

Corporate Social Responsibility and Workers' Well-being in Nigerian Banks

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Abstract

The usual focus of Corporate Social Responsibility in Nigeria has always been on the society or the community where business is located while the place of workers as stakeholder in business is usually downplayed. This study examined the impact of corporate social responsibility on the wellbeing of workers in the Nigerian banking system. The objective was to know if adequate health facilities are provided for workers in the banks to meet their health needs when required. The study was conducted among ten commercial banks in Ilorin North-Central Nigeria while primary data was retrieved through self administered questionnaire from 160 participants. Participants were selected through a multi-stage sampling technique while the Statistical Package for Social Sciences (SPSS 19.0) was employed to analyse data retrieved from the field. Hypotheses formulated in the study were tested using the Chi-square statistical tool. Findings revealed that, 85.0% of the participants' employers provided for them health facilities even though only 55.1% of the health facilities provided are adequate. A significant relationship was also found between participants' wellbeing and health facilities provided $p < 0.05$, while there was no significant relationship was between wellbeing of participants and adequacy of the health facilities provided by participants employers $p > 0.05$. The study concluded that, even though some banks in the country provide health facilities for their workers, the health facilities provided are not adequate enough to meet the health needs of the workers. The study however, recommended a more comprehensive health plan for bankers that cover life saving health care services such as intensive care, surgeries and other life threatening diseases.

Keywords: *Corporate Social Responsibility, Bankers, Health Facilities.*

Résumé

Le focus habituel de la responsabilité sociale des entreprises au Nigeria a toujours été sur la société ou la communauté où se trouve l'entreprise alors que la place des Travailleurs en tant que partie prenante dans les affaires est généralement minimis. Cette étude examine l'impact de la responsabilité sociale des entreprises sur le bien-être des travailleurs dans le système bancaire Nigeria. L'objectif était de savoir si des Etablissements de santé sont adéquats fournis aux travailleurs des Banques pour répondre à leurs besoins en matière de santé au besoin. L'étude a été Menée Auprès de Banques commerciales à dix Ilorin au nord-center du Nigeria alors que les

données Primaires ont été par récupérées questionnaire auto-Administré de 160 participants. Les participants ont été sélectionnés au moyen d'une technique échantillonnage d'en plusieurs étapes, tandis que le Paquet statistique pour les sciences sociales (SPSS 19.0) a été utilisé pour analyser les données sur le terrain obtenues. Les Hypotheses formulées dans l'étude ont été Testées à l'aide de l'outil statistique Chi-carré. Les résultats ont révélé que des employer in 85.0% des participants fournissaient des services de santé, même si seulement 55.1% des Etablissements de santé fournis étaient adéquats. Une relation significative a également été Trouvée entre le bien-être des participants et les Établissements de santé fournis $p < 0.05$, alors qu'il n'y avait pas de significative relation entre le bien-être des participants et l'ADEQUATION des Établissements de santé fournis par les participants employer in $p > 0.05$. L'étude a conclu que, même si certaines Banques du pays fournissent des installations de santé à leurs Travailleurs, les structures de santé sont pas fournies they suffisamment adéquates pour répondre aux besoins de santé des Travailleurs. L'étude a toutefois recommandé un plan de santé plus complet pour les Banquiers couvrent qui les services de soins de santé des vies sauvent qui, comme les soins intensifs, et les autres maladies chirurgies mortelles.

Mots-clés: responsabilité sociale des entreprises, Banquiers, Centres de

Introduction

Corporate social responsibility has been described as the persistent commitment by an organization to behave ethically, and contribute to the development of the society, by increasing the quality of life of workers, the local community and the society at large (Branco & Rodriguez, 2007). CSR covers all areas of business and according to Mc-Williams & Siegels (2001) the aim of CSR is to improve the social good of people beyond the interest of the business. In the Nigerian banking system, CSR is channelled towards improving the lives of the people, as a proportion of banks' profit is usually set aside and invested in CSR yearly (Achua, 2008; Adegbite & Nakajima, 2011). However, most of the studies conducted on CSR in Nigeria have concentrated on multinational companies especially, oil companies in the Nigeria Delta region while less has been done on indigenous companies like commercial banks (Amaeshi et al, 2006).

