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Prevalence and risk factors for anxiety and depression among commercial bank workers in Abeokuta, South-Western Nigeria

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ABSTRACT

Objective: There is a dearth of studies on anxiety and depression among well-defined occupational groups. Current evidence suggests that both conditions may be found among workers exposed to stressful work conditions and they impact negatively on productivity. The aim of this study was to determine the prevalence of generalized anxiety disorder (GAD) and major depression (MD) and their associated socio-demographic and work-related factors among commercial bank workers in Abeokuta. **Methods:** Using a cluster sampling method, 286 bank workers in 14 randomly selected banks were assessed in a two-stage survey procedure. The first stage involved the administration of a socio-demographic questionnaire and the 20-item self-reporting questionnaire (SRQ-20) to all consenting bank workers to screen for general psychiatric morbidity, while the second stage involved interview of SRQ cases and a proportion of non-cases with the structured clinical interview for diagnostic and statistical manual-IV (DSM IV) axis I diagnosis (SCID) for the diagnosis of GAD and MD. **Results:** The prevalence of GAD and MD was 5.6% and 1.7%, respectively. Identified risk factors for GAD included female gender (odds ratio [OR] 5.1, 95% confidence interval [CI] 1.6-16.1), age <30 years (OR 17.1, 95% CI 2.2-131.6), single marital status (OR 4.2 95% CI 1.5-11.7), and middle occupational post (χ^2=7.16, df = 2, P = 0.02). MD was associated with longer average daily working hours (t = −2.2, P = 0.026), complaints of health problems in the previous month (χ^2= 8.8, P = 0.012), as well as use of sedative medication (OR = 17.2, 2.3-125). **Conclusion:** GAD and MD occur among bank workers, and they are related to socio-demographic, health, and occupational correlates. These findings suggest the need to adopt a holistic approach in developing effective prevention strategies, which may include the promotion of occupational mental health and stress management programs among vulnerable occupational groups for enhancement of health and productivity.

KEY WORDS: Anxiety, commercial bank workers, depression, Nigeria, South-western

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INTRODUCTION

Stressful events play an important role in the onset of psychiatric disorders [1-5]. Whether an event is perceived as stressful depends on the nature of the event and on the person's resources, psychological defenses [6], and coping mechanisms [7,8].

Social and psychological factors such as insecure employment, non-conducive work environment, and socio-political turmoil have been recognized as possible causes of mental ill-health [9,10]. In addition, research has implicated occupational, and life stresses/changes as capable of precipitating a wide variety of physical and psychological disorders, as well as untreated symptoms in the community [9,11].

Recent attention has been on work stress as a potential risk factor for mental illness. According to the International Labour Organisation/World Health Organisation (WHO) joint report on psychosocial factors at work, the work environment, organizational conditions, workers capabilities, job description and needs, social and work conditions and culture may interact with workers perceptions and experience to influence physical and psychological health [12]. Stressful work has also been shown to predict poor mental health [13-15], and high strain work has been observed to be related to a higher risk of self-reported mental health problems [16].

Both major depression (MD) and generalized anxiety disorder (GAD) have impaired concentration and subjective memory complaints as symptoms. These may pose a problem in the setting of a work environment like the banking industry where attention is required for performance and the avoidance of error.

The banking industry in Nigeria has posed a significant threat to the physical well-being of its employees. The peculiarities of this sector in Nigeria include long working hours in addition to occasional weekend banking [10], demands to meet difficult performance targets [17], confinement to the work environment and inadequate participation in social and recreational activities. In the 2008 calendar year alone, there were 5 bank robberies in Abeokuta and fatalities were recorded [18]. In the aftermath of such robberies, employees are subjected to further harrowing experiences with detainment at police stations, interrogation, accusations of complicity in the event and threats of summary dismissal. The year 2009 was marked by the worldwide financial meltdown culminating in salary cuts and nationwide layoffs in the banking sector.

