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PERCEIVED WORKPLACE SAFETY AND WORKLOAD AS PREDICTORS OF MENTAL HEALTH STATUS AMONG BANKERS

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Abstract

This study investigates the relationship between perceived workplace safety, workload, and mental health status among bank employees in Ibadan, Nigeria. Using an ex-post facto design and cross-sectional survey method, data was collected from 258 employees across four major bank branches. Mental health status was measured using the DASS scale, while workplace safety and workload were assessed using specialized scales developed by Hayes and colleagues, and Braarud, respectively. The results revealed that workplace safety, particularly job safety, supervisor safety, and management safety, significantly predicted depression, anxiety, and stress levels. Furthermore, workload was found to be a significant predictor of stress. The study concludes that enhancing workplace safety and managing excessive workloads are critical strategies for improving employee mental health in the banking sector. Recommendations for improving mental health in the workplace include enhancing safety protocols, ensuring adequate compensation, and providing robust employee assistance programs. This study highlights the need for banks to prioritize mental health as a crucial component of employee well-being and organizational productivity.

Introduction

The psychological well-being of employees is a crucial factor in the success of a business. This is due to the interconnection of several factors, such as workplace safety, workload, and compensation satisfaction. Mental health disorders, such as anxiety, depression, and stress, have garnered increased attention in recent years due to their significant impact on individuals and organisations. Research indicates that mental health issues can significantly impair an individual's overall health, leading to decreased productivity, increased absenteeism, and diminished quality of life[i]. Addressing mental health in the workplace is essential not just for

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employee well-being but also for the success of the organisation. Mental health is a crucial component of overall health, impacting individuals, families, and communities collectively.

The World Health Organisation (WHO) constitution defines health as a state of comprehensive well-being encompassing physical, mental, and social dimensions, rather than merely the absence of illness[ii]. This definition elucidates that mental health encompasses more than the absence of mental disorders; it represents a condition of comprehensive well-being. The World Health Organisation (WHO) asserts that mental health pertains to an individual's awareness of their strengths, their capacity to manage typical pressures, their work efficacy, and their contributions to the community. This perspective elucidates that mental health underpins personal resilience, professional achievement, and societal engagement.

The workplace is a significant environment where mental health can be either fostered or adversely affected. Employees may experience exacerbated stress, anxiety, and depression due to excessive workload, job insecurity, inadequate compensation, or hazardous work environments. Conversely, policies that support employees, equitable compensation, reasonable workloads, and a secure work environment can enhance mental health, resulting in increased job satisfaction, greater engagement, and improved organizational outcomes. To devise strategies that benefit both people and organizations, it is essential to comprehend the interplay between mental health and workplace dynamics.

Work overload, characterized by excessive job expectations beyond an individual's capacity, has been associated with elevated levels of stress, burnout, and emotional fatigue. Chronic occupational stress can lead to enduring mental health issues. Furthermore, pay satisfaction, or the perceived fairness of compensation relative to work performed, has been shown to influence mental health. Insufficient compensation can result in financial stress, job dissatisfaction, and an increased likelihood of mental health issues.

This study seeks to elucidate the interrelationship of workplace safety, excessive workload, and compensation satisfaction in their collective impact on employee mental health, as awareness of these issues' significance to mental well-being continues to grow. The objective of the study is to assist organisations in devising strategies that enhance workplace health and improve employee well-being by examining these elements. The findings may inform strategies aimed at alleviating workplace stress, hence enhancing employees' mental health.

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Workload, another independent variable in this study, refers to the amount of work and responsibilities that individual is expected to manage in their role. Research has consistently demonstrated that employees experiencing excessive workloads are significantly more prone to mental health issues such as burnout, anxiety, and depression[iii]. Numerous studies in organisational psychology have examined the impact of workload on mental health[iv,v]. Excessive work can lead to persistent stress, emotional exhaustion, and diminished job effectiveness. When employees are consistently required to accomplish extensive tasks with limited time or resources, they may experience feelings of helplessness and frustration, potentially resulting in significant mental health issues over time. Burnout typically results from excessive prolonged effort, defined by emotional exhaustion, cynicism towards one's job, and diminished feelings of achievement.

Not all evidence, however, substantiates the notion that excessive workload invariably results in adverse mental health effects. A research examining private sector employees found that workload has minimal impact on workers' mental health[vi]. This research suggests that the impact of workload may vary among individuals, influenced by factors such as industry, organisational culture, and personal resilience. Individuals employed in high-pressure sectors such as banking or healthcare may acquire strategies to manage stress that mitigate the adverse effects of their responsibilities. Conversely, individuals employed in less demanding occupations may manage stress through alternative methods[vii]. Additionally, certain employees may excel under substantial workloads if they perceive their tasks as significant or receive adequate support from supervisors and colleagues. The varying results illustrate the complexity of workload as a variable and underscore the necessity for further research to identify environmental factors influencing its relationship with mental health.