Previous studies have thus shown that, the principal beneficiaries of banks' CSR policies have been the healthcare, education, security, housing, agriculture, arts and tourism, sports, charity organization, religion, social clubs, government agencies, youth development and public infrastructure (Odetayo, Adeyemi & Sajuyigbe, 2014). It would appear that companies in Nigeria focus on environmental stewardship but, research has shown that, even customers expect charity to begin from home, that is, the best proof of CSR is treating employees well (National Consumers League, 2005). This is so because; one of the most important entities in any organization is its human capital. It is the human resources of a business that makes the profit that is set aside and used for CSR. Therefore, any organization that seeks to do well and compete favourably with her peers

must pay particular attention to the wellbeing of its workers.

According to Holme & Watts (2000), the wellbeing and wellness of workers in any organization on issues relating to CSR cannot be overemphasised. Holme & Watts (2000) argued further that, employees' right to good healthcare is a CSR concern which must be given utmost attention. It is against this backdrop that this study investigates the impacts of corporate social responsibility on the well-being of workers in the Nigerian banking system. This study is expected to expound on the need for a healthy workforce as a requisite to productivity.

What is the Problem?

Workers in the Nigerian banking system are like other people who are vulnerable to illness and diseases that need to be cared for and cope with in the course of discharging their duties. Unfortunately, the nature of work in the Nigerian banking system today is quite demanding and enormous (Akingbola & Adigun, 2010). Many workers in Nigerian banks live with various forms of illnesses owing to the stress they go through in the course of discharging their duties as well as rigorous job demands demanded from them (Osaremem, 2012). According to Ajede (2011) & Anenne & Anenne (2013), workers in the Nigerian banking system in recent years are beginning to show signs of various lifestyle diseases like as high blood pressure, obesity, peptic ulcer and sexually transmitted infections which were not common in the past owing to nutritional deficiency, stress and irregular working hours.

In addition to this, the health plan made available to workers in the banks only covers primary health services, or to a maximum amount leaving out other essential services such as surgery, comprehensive health screening or ambulance services (Anenne & Anenne, 2013). Furthermore, Ogunwale & Mohammed (2013) have also argued that many banks do not make medical facilities available to their workers and when this is done, it is usually to a maximum amount or even monetised.

Brief review of literature

The demand for CSR in the Nigerian banking system is imperative because Nigerian banks operate in the society and they are instrumental to the development of the country (Achua, 2008). According to Amaeshi et al., (2006) & Gbervbie (2012), banks that practice CSR are more likely to exhibit improved ethical standards than those that do not. In addition, Akindele (2001) has also contended that banks that practice CSR are better able to attain their organizational goals and therefore influence the development of a country when they engage in CSR. In the same vein, Akanbi & Ofoegbu (2012) have equally argued that, CSR is a major requisite to organisation performance and

imperative for any organisation that wants to continue to strive and have a competitive edge over her peers in the society.

A study conducted by Carisson & Akerstom (2008) suggests that, organizations engage in CSR to increase their bottom line and give them an edge over other competitors. On the contrary however, a study conducted by Uwaloma & Egbide (2012) found a negative relationship between organizations' financial leverage and the level of corporate social responsibilities exposures. This was also confirmed by Adeboye & Olawale (2012) in their study where no significant difference was found between organizations' performance and ethical standard in which business is done.

Theoretical Orientation

Marxist Exploitation Theory

Marxist Exploitation theory was propounded by Karl Marx (1867) in his critique of the Gotha Program. Marx proposed a set of principles that governs the distribution of welfare under socialism and communism and these principles saw distribution of resources to each person according to their work and needs. Marx (1867) identified two basic conflicting groups in his theory namely: The Bourgeoisie (the owners of means of production also referred to as the exploiters) and the Proletariats (those who sell their labour for wages also referred to as the exploited).

According to Marx, exploitation occurs when workers do not receive wages according to their work or needs. He argued that, the bourgeoisie are able to command goods with revenue from their wages that are embodied with more labour than the exploiters themselves have contributed to the business. He argued further that, the exploited would receive less than the average product he or she produces. Therefore the proletariats cannot enjoy the fruit of their own labour and the difference between what is made and what that can purchase cannot be justified by redistribution according to need.

This theory therefore serves as a platform to explain the study. Based on the aforementioned assumptions, it can be assumed that, while workers in the banks contribute mass labour into the business, their wellbeing is not adequately catered for. Workers in the banks are exploited and alienated and are unable to meet their health needs despite their enormous contribution to the business in terms of labour while the owners of business who contribute very little labour to the business receive large proportion of the profit realised from the business and better welfare packages.

The theory has been criticised for assuming that bourgeoisie do not contribute anything to the process of production (Steele, 1999).