Relatively few studies addressing mental health in the industrial sector in Nigeria have focused on the banking sector which by its innately sensitive and demanding nature may have deleterious effects on the mental health of its employees [10]. Furthermore, these studies have discussed the stresses experienced by bank workers and their psychological sequelae, but have not objectively assessed the magnitude of the disorders. This has never been more relevant given the global crises currently affecting the financial sector and the effects on the workers involved.

The aim of the study was to determine the prevalence of GAD and MD among commercial bank workers in Abeokuta and to identify socio-demographic and work-related factors associated with morbidity.

METHODS

The study was carried out in Abeokuta, the capital of Ogun State over a period of 3 months between November 2009 and January 2010. Abeokuta is located in the south-western part of Nigeria. According to the national census of 2006, Ogun State has a population of three million, seven hundred and ninety people [19].

The study was a 2-stage, cross-sectional, descriptive study of depression and anxiety among bank workers in Abeokuta. The first stage involved screening and the second stage was diagnostic. The target population included all employees of the commercial banks in Abeokuta, excluding the Central Bank of Nigeria and microfinance banks. Each branch represented a cluster, and the total staff strength of all the banks was 1,256 as at the first of January 2009. Respondents for the study were randomly selected using the table of random numbers. The bank workers consisted of managerial, banking hall, and other support staff (drivers, cleaners etc.).

A socio-demographic questionnaire was designed by the researchers to elicit information on medical and work histories of the respondents and contained questions including gender, age, religion and religious participation, marital status, and educational qualifications. It also explored occupational characteristics such as post/rank, number of years spent on the job, etc.

The 20-item self-reporting questionnaire (SRQ-20) is a WHO psychometric instrument developed as a screening tool for psychiatric morbidity especially in developing countries. Its norms for use among Nigerian patient populations are well-established, with a cut-off score of five or more discriminating between cases and non-cases of psychiatric disorders among Nigerian patients [20]. The instrument has a sensitivity of 95.8%, a specificity of 90.9% and a misclassification rate of 7.9% [21].

The structured clinical interview schedule for axis 1 diagnostic and statistical manual-IV (DSMIV) disorder (SCID) - Anxiety and Depression modules is a semi-structured clinician-administered interview schedule for making axis I diagnoses according to the edition of DSMIV. The SCID was used in diagnosing GAD and MD in this study. The researchers are psychiatrist trained in the use of SCID.

The approval of the Ethics and Research Review Committee of the Neuropsychiatric Hospital, Aro was obtained to carry out the study. The banks included in the study were randomly selected using a table of random numbers. The purpose of the study was explained to the respondents during morning group meetings. Respondents were then approached individually for consent to participate in the study. The first page of the questionnaire was the informed consent form, where respondents that agree to participate in the study append their signature.

The questionnaire was administered in two stages. In the first stage, all members of staff from the selected clusters who gave consent to participate were asked to complete the socio-demographic variable questionnaire and the 20-item SRQ-20 to screen for probable case-ness. In the second stage of the study, respondents with a score 5 or more on the SRQ-20 and a proportion (10%) of those who scored <5 were interviewed with the anxiety and depression modules of the Structured Clinical Interview for axis I DSM-IV diagnoses (SCID) by the researcher. The questionnaire was administered during break periods and after closing hours in private settings to ensure confidentiality.

The data were analyzed using the Statistical Package for Social Sciences (SPSS) version 15.

The Students *t*-test was used for continuous variables, and Chi-squared (χ^2) test was used for categorical variables, with Fishers exact probability test used where the expected value was <5. Yates correction was implemented where appropriate. A $P \leq 0.05$ was accepted as statistically significant for each statistical test.

RESULTS

A total of 312 bank workers completed and returned the SRQ screening assessment and socio-demographic/work-related variable questionnaire of the study out of the 401 employees of the 8 sampled bank clusters. 26 of these questionnaires were rejected because of incomplete responses, leaving 286 for analysis with a response rate of 71.3%.