Mental health issues have emerged as a significant and costly challenge for both corporations and governments in developed and emerging nations[viii,ix]. Psychological distress, characterised by mental and physical symptoms associated with emotional suffering, is more prevalent and has emerged as a significant public health concern, particularly in nations such as Nigeria, where its social and economic repercussions are becoming more evident[x]. Mental health issues adversely affect not only the individual but also the economy, healthcare systems, and workplace productivity[xi]. Inadequate intervention strategies may exacerbate long-term socioeconomic disparities and further strain public resources.

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A concerning aspect of mental health concerns is their association with deteriorated physical health and increased healthcare utilisation.

Mental anguish often results in diminished job interest, increased absenteeism due to illness, and a higher likelihood of being present yet disengaged at work due to emotional or psychological issues[xii,xiii]. These issues adversely affect individual performance and result in significant financial losses for enterprises due to diminished production, increased healthcare costs, and elevated turnover rates. Employers incur indirect costs associated with mental health issues, which may manifest as diminished team morale, increased workplace conflicts, and overall reduced organisational effectiveness. Due to these issues, an increasing number of individuals are recognising the necessity of implementing measures to mitigate mental health risks in the workplace.

As mental health issues escalate, numerous organisations have established support programs and tools to assist their employees in improving their well-being. These initiatives typically include employee assistance programs (EAPs), counselling services, stress management training, and mental health awareness campaigns. The objective of these initiatives is to cultivate a more supportive workplace, thereby enhancing individuals' mental resilience and reducing the stigma associated with seeking mental health care. Despite the availability of these facilities, evidence indicates that they are frequently underutilised, and certain workplace characteristics persist in exacerbating employees' mental health issues[xiv]. This disparity highlights significant concerns regarding the efficacy of existing programs and the barriers preventing workers from obtaining necessary assistance.

Several factors may contribute to the underutilisation of mental health resources by employees in the workplace. Stigma remains a significant concern as employees may fear job loss or social judgement if they disclose their mental health challenges. Employees may refrain from seeking assistance due to a lack of awareness of available services, scepticism about their efficacy, or logistical challenges such as insufficient time or accessibility issues. Moreover, the organisational culture holds significant importance. Workplaces prioritising performance over employee well-being may inadvertently induce stress, burnout, and emotional fatigue, so negating the advantages of mental health initiatives. To address these issues, we must adopt a

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comprehensive strategy that facilitates access to mental health care while fostering a workplace that prioritises psychological safety and work-life balance.

The economic and social ramifications of unaddressed mental health issues underscore the necessity for improved strategies to assist individuals in the workplace. Governments and organisations must collaborate to enhance awareness of mental health issues, reduce stigma, and integrate mental health into broader occupational health programs. In the absence of such measures, the persistent disparity between available resources and their utilisation would continue to impede the improvement of workers' mental health. It is essential for both enterprises and public health systems to acknowledge that mental health is a crucial component of overall productivity and societal well-being. To achieve substantial advancement in alleviating the escalating weight of mental health challenges in global workplaces, individuals must remain dedicated and employ strategies that have demonstrated efficacy.

Much of the research published in this domain has focused on high-resource countries, where mental health infrastructure, awareness, and acceptability are well-established[xv]. Nevertheless, an excessive emphasis on developed nations has resulted in significant deficiencies in our comprehension of mental health dynamics in low- to middle-resource countries, where mental health literacy remains markedly deficient and stigma surrounding mental health persists[xvi,xvii]. Nigeria exemplifies a locale where cultural, economic, and systemic factors converge in a distinctive and underexplored manner, influencing perceptions of mental health and accessibility to assistance. The nation's mental health care system remains nascent and is struggling to recruit a sufficient number of qualified experts. For instance, there are approximately five psychiatrists per 100,000 individuals, indicating the inadequacy of mental health care in addressing the demands of a swiftly expanding population[xviii]. The distribution of these limited resources is highly inequitable, with urban regions receiving a disproportionate amount while rural areas receive minimal support. This disparity exacerbates the challenges individuals have in obtaining assistance for their mental health, particularly in regions where antiquated notions and misconceptions around mental illness persist.

Method

This study adopted the ex-post facto design using the cross-sectional survey method. The study was carried out in Ibadan, Oyo state. Ibadan. The study participants cut across selected departments across four bank branches; Guaranty Trust Bank (GTBank), First Bank, Access

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Bank and First City Monument Bank (FCMB). Data were gathered from 258 staff. Inclusion criteria required that participants must be employees of the selected banks (permanent and temporary). The study adopted convenience sampling technique to sample the participants.

