Nigeria where it is believed that mental illness is inflexible. The study further revealed that respondents practice self-medication due to the seriousness of the sickness (82%), this explains why paracetamol and pain relievers account for the drug most used in the study; this probably was done to suppress signs and symptoms of mild sicknesses. There are indications that an individual will seek medical help if his/her health condition becomes unbearable.

The fifth major factor identified for the practice of self-medication in the studied population is that self-medication works faster for their illness (46%). This is probably because they don't have to pass through the usual routine experienced in the hospital like being subjected to medical test, X-ray, scan and other further medical investigation that must be done to know the cause of the sickness before drugs can be administered.

The last major factor identified in the study influencing the practice of self-medication is that it has no side effect; this is probably for those that use traditional medicine such as the local concoction (agbo), which confirms the earlier literature by Oreagba et al. [20] on herbal medicine use among urban residents in Lagos, where majority of the

respondents who are herbal medicine users believe that adverse effects rarely occur with its use.

Other factors mentioned in the study responsible for the practice of self-medication is that it is cheaper (28%), delay in the hospital (37%), inability to afford medical bills (4%), availability of medical facilities (14%), distance (15%), and addiction (15%). The study also shows that respondents age, work duration, annual income as well as business unit and the practice of self-medication, as test of associations were statistically significant ( $p < 0.05$ ).

The study showed that the lower the age of the respondents, the higher they practice 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. It was also revealed from the study that those that 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 give psychological stress.

It was also discovered in the study that those who earn less than a million self-medicated more than those that earn more income per annum, this category of bankers are probably support staff like cleaners, office assistants, drivers, and tellers etc who are not provided with medical facilities and may not be able to afford medical bills. This confirms the report of Balogun et al. [24] that Nigerian banks are slave camps.

Finally, there was a relationship between strategic business units and the practice of self-medication in the studied population. The study revealed that marketers practice self-medication more than operations staff. This confirms the view of Akanbi [3] that many banks have raised the bar for their marketers thereby causing pressure in the industry.

## Conclusion and Recommendation

This study has explored the factors influencing the practice of self-medication among bankers in five new generation banks in Ilorin namely: Access Bank, Diamond Bank, Fidelity Bank, Guaranty Trust Bank and Zenith Bank. Factors influencing the practice of self-medication among the studied population include: knowledge of the drug to take, the busy nature of their job, nature of sickness, seriousness of the sickness, faster relief, no side effects, delay in the hospitals, availability of health facilities, distance, addiction, attitude of medical professionals, inability to pay medical bills and relatively cheap.

The study showed a statistical significance 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 ( $p < 0.05$ ). The study suggests that government should employ stiffer regulations on drug dispensing and also discourage hawking of drugs in the country without appropriate operating licensing. Furthermore, banks should orientate their staffs on the dangers involved in the practice of self-medication by organising seminars and workshops for them to give them adequate orientation on the menace.

Lastly, banks should ensure it makes medical facilities available to their staff as part of their corporate social responsibility to their staff to access health care when needed.

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