The ages of the respondents ranged from 19 to 62 years, with a mean of 31.3 years (standard deviation ± 7.76). The difference in age between the genders was statistically significant (t = 3.73, df = 2, P < 0.01). The respondents comprised of 174 males and 112 females, representing 60.8% and 39.2% of the sample respectively. Regarding the respondent's marital status, 141 (49.3%) of subjects had never married.

Only 44 (15.4%) of the respondents had obtained postgraduate education. 69 (24.1%) of the respondents acknowledged participation in social recreational activities (such as membership of social clubs, sports clubs, alumni associations etc.). Of these, 37 (53.6%) were affiliated with various social and civic associations (e.g. Jaycees, the Red Cross) while 18 (26.1%) were associated with religious groups. The remaining 14 (20.3%) respondents were largely involved in sporting activities Table 1.

187 (65.4%) of the respondents reported that their jobs involved a great deal of service delivery to customers. 130 (45.5%) of the respondents reported that their jobs involved a great deal of planning toward service delivery. 118 (41.3%) of the respondents reported that their jobs involved a great deal of supervision of service delivery. 149 (52.1%) of the respondents reported that their jobs involved a great deal of dealing with customers complaints. 85 (29.7%) of the respondents reported that their jobs involved a great deal of attendance at meetings, while 100 (35.0%) of the respondents reported that their jobs involved a great deal of report writing [Table 2].

Prevalence of GAD is 5.6%, while that of MD is 1.7%. 15 (10.6%) of the 141 respondents aged <30 years had GAD. The difference was statistically significant ([χ^2 = 13.39, df = 1, P = 0.001] odds ratio [OR] = 17.14 95% confidence interval [CI] = 2.23-131.61). 4 (2.3%) of the 174 male respondents had GAD compared with 12 (10.7%) of the 112 female respondents. The difference was statistically significant (χ^2 = 9.14, df = 1, P = 0.003). OR=5.10 95% CI=1.56-16.13.

14 (5.0%) of the 279 respondents who participated in religious activities (e.g. attendance at churches/mosques, group prayers)

Table 1: Socio- demographic characteristics of respondents

Characteristics	*n* (%)
Age	
19-24 years	38 (13.3)
25-29 years	103 (36.0)
30-34 years	79 (27.6)
35-39 years	30 (10.5)
40 years and above	36 (12.6)
Mean (SD) years	31.13(±7.76)
Gender	
Male	174 (60.8)
Female	112 (39.2)
Marital status	
Never married	141 (49.3)
Cohabiting	5 (1.7)
Married	136 (47.6)
Separated	1 (0.3)
Widowed	2 (0.7)
Not stated	1 (0.3)
Educational level	
Basic	37 (12.9)
Tertiary	200 (69.9)
Postgraduate	44 (15.4)
Not stated	5 (1.7)
Post employment educational qualifications	
Yes	75 (26.2)
No	189 (66.1)
Not stated	22 (7.7)
Religion	
Christianity	221 (77.3)
Islam	65 (22.7)
Participation in recreational activities	
Yes	69 (24.1)
No	201 (70.3)
Not stated	16 (5.6)

