

# Bank Employees and Work-Related Diseases: Predisposing Factors Are Noteworthy

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## Abstract

Work-related diseases can have health consequences including stress- and mental health-related disorders, musculoskeletal disorders, and cancer and skin complaints due to exposure to biological agents. We aimed to investigate the prevalence of work-related diseases among bank employees and the independent risk factors for these diseases and to highlight measures that can be taken to prevent the occurrence of such diseases, to improve holistic health, and to raise awareness about work-related disease. Data were collected during face-to-face interviews (n = 796) in the recruitment phase of an international public bank in Istanbul, Türkiye or during periodic examinations in the bank between 2017 and 2019. Data, including socio-demographic characteristics, medical anamneses, physical examination results, laboratory findings, occupational accidents, and occupational disease frequency data, were retrospectively examined, and the results were statistically evaluated. Data were analyzed using the SPSS Statistics 17.0 (IBM Corporation, Armonk, NY, USA) package program. Results were considered statistically significant at  $p < 0.05$ . Age, female gender, dust exposure, vibration in the workplace were found to be significantly associated with musculoskeletal disorders, while age and work-related noise was found to be related to digestive system problems and dust exposure had significant relation with psychiatric disorders. Work-related diseases among bank employees are a priority that should be addressed by all relevant authorities to enable people to lead healthy lives in physical, mental, spiritual, and social terms.

## Keywords

Work-Related Disease, Bank Employee, Predisposing Factor, Occupational Health, Prevention

## 1. Introduction

A work-related disease is one in which the workplace environment and ways of working play a role in the occurrence or aggravation of a disease, in addition to other factors [1]. It includes stress- and mental health-related disorders, musculoskeletal disorders, cancer and skin complaints [2]. In addition, work-related diseases pose in terms of loss of life; they pose a risk of major disability. According to the Global Monitoring Report, which was published for the first time in 2016, 1.88 million deaths and 89.72 million disabilities worldwide were related to 41 occupational risk factors. The most common risk factor associated with death was long working hours (55 hours or more per week), followed by substance exposure and work injuries [3].

Although work-related diseases are more prevalent among working class and lower-middle income groups, bank employees are also at risk. Studies have shown that the incidence of many work-related diseases, especially musculoskeletal disorders, is high among bank workers [4] [5]. In addition to musculoskeletal disorders, studies have shown that stress among bank employees has reached a critical level and that it is having a harmful and detrimental effect on both their mental and physical health. Stress-related problems, which can manifest with anxiety and depression, can lead to adjustment disorders and culminate in burnout syndrome [6]. However, there are limited studies on work-related diseases among bank employees. In today's changing world, which is becoming so complex and financially challenging every day that make life difficult for bank employees, work-related diseases among bank employees deserve attention. The aims of this study were to investigate the prevalence and independent risk factors of work-related diseases among bank employees and to highlight measures that can be taken for prevention of disease and improvement of holistic health.

## 2. Methods

Data were collected during face-to-face interviews ( $n = 796$ ) in the recruitment phase of an international public bank in Istanbul, Türkiye or during periodic examinations in the bank between 2017 and 2019. The sample size was detected according to the consultation of a senior biostatistician, and bank employees working for cleaning and security were excluded.

A detailed medical history was obtained from all those included in the study. A physical examinations were performed for employees reporting current findings. Where necessary, they were referred to a specialist physician for an examination. Data, including socio-demographic characteristics, medical anamneses, physical examination results, laboratory findings, occupational accidents, and occupational disease frequency data, were retrospectively examined, and the results were statistically evaluated. All necessary permissions and consents were obtained from both the participants and the board of directors of the public bank. There was a delay in the preparation and publishing process of this study due to first; the COVID 19 pandemic period which adversely affected all scientific studies between 2020-2022 in our country, Türkiye and second; the big earthquake which occurred and

caused a huge destruction in Türkiye in 2023.

### Statistical Analysis

The distribution of discrete numerical variables was analyzed by the Kolmogorov–Smirnov test, and the homogeneity of variances was tested by Levene’s test. Descriptive statistics were expressed as mean  $\pm$  standard deviation or median (minimum - maximum) for discrete numerical variables, while categorical variables were expressed as number of cases and (%). As a result of goodness of fit tests, the significance of differences between the groups in terms of discrete numerical variables for which the test assumptions of parametric test statistics were met was evaluated by Student’s *t*-test.

In  $2 \times 2$  crosstabs, if the expected frequency was less than 5 in at least one-quarter of the cells, the categorical data in question were evaluated using Fisher’s exact probability test. In cases where the expected frequency was between 5 and 25, a chi-square test with continuity correction was used. Otherwise, Pearson’s chi-square test was used. In  $R \times C$  (*i.e.*, when at least one of the categorical variables in a row or column had more than two outcomes) cross-tabulations, if the expected frequency was less than 5 in at least one-quarter of the cells, the categorical data in question were analyzed using the Likelihood ratio test. Otherwise, Pearson’s chi-square test was used.

The combined effects of all possible factors thought to play a role in the occurrence of musculoskeletal, digestive system, or psychiatric disorders, whether congenital or acquired, as detected in the medical/physical examination, were investigated by multivariate backward stepwise elimination logistic regression analysis. All variables with  $p < 0.10$  in univariate statistical analyses were included in regression models as candidate factors. In addition, odds ratios (ORs) and 95% confidence intervals (CIs) for each variable were calculated. Data were analyzed using the SPSS Statistics 17.0 (IBM Corporation, Armonk, NY, USA) package program. Results were considered statistically significant at  $p < 0.05$ .