Methods

The study employed the multi-stage sampling technique in which 160 participants were included. The study was carried out in Ilorin, capital city of Kwara State, North Central Nigeria. A total of ten commercial banks were involved in the study out of the seventeen commercial banks operating in the capital city as at the time the study was conducted. As at the time the study was conducted, only twenty one commercial banks operate in Nigeria Central Bank of Nigeria (2015) out of which sixteen is located in the study area. The banks included in the study are: United Bank For Africa (UBA), Union Bank PLC, First Bank of Nigeria (FBN), Unity Bank, Wema Bank PLC, Fidelity Bank, Diamond Bank, First City Monument Bank (FCMB), Zenith Bank and Stanbic IBTC bank.

The first stage included the purposive selection of a mixture of old and new generation banks representing all the commercial banks in Nigeria. The second stage included the hierarchical selection of the main branches of the selected banks while the last stage included a random selection of sixteen participants from each branch based on those that were present at work during the survey. Information was gathered through the questionnaire administration because the study population was literate and sample size was relatively high (Cohen, Manion & Morrison, 2001). The questionnaire consisted of open and close ended questions and was divided into three sections. The first section contained socio-demographic factors of participants while the second section contained questions that addressed wellbeing of participants and the third section contained questions relating health facilities provided by banks.

The Statistical Package for Social Science (SPSS 19.0) was used to analyse the data while the Chi square statistical tool was used to test the formulated hypotheses. The researcher made use of tables and simple percentage to organise the data collected from the field. The researcher was assisted by two research assistants who helped to administer the questionnaire and also explain the content of the questionnaire to the participants for clarity. Permission was sought from the management of the banks before the research was conducted and verbal approval was granted for the research to be conducted in the banks. Participants were duly informed of the purpose of the research and the significance of the study to them.

Results

Table 1: Socio-Demographic Factors of Participants

Variables	Percentage	Frequency
Sex		
Male	77	(48.1)
Female	83	(51.9)
Total	160	(100.0)
Age		
18-30	69	(43.1)
31-40	79	(49.4)
41-50	12	(7.5)
Total	160	(100.0)
Marital Status		
Single	56	(35.0)
Married	102	(63.7)
Widowed	2	(1.3)
Total	160	(100.0)
Salary Per Year (Naira)		
100,000 -1M	77	(48.1)
1.1M-5M	63	(39.1)
5.1M-10M	15	(9.4)
10.1M-15M and Above	5	(3.1)
Total	160	(100.0)

Researchers' Survey 2015

Table 2: Questions on Participants' Well-being

Variables	Frequencies	Percentages
Ever been ill on the job?		
Yes	137	(85.6)
No	23	(14.4)
Total	160	(100.0)
How severe was the Illness?		
Not too severe	111	(81.0)
Severe	22	(16.4)
Very severe	4	(2.9)
Total	137	(100.0)
Did you utilize health facility when you were ill?		
Yes	105	(76.5)
No	32	(23.4)
Total	160	(100.0)
Ever been ill due to job demand?		
Yes	86	(53.8)
No	74	(46.3)
Total	160	(100.0)

Researchers' Survey, 2015

Table 3: Questions on Participants' health plan

Variables	Frequencies	Percentages
Does your employer provide health facilities for you?		
Yes	136	(85.0)
No	24	(15.0)
Total	160	(100.0)
How adequate are the health facilities provided?		
Adequate	75	(55.1)
Manageable	58	(42.6)
Not adequate	3	(1.9)
Total	136	(100.0)
Is your health package monetised by your bank?		
Yes	79	(49.4)
No	81	(50.6)
Total	160	(100.0)
Is the money provided adequate to meet your medical bills?		
Yes	42	(53.2)
No	17	(21.5)
Manageable	20	(25.3)
Total	79	(100.0)

Researchers' Survey, 2015

Table 1 shows that, 83(51.9%) of the studied population is female while 77(48.1%) are male. Half of the participants are in the age category of 31-40 years while 69(43.1%) are below 30 years. In addition, 56(35.0%) of the participants are single while 102(63.7%) are married. Also, 77(48.1%) of the participants earn below 1 million annually while 63(9.4%) earn between 1 million naira and 5 million naira yearly.

In Table 2, 137(85.6%) of the participants had fallen ill on the job out of which only 22(16.1%) of the illness was severe. However, 105(76.6%) of those that have fallen ill on the job utilised health facility while 86(53.8%) claimed that their job demands made them ill.

In table 3, 136(85.0%) of the participants claimed that their employers provided health facilities for them, 75(55.1%) claimed that the medical facility provided is adequate while 3(1.9%) of the participants claimed that the medical facilities provided by their employers is not adequate. However, out of the participants that are provided with medical facilities, 79(49.4%) had their health package monetized of which 17(21.5%) claimed the money provided was not enough to meet their health bills.