SD: Standard deviation

Table 2: Job description of the respondents

Job characteristics	*n* (%)
Delivery of services to clients/customersc	
None	8 (2.8)
Just a little	13 (4.5)
Moderate amount	30 (10.5)
Great deal	187 (65.4)
Not stated	48 (16.8)
Planning the delivery of services to clients	
None	16 (5.6)
Just a little	25 (8.7)
Moderate amount	47 (16.4)
Great deal	130 (45.5)
Not stated	68 (23.8)
Supervising the delivery of services to clients	
None	34 (11.9)
Just a little	31 (10.8)
Moderate amount	38 (13.3)
Great deal	118 (41.3)
Not stated	65 (22.7)
Dealing with customers complaints	
None	10 (3.5)
Just a little	30 (10.5)
Moderate amount	43 (15.0)
Great deal	149 (52.1)
Not stated	54 (18.9)
Administrative work	
None	21 (7.3)
Just a little	46 (16.1)
Moderate amount	52 (18.2)
Great deal	105 (36.7)
Not stated	62 (21.7)
Attending meetings	
None	22 (7.7)
Just a little	47 (16.4)
Moderate amount	68 (23.8)
Great deal	85 (29.7)
Not stated	64 (22.4)
Writing reports	
None	47 (16.4)
Just a little	33 (11.5)
Moderate amount	43 (15.0)
Great deal	100 (35.0)
Not stated	63 (22.0)
Supervising/managing other staff	
None	57 (19.9)
Just a little	38 (13.3)
Moderate amount	37 (12.9)
Great deal	88 (30.8)
Not stated	66 (23.1)

weekly or more frequently were diagnosed with GAD whereas 2 (28.6%) of the 7 respondents who participated only on festivals or ceremonies were diagnosed with GAD. The difference was found to be statistically significant ($\chi^2 = 7.17$, df = 1, $P = 0.007$). OR = 7.57 95% CI 1.34-41.67 with higher prevalence of GAD among bank workers who participated infrequently in religious activities. 15 (10.6%) of the 141 subjects who had never married were diagnosed with GAD while 1 (0.7%) of the 136 married subjects was diagnosed. None of those who were cohabiting separated or widowed were diagnosed with GAD. These differences were statistically significant ($\chi^2 = 13.30$, df = 4, $P = 0.010$) OR = 4.16 95% CI=1.47-11.72. 15 (8.5%) of the 176 respondents who had no children were diagnosed with GAD while only 1 (0.9%) of the 110 respondents had children was diagnosed with GAD. This difference was statistically significant ($\chi^2 = 7.43$, df = 1, $P = 0.006$). Thus, respondents who did not have children were more likely to have a diagnosis of GAD. The mean number of children of those who were diagnosed with GAD and those who were not was 0.06 and 1.03 children, respectively ($t = 2.518$, df = 284, $P = 0.012$). A total of 69 respondents reported participation in social recreational activities of which 3 (4.3%) of them were diagnosed with GAD. This compares against 201 respondents with no participation in social recreational activities, among whom 13 (6.5%) were diagnosed with GAD. This difference was not significant ($\chi^2 = 0.41$, df = 1, $P = 0.52$) [Table 3]

7 (6.9%) of the 101 respondents who complained of health problems in the previous month were diagnosed with GAD while 8 (4.6%) of the 175 respondents who made no such complaints were diagnosed. There was no statistical difference between the two groups ($\chi^2 = 0.694$, df = 1, $P = 0.405$). 9 (11.3%) of the 80 respondents who had been absent on account of illness in the past 6 months were diagnosed with GAD. 5 (2.6%) of 196 respondents who did not miss work on account of illness were diagnosed with GAD. The difference was statistically significant ($\chi^2 = 7.213$, df = 1, $P = 0.007$) OR = 4.84 95% CI = 1.57-14.94 [Table 4].

Only 1 (0.7%) of the 141 respondents aged <30 years was diagnosed with MD compared with four respondents (2.8%) of the 145 aged 30 years and above. This difference was not statistically significant ($\chi^2 = 1.748$, df = 1, $P = 0.186$). 3 (1.7%) of the 174 male respondents were depressed compared with 2 (1.8%) of the 112 female respondents. This difference was not statistically significant ($\chi^2 = 0.002$, df = 1, $P = 0.969$).