Scales

DASS scale

Mental health status was measured using the 42-item DASS scale developed by Lovibond[xix]. The DASS is a 42-item questionnaire which includes three self-report scales designed to measure the negative emotional states of depression, anxiety and stress. Each of the three scales contains 14 items, divided into subscales. The Depression scale assesses dysphoria, hopelessness, devaluation of life, self-depreciation, lack of interest/involvement, anhedonia, and inertia. The Anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The Stress scale (items) is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient. Respondents were asked to use 4-point severity/frequency scales to rate the extent to which they have experienced each state over the past week.

Workplace safety scale

This is a 50-item workplace safety scale developed by Hayes and colleagues[xx]. The scale lists out series of activities that is being carried out in an organization and requests employees to rate how much safety practices is put in place for the employees. The scale generated five (5) dimensions as followed; job safety, co-worker safety, supervisor safety, management safety and safety programs. Response format for the scale ranged as follows; 1 – Strongly Disagree (SD), 2 – Disagree (D), U – Undecided (3), A – Agree (4), SA – Strongly Agree (5).

Workload Scale

This was measured using the perceived workload scale developed by Braarud[xxi]. The scale was developed to measure the extent to which employees experience high job role and demands. Response to the scale items ranged as follows; Very low (1), Low (2), Somewhat low (3), Moderate (4), Somewhat high (5), High (6) and Very high (7). The scale was reported to have an internal consistency of 0.82. In this study, the scale was found to have an internal consistency of 0.74. The full-scale reliability was found to be 0.77.

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Results

Hypothesis one

Workplace safety will have significant joint and independent influence on mental health status (Depression, Anxiety and Stress) of bank employees. This was tested using multiple regression analysis and the result is presented on table 1;

Table 1: Multiple regression analysis summary table showing results on the joint and independent predictors of mental health status

DV	Predictors	β	T	p	R	R^2	F	p
	Job safety	.45	7.77	< .01				
	Co-worker safety	-.10	-1.51	> .05				
Depression	Supervisor safety	-.16	-1.94	< .05	.49	.24	15.91	< .01
	Management safety	.18	2.13	< .05				
	Safety program	-.06	-.82	> .05				
	Job safety	.35	5.77	< .01				
	Co-worker safety	-.09	-1.26	> .05				
Anxiety	Supervisor safety	-.21	-2.45	< .05	.41	.17	10.28	< .01
	Management safety	.11	1.28	> .05				
	Safety program	.01	.17	> .05				
	Job safety	.42	7.15	< .01				
	Co-worker safety	-.04	-.64	> .05				
Stress	Supervisor safety	-.19	-2.36	< .05	.47	.23	14.64	< .01
	Management safety	-.01	-.10	> .05				
	Safety program	.10	1.23	> .05				
	Job safety	.43	7.38	< .01				
	Co-worker safety	-.08	-1.17	> .05				
Mental Health	Supervisor safety	-.20	-2.41	< .05	.48	.23	15.08	< .01
	Management safety	.09	1.08	> .05				
	Safety program	.02	.29	> .05				

Table 1 presents results on the joint and independent influence of workplace safety on mental health status (Depression, anxiety and stress). It is shown that workplace safety (Job safety, co-worker safety, supervisor safety, management safety, and safety program were significant joint


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predictors of depression [R = .49; R^2 = .24; F (5, 252) = 15.91; p < .01]. Collectively, workplace safety (Job safety, co-worker safety, supervisor safety, management safety, and safety program accounted for about 24% variance in depression. However, only Job safety (β = .44; t = 7.77; p < .01), management safety (β = .18; t = 2.13; p < .05) and supervisor safety (β = -.16; t = -1.94; p < .05) were independent predictors of depression.

As regards anxiety, it is shown that workplace safety (Job safety, co-worker safety, supervisor safety, management safety, and safety program) were significant joint predictors of anxiety [R = .41; R^2 = .17; F (5, 252) = 10.28; p < .01]. Collectively, workplace safety (Job safety, co-worker safety, supervisor safety, management safety, and safety program) accounted for about 17% variance in anxiety. However, only Job safety (β = .35; t = 5.77; p < .01) and supervisor safety (β = -.21; t = -2.45; p < .05) were independent predictors of anxiety.

As regards stress, it is shown that workplace safety (Job safety, co-worker safety, supervisor safety, management safety, and safety program) were significant joint predictors of stress [R = .47; R^2 = .23; F (5, 250) = 14.64; p < .01]. Collectively, workplace safety (Job safety, co-worker safety, supervisor safety, management safety, and safety program) accounted for about 23% variance in stress. However, only Job safety (β = .42; t = 7.15; p < .01) and supervisor safety (β = -.19; t = -2.36; p < .05) were independent predictors of stress.