Test of Hypotheses

H01: There is no significant relationship participants' wellbeing and Medical facilities provided by banks

Ever been Ill on the job?	Does your bank provide for you health facilities?		
	Yes (%)	No (%)	Total
Yes	123(89.8)	14(10.2)	137(100.0)
No	13(56.5)	10(43.5)	23(100.0)
Total	136(85.0)	24(15.0)	160(100.0)
X ² 17.086 df = 1, p-value = < 0.001			

Researchers' Survey, 2015

H02: There is no significant relationship between participants' wellbeing and adequacy of medical facility provided.

Did you utilise health facility when you were ill?	Is the medical facility provided adequate?		
	Yes (%)	No (%)	Total
Yes	97(29.4)	8(7.6)	105(100.0)
No	26(81.3)	6(18.8)	32(100.0)
Total	123(89.8)	14(10.2)	137(100.0)
X ² 3.312 df = 1, p-value =0.069			

Researchers' Survey, 2015

H03: There is no significant relationship between participants' wellbeing and monetised health package

Ever been ill due to job demands?	Is your health package monetised?		
	Yes (%)	No (%)	Total
Yes	42(48.8)	44(51.2)	86(100.0)
No	37(50.0)	37(50.0)	74(100.0)
Total	79(49.4)	81(50.6)	160(100.0)
X ² 0.022 df = 1, p-value =0.883			

Researchers' Survey, 2015

Discussion

The study has been able to assess the impact of CSR on the wellbeing of bank workers in Nigeria. Result showed that, even though, 85.0% of the participants' employers provide for them health facilities only 55.1% of the health facilities provided are adequate. However, 49.4% of the medical facilities provided are monetised while only 53.2% of the monetised package is adequate. This result is in line with the submission of Ogunwale & Mohammed (2013) that that, many banks in the country do not make available for their workers health facilities and when this is done, they are usually inadequate.

The first hypothesis tested in the study found a statistical significant relationship between participants' wellbeing health facilities provided by banks as p value $0.001 < 0.05$. This means that banks in the Nigerian banking system provide health facilities for their employees as part of their welfare package in line with global best practices. This result is however not in tandem with a similar study previously conducted by Annene & Annene (2013) who contended that the place of employees as stakeholders in the Nigerian banking system when it comes to CSR is seriously downplayed.

The second hypothesis tested in the study however, found no statistical significant relationship between participants' wellbeing and adequacy of medical facilities provided by bank as p value $0.069 > 0.05$. This result however corroborates the view of Ogunwale & Mohammed (2013) and Annene & Annene (2013) who argued that Nigerian banks do not make available health facilities for their workers and that when they are made available they only cover primary health care, or to a maximum amount leaving out other essential services such as surgery, comprehensive health screening or ambulance services.

The last hypothesis also suggested no statistical significant relationship between participants' and the money made available by banks to cater for their medical bills as p value $0.883 > 0.05$. This result agrees with the view of Balogun, Ademosu, Ojelu & Ebhomele (2013), who confirmed that Nigerian banks do not cater well for the welfare of their staff.

Conclusion and Recommendation

The study investigated the impact of corporate social responsibility on the health of bankers in the Nigerian banking system. The study was carried out in ten commercial banks in Ilorin, capital city of Kwara State, Nigeria, out of the seventeen commercial banks located in the city, as a representative of the twenty one commercial banks operating in Nigeria, as at the time of the study. 160 respondents were included in the study that was selected through the multi-stage sampling technique. Information was gathered through self administered questionnaire administration which consisted

of open and closed ended questions. Data was analysed using the Statistical Package for Social Science (SPSS 19.0) and was presented in tables, frequencies and simple percentages while variables were tested using the Chi-square statistical tool.

Three hypotheses were tested in the study in which a statistical significant relationship existed between participants' wellbeing and health facilities provided, while a significant relationship was not found between participants' wellbeing and health facility provided as well as between participants' wellbeing and adequacy of money provided by banks to meet the health needs of bankers. The study however concluded that, although some commercial banks in Nigeria provide health facilities for their employees, the health facilities provided are not adequate while some other banks only monetize the health package of their workers which is not also adequate.

Following the foregoing, the study recommends that banks should make available for their workers adequate health facilities that cover life saving health care such as intensive care, surgeries and care for other life threatening diseases should also be included in employees' health care package. The study also recommended that, where health package will be monetized, such package must be adequate enough to cover for the health needs of employees.

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