Table 3: Generalised anxiety disorder and socio-demographic characteristics

Variables	GAD (%)		Statistics				
			Chi squared			Odds Ratio	
	Yes	No	χ^2	df	*P*	OR	95% CI
Age							
<30 years (141)	15 (10.6)	126 (89.4)	13.39	1	<0.01	17.14	2.23-131.61
30 and above (145)	1 (0.7)	144 (99.3)					
Gender							
Male (174)	4 (2.3)	170 (97.7)	9.137	1	0.003	5.10	1.56-16.13
Female (112)	12 (10.7)	100 (89.3)					
Religion							
Christianity (221)	12 (5.4)	209 (94.6)	0.05	1	0.823		
Islam (65)	4 (6.2)	61 (93.8)					
Frequency of religious activities							
Weekly or more frequently (279)	14 (5.0)	265 (95.0)	7.17	1	0.007	7.57	1.34-41.67
Less than weekly (7)	2 (28.6)	5 (71.4)					
Marital status							
Never married (141)	15 (10.6)	126 (89.4)	13.30	4	0.01	4.155	1.47-11.72
Cohabiting (5)	0 (0)	5 (100)					
Married (136)	1 (0.7)	135 (99.3)					
Separated (1)	0 (0)	1 (100)					
Widowed (2)	0 (0)	2 (100)					
Children							
Yes (110)	1 (0.9)	109 (99.1)	7.43	1	0.006	10.2	1.32-76.9
No (176)	15 (8.5)	161 (91.5)					
Participation in recreational activities							
Yes (69)	3 (4.3)	66 (95.7)	0.414	1	0.520		
No (201)	13 (6.5)	188 (93.5)					
Family background							
Monogamous (150)	10 (6.7)	140 (93.3)	0.713	2	0.70		
Polygamous (107)	5 (4.7)	102 (95.3)					
Single parenting (28)	1 (3.6)	27 (96.4)					
Educational level							
Secondary and below (37)	0 (0)	37 (100)	6.871	2	0.032	1.096	0.428-2.81
Tertiary (200)	16 (8.0)	184 (92)					
Post-graduate (44)	0 (0)	44 (100)					
Post employment education							
Yes (75)	3 (4.0)	72 (96.0)	0.781	1	0.377		
No (189)	13 (6.9)	176 (93.1)					

OR: Odds ratio, CI: Confidence interval, GAD: generalized anxiety disorder

Table 4: Genaralized anxiety disorder and medical characteristics

Medical variables	*n*	GAD (%)		Statistics				
				Chi squared			Odds ratio	
		Yes	No	χ^2	df	*P*	OR	95% CI
Health problems								
Yes	101	7 (6.9)	94 (93.1)	0.694	1	0.405		
No	175	8 (4.6)	167 (95.4)					
Work absence								
Yes	80	9 (11.3)	71 (88.8)	7.21	1	0.007	4.842	1.57-14.94
No	196	5 (2.6)	191 (97.4)					
Alcohol use								
Yes	73	5 (6.8)	68 (93.2)	0.651	1	0.420		
No	203	9 (4.4)	194 (95.6)					
Frequency of alcohol use								
Weekly or more frequently	15	2 (13.3)	13 (86.7)	1.15	1	0.284		
Less than weekly	56	3 (5.4)	53 (94.6)					
Cigarette smoking								
Yes	5	1 (20.0)	4 (80.0)	2.315	1	0.128		
No	268	13 (4.9)	255 (95.1)					
Frequency of cigarette use								
Weekly or more frequently	3	1 (33.3)	2 (66.7)	0.833	1	0.361		
Less than weekly	2	0	2 (100)					
Use of other drugs								
Yes	16	1 (6.3)	15 (93.8)	0.056	1	0.813		
No	244	12 (4.9)	232 (95.1)					

OR: Odds ratio, CI: Confidence interval, GAD: generalized anxiety disorder

2 (1.1%) of the 176 respondents who had no children were depressed while 3 (2.7%) of the 110 respondents with one or more children were. The difference was not statistically significant ($\chi^2 = 0.997$, df = 1, $P = 0.318$). The association between MD and other socio-demographic characteristics was not statistically significant [Table 5].