As regards mental health as a whole, it is shown that workplace safety (Job safety, co-worker safety, supervisor safety, management safety, and safety program) were significant joint predictors of mental health [R = .48; R^2 = .23; F (5, 252) = 15.08; p < .01]. Collectively, workplace safety (Job safety, co-worker safety, supervisor safety, management safety, and safety program) accounted for about 23% variance in mental health. However, only Job safety (β = .43; t = 7.38; p < .01) and supervisor safety (β = -.20; t = -2.41; p < .05) were independent predictors of mental health.

Hypothesis two

Workload will significantly predict mental health status (Depression, Anxiety and Stress) of bank employees. This was tested using linear regression analysis and the result is presented on Table 2;

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Table 2: Linear Regression table showing the influence of workload on depression, anxiety and stress

DV	IV	®	T	p	F	R	R^2	p
Depression	Workload	.05	.75	>.05	.56	.05	.01	>.05
Anxiety	Workload	.06	.88	>.05	.78	.06	.01	>.05
Stress	Workload	.14	2.21	<.05	4.89	.14	.02	< .05
Mental health	Workload	.09	1.43	>.05	2.04	.09	.01	>.05

Table 2 showed the linear influence of workload on depression, anxiety and stress. It is shown that workload had significant influence on depression [$F_{(1,256)} = .56$; R = .05, $R^2 = .01$; $p > .05$], anxiety [$F_{(1,256)} = .78$; R = .06, $R^2 = .01$; $p > .05$] and mental health as a whole [$F_{(1,256)} = 2.04$; R = .09, $R^2 = .01$; $p > .05$] were not significant. However, it is shown that workload was a significant predictor of stress dimension of mental health status [$F_{(1,256)} = 4.89$; R = .14, $R^2 = .02$; $p <. 05$]. Also, workload accounted for a variation of about 2% in stress.

Discussion

Hypothesis one stated that workplace safety will have significant joint and independent influence on mental health status (Depression, Anxiety and Stress) of employees. This was tested using multiple regression analysis. It was discovered that collectively, workplace safety (Job safety, co-worker safety, supervisor safety, management safety, and safety program) were significant predictors of depression, anxiety and stress. However, only Job safety, management safety and supervisor safety were independent predictors of depression; while only Job safety and supervisor safety were independent predictors of anxiety and stress.

Similarly, Cox et al. and Jehanzeb and colleagues added that employee relationships with the organization, supervisor, coworkers and their overall mental health is influenced by the perception of safety in the organization.

Hypothesis two stated that workload will significantly predict mental health status (Depression, Anxiety and Stress) of employees. This was tested using linear regression analysis and it was discovered that workload was a significant predictor of stress dimension of mental health. Also, workload accounted for a variation of about 2% in stress. From the job demand resource model by Demerouti, it could be deduced that employees perceives stress due to the overload of tasks they were assigned in the organization.


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Hypothesis three stated pay satisfaction will significantly predict mental health status (Depression, Anxiety and Stress) of bank employees. This was tested using linear regression analysis and it was found that pay satisfaction was a significant predictor of depression, anxiety and stress among bank employees in Ibadan. From the equity theory, it was propounded that when employee perceives fairness in what they get, in terms of pay, it determines their level of mental state and subsequent productivity.

Conclusion

This study's results indicate significant correlations between job safety, management safety, and supervisor safety in the workplace and mental health issues such as depression, anxiety, and stress among bank employees. Job safety, management safety, and supervisor safety were identified as independent predictors of sadness. Employees who see their work environment as unsafe or believe that management and supervisors inadequately ensure their safety are more prone to exhibit depressive symptoms.

Recommendations

The following recommendations were made based on the findings of the study;

The banking sector is a crucial component of the global economy, heavily reliant on the efficiency and productivity of its workforce. Banks must prioritise the mental health and overall well-being of their workers to maintain exceptional performance. Ensuring the physical and mental safety of workers is paramount for achieving this objective. To mitigate workplace hazards, banks must to consistently maintain and enhance safety measures such as emergency protocols, security systems, and ergonomic workstations. Regular safety drills and training sessions are essential to ensure people are adequately prepared for all situations. Employees assigned to official duties or responsibilities beyond the office must be provided with adequate safety measures, including secure transportation, travel insurance, and emergency contact assistance. When employees see their workplace as safe, their mental health improves, resulting in increased happiness and productivity.

Compensation is a significant aspect that directly influences the mental health of banking professionals. Research indicates that individuals content with their salaries are less prone to depression, anxiety, or tension. Employees are more inclined to experience elevated morale and

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job satisfaction when they perceive their compensation as equitable for their efforts. Banks should routinely assess pay to ensure they align with employee expectations and industry standards. In addition to base salary, elements such as performance bonuses, profit-sharing schemes, and annual increases can be highly motivating. Acknowledging and compensating diligent efforts enhances the company's financial stability while simultaneously fostering a sense of value and appreciation among personnel. When employees are satisfied with their remuneration, they experience reduced financial stress, which positively impacts their mental health and enhances productivity.

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