There were no statistical differences between respondents who were depressed and those who were not in relation to delivery of services to customers ($t = -0.419$, df = 236, $P = 0.675$), planning the delivery of services to customers (t = −1.421, df = 216, $P = 0.157$), supervising the delivery of services to clients (t = −0.291, df=219, $P = 0.771$) or dealing with customers complaints (t = −0.745, df = 230, $P = 0.457$) [Table 6].

5 (5.0%) of the 101 respondents who complained of health problems in the previous month were diagnosed with depression while none (0%) of the 175 respondents without such complaints were diagnosed with depression. The difference was statistically significant. ($\chi^2 = 8.823$, df = 1, $P = 0.012$). 2 (2.5%) of the 80 respondents who had been absent on account of illness in the past 6 months were diagnosed with depression. An equal number, 2 (1.0%) of 196 respondents who had not been absent on account of illness were diagnosed with depression. This difference was not statistically significant ($\chi^2 = 0.871$, df = 1, $P = 0.351$).

2 (12.5%) of the 16 respondents who used psychoactive medication were diagnosed with depression. 2 (0.8%) of the 244 who did not use psychoactive medication were diagnosed with depression. The difference was statistically significant ($\chi^2 = 13.524$, df = 1, $P = 0.009$) (OR 17.24 95% CI 2.26-125) with higher prevalence of depression among bank workers who reported psychoactive substance use [Table 7].

DISCUSSION

The response rate of 71.3% observed in this study is comparable to that obtained in a similar study of bank workers in Nigeria [10]. Many of the subjects approached complained of inadequate time to fill the questionnaire and many more complained about its length. The respondents who declined to participate possibly believed it would be used against them in their job appraisal despite several reassurances.

The mean age of 31.13 years of the bank workers in this study is relatively young. This possibly reflects the ongoing restructuring within the industry where older employees are retrenched and replaced with younger candidates. It may also reflect the preference of employers for younger workers who in addition to being in their productive prime, do not have families to care for and can, therefore, focus almost entirely on their jobs.

This study found a male preponderance in the workforce, which is comparable to that of a similar study in this environment [10], although less marked. This could probably suggest the male-dominated African society where men go to work and women are expected more or less to be home keepers. It was observed that less than a quarter of the respondents engaged in recreational activities such as attendance at social group meetings. This was hardly surprising given the long hours the respondents spend at work on an average day (10.97 h). In addition, it is possible that some of the respondents may be involved in the pursuit of extra educational qualifications which may further erode into the time the respondents may have otherwise used for recreational activities. It was found that many of the workers experienced working in the bank as stressful. This perception cut across all job responsibilities. This was however expected given the recent

Table 5: Major depression and socio-demographic characteristics

Variables	Depression (%)		Statistics				
			Chi squared			Odds ratio	
	Yes	No	χ^2	df	*P*	OR	95% CI
Age							
<30 years (141)	1 (0.7)	140 (99.3)	1.748	1	0.186		
30 and above (145)	4 (2.8)	141 (97.2)					
Gender							
Male (174)	3 (1.7)	171 (98.3)	0.002	1	0.969		
Female (112)	2 (1.8)	110 (98.2)					
Religion							
Christianity (221)	4 (1.8)	217 (98.2)	0.022	1	0.883		
Islam (65)	1 (1.5)	64 (98.5)					
Frequency of religious activities							
Weekly or more frequently (279)	5 (1.8)	274 (98.2)	0.128	1	0.721		
Less than weekly (7)	0 (0)	7 (100)					
Marital status							
Never married (141)	2 (1.4)	139 (98.6)	0.396	4	0.983		
Cohabiting (5)	0 (0)	5 (100)					
Married (136)	3 (2.2)	133 (97.8)					
Separated (1)	0 (0)	1 (100)					
Widowed (2)	0 (0)	2 (100)					
Children							
Yes (110)	3 (2.7)	108 (97.3)	0.997	1	0.318		
No (176)	2 (1.1)	174 (98.9)					
Participation in recreational activities							
Yes (69)	2 (2.9)	67 (97.1)	0.559	1	0.455		
No (201)	3 (1.5)	198 (98.5)					
Family background							
Monogamous (150)	1 (0.7)	149 (99.3)	3.973	2	0.137		
Polygamous (107)	4 (3.7)	103 (96.3)					
Single parenting (28)	0 (0)	28 (100)					
Educational level							
Secondary and below (37)	0 (0)	37 (100)	2.686	2	0.261		
Tertiary (200)	3 (1.5)	197 (98.5)					
Post-graduate (44)	2 (4.5)	42 (95.5)					
Post employment education							
Yes (75)	1 (1.3)	74 (98.7)	0.177	1	0.674		
No (189)	4 (2.1)	185 (97.9)					

OR: Odds ratio, CI: Confidence interval

Table 6: Major depression and job description

Job variables	Depression (mean (SD))		Statistics		
	Yes	No	*t*	df	*P*
Delivery of services	3.80 (0.447)	3.66 (0.738)	−0.419	236	0.675
Planning delivery of services	4.00 (0.000)	3.32 (0.951)	−1.421	216	0.157
Supervising the delivery of services	3.25 (0.957)	3.35 (1.410)	−0.291	219	0.771
Dealing with complaints	3.75 (0.500)	3.42 (0.879)	−0.745	230	0.457
Administrative work	3.00 (1.155)	3.08 (1.024)	0.149	222	0.881
Attending meetings	3.25 (0.500)	2.97 (1.004)	−0.560	220	0.576
Writing reports	4.00 (0.000)	2.86 (1.194)	−1.902	221	0.058
Supervising other staff	2.75 (1.258)	2.71 (1.240)	−0.067	218	0.947

SD: Standard deviation

upheavals in the sector, the high and sometimes unrealistic expectations of the employers, the long working hours, and the constant looming threat of possible job loss.

The prevalence for GAD (5.6%) in this study is in keeping with a 12-month estimate of 3%-8% for the general population in the United States [6].

It is slightly higher than the finding of 4.4% reported by Yussuf among bank workers in Ilorin, Nigeria [10]. The difference may also be attributable to methodological differences, sociocultural settings, instruments used and differing workplace environment between the two studies. Nevertheless, this higher prevalence rate may be a reflection of the changes that have occurred in the sector in recent times. The finding of a prevalence of 1.7% for MD is marginally higher than the 12-month prevalence (1.0%) by Gureje *et al.* [22] in the Nigerian Survey of Mental Health. Remarkably, it is also lower than the 3.7% obtained by Yusuf among a similar population in Nigeria. It is much lower than the 6.6% 12-month prevalence reported among employed respondents in the US [23]. On the African continent, the finding of this study is lower than that reported by for the adult South African population [24].

This study found that 1 out of 10 of those <30 years of age had GAD compared with about 1 out of 100 of those above 30 years of age. This observation conforms with epidemiological data which suggests that GAD tends to occur in late adolescence and early adulthood [6]. The highest rate of anxiety disorder among bank workers reported by Yussuf [10] was also among this age group.

Table 7: Major depression and medical characteristics

Medical variables	*N*	Depression (%)		Statistics				
				Chi squared			Odds ratio	
		Yes	No	χ^2	df	*P*	OR	95% CI
Health problems								
Yes	101	5 (5.0)	96 (95.0)	8.823	1	0.012	*	*
No	175	0 (0)	175 (100)					
Work absence								
Yes	80	2 (2.5)	78 (97.5)	0.871	1	0.351		
No	196	2 (1.0)	194 (99.0)					
Alcohol use								
Yes	73	1 (1.4)	72 (98.6)	0.004	1	0.947		
No	203	3 (1.5)	200 (98.5)					
Frequency of alcohol use								
Weekly or more frequently	15	0 (0)	15 (100)	0.272	1	0.602		
Less than weekly	56	1 (1.8)	55 (98.2)					
Cigarette smoking								
Yes	5	0 (0)	5 (100.0)	0.076	1	0.783		
No	268	4 (1.5)	264 (98.5)					
Use of other Drugs								
Yes	16	2 (12.5)	14 (87.5)	13.524	1	0.009	17.24	2.26-125
No	244	2 (0.8)	242 (99.2)					

*OR not calculated because of empty cells, OR: Odds ratio, CI: Confidence interval

Two out of 100 males compared with 1 in 10 females met the criteria for GAD. The preponderance of females among bank workers with GAD is in keeping with general population trends [25,26]. This finding is also in consonance with that of researcher [10] who found a higher proportion of females with the disorder, and therefore not in agreement with the assertion that occupational stress and their psychological effects among bank workers were not related to gender [27]. While simple explanations may be adduced to explain this pattern, there might be need for further investigation.

The well-documented higher prevalence of depressive disorder in women compared to men was not found in this study [28,29]. An explanation may be found in the work of Kendler *et al*., [4] who reported that while women were more sensitive to the depressogenic effects of interpersonal problems, men were more sensitive to the effects of divorce, separation or work problems. As such, depression related to stressors in the workplace might not show any gender difference. These findings appear to validate the assertion by Emslie [30] who carried out a large survey among British bank workers and concluded that the factors most predictive of minor morbidity were not gender, marital status or the number of children, but how the work is experienced.

Those with MD were more likely to have complained of health problems in the previous month, they were, however, no more likely to have missed work due to health problems. This is in keeping with the finding by Wang [31] that the number of illnesses (especially chronic ones) suffered by an individual was associated with major depressive episodes.

This study reveals the magnitude of specific psychiatric morbidities among workers in the Nigerian banking industry in the face of upheavals that have occurred in that industry in recent times. The prevalence of GAD among the bank workers studied was 5.6% while the prevalence of MD was 1.7%. These bank workers have a higher rate of GAD than the general population while the prevalence of MD among them appears to be close to the national rate.

The identified risk factors for GAD among the bank workers include female gender, age <30 years, infrequent participation in religious activities, single marital status, not having children and possession of tertiary but not postgraduate education. Work and health-related variables associated with GAD included being a middle level employee, dealing directly with cash and customers, perception of bank work as stressful, frequent spousal complaints about the demands of bank work and having missed work on account of health problems in the previous 6 months.

MD was associated with working long hours, reports of health problems in the previous month and the use of psychoactive medication. The duration spent by the respondents at their current rank was associated with perception of their jobs as stressful.

The finding that socio-demographic and work-related variables interact with these disorders suggests the need for multi-faceted approaches in tackling them. In particular, there seems to be several levels of intervention including the individual worker, his/her family dynamics, and the work environment. This study has shed some light on the magnitude of two of the commonest but poorly recognized disorders in the workplace. However, further studies in other occupational settings will assist in no small way in providing reliable estimates of the burden of mental disorders in the workplace.

In view of the fact that stressful work conditions were associated with both GAD and MD, employers of labor in the banking industry should look into ameliorating some of these stressors that might be related to extreme expectations of these employees. In tandem with this is the need to ensure that work hours within the industry are reasonably regulated

as a means of further reducing work-related stress. Employers of labor in the sector should be encouraged to collaborate with mental health professionals in planning and implementing mental health promotion strategies/programs which will serve as a veritable means of preventing these disorders among their employees. One of such strategies could involve stress management programs and formal health education sessions on the dangers of drug abuse since the observation that some of them were using sedatives might represent non adaptive means of coping with stress.

It is also recommended that private medical retainers of these organizations be trained on the early identification and prompt management of these disorders since affected workers are likely to present to them first and if undiagnosed could have adverse consequences on personal productivity.

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