### 3. Results

The mean age of the study group was  $35.8 \pm 7.2$ , years, and 51.8% were females. Among the participants, 15 were diagnosed with occupational diseases after evaluation of the referred specialists, 14 were admitted to hospitals dealing with occupational diseases, and 13 were retired on disability. The socio-demographic characteristics of the bank employees are shown in **Table 1**.

**Table 1.** Socio-demographic characteristics of the bank employees.

Descriptive features	n = 796
Age (years)	$35.8 \pm 7.2$
Age range (years)	20 - 64
Gender	
Male	384 (48.2%)
Female	412 (51.8%)

**Continued**

Marital Status	
Married	500 (62.8%)
Single	286 (35.9%)
Widowed	10 (1.3%)
Education Status	
Primary school	62 (11%)
High school	245 (18.8%)
University	559 (70.2%)
Smoking Habits	
User	424 (53.3%)
Former user (cessation)	76 (9.5%)
Alcohol Consumption Habits	
No current consumption (cessation)	14 (%1.8%)
Current consumption	82 (%10.3%)
Tea and Coffee Consumption Habits	
No consumption	22 (2.8%)
Consumption	695 (87.3%)
Work-related Hospitalization History	
Work-related accident	15 (1.9%)
Work-related Disability	13 (1.6%)

The type and frequency distribution of occupational exposure among bank employees are shown in **Table 2**. Dust and noise were detected as the most common occupational exposure agents.

**Table 2.** The type and frequency distribution of occupational exposure among bank employees.

Occupational Exposure	Number of Employees
Dust	124 (15.6%)
Noise	116 (14.6%)
Heat	54 (6.8%)
Ionizing radiation	14 (1.8%)
Device vibration	9 (1.1%)
Non-ionizing radiation	7 (0.9%)
Chemicals	6 (0.8%)

Lumbal and cervical hernia were the most common acquired diseases among the participants. The frequency distribution of congenital or acquired diseases and disorders among the bank employees is given in **Table 3**.

**Table 3.** Frequency distribution of congenital or acquired diseases or disorders among the bank employees.

Congenital-Acquired Diseases	Number of Employees
Lumbal and Cervical Disc Hernia	110 (13.8%)
Reflux	67 (8.4%)
Eczema	35 (4.4%)

## Continued

Jaundice	27 (3.4%)
Hypertension	26 (3.3%)
Diabetes	23 (2.9%)
Kidney Disease	19 (2.4%)
Skin Disease	18 (2.3%)
Gallbladder Disease	18 (2.3%)
Hearing Loss	16 (2.0%)
Asthma	16 (2.0%)
Stomach or Duodenal Ulcer	14 (1.8%)
Hypothyroidism	11 (1.4%)
Vertigo	10 (1.3%)
Heart Rhythm Disorder	9 (1.1%)
Valve Disease	8 (1.0%)
Heart Disease	8 (1.0%)
Panic Attacks	8 (1.0%)
Nervous System Disease	7 (0.9%)
Blood Disease	5 (0.6%)
Urticaria	5 (0.6%)
Hypotension	4 (0.5%)
Hyperthyroidism	4 (0.5%)
Epilepsy	2 (0.3%)
Hepatitis	1 (0.1%)

**Table 4** shows the socio-demographic and clinical characteristics, and occupational exposures of the bank employees with and without musculoskeletal disorders (e.g., neck, back, lower back, and joint pain), congenital or acquired, as detected in the medical/physical examination. Older, female and married employees had significantly more musculoskeletal disorders. Exposure to dust and noise had also significant relationship with musculoskeletal disorders.

**Table 4.** Socio-demographic and clinical characteristics, and occupational exposures of the bank employees with and without musculoskeletal disorders (e.g., neck, back, lower back and joint pain), congenital or acquired, as detected in the medical/physical examination.

	Presence ( <i>n</i> = 546)	Absence ( <i>n</i> = 250)	<i>p</i> -value
Age (years)	35.1 ± 6.7	37.4 ± 7.9	<0.001 <sup>†</sup>
Gender			
Female	257 (47.1%)	155 (62.0%)	<0.001 <sup>‡</sup>
Marital status			
Married	326 (59.7%)	174 (69.6%)	0.007 <sup>‡</sup>
Education Status			0.056 <sup>‡</sup>
Primary school	34 (6.4%)	28 (11.7%)	
High school	101 (18.9%)	48 (20.1%)	
University	396 (74.6%)	163 (68.2%)	
Occupational exposure			
Dust	72 (13.2%)	52 (20.8%)	0.006 <sup>‡</sup>
Noise	70 (12.8%)	46 (18.4%)	0.038 <sup>‡</sup>
Heat	31 (5.7%)	23 (9.2%)	0.092 <sup>‡</sup>

## Continued

Device vibration	1 (0.2%)	8 (3.2%)	<0.001 <sup>§</sup>
Ionizing radiation	9 (1.6%)	5 (2.0%)	0.774 <sup>§</sup>
Smoking History	252 (46.2%)	120 (48.0%)	0.628 <sup>‡</sup>
Alcohol History	74 (%13.6%)	22 (8.8%)	0.056 <sup>‡</sup>
Work-related Hospitalization history	236 (43.2%)	151 (61.6%)	<0.001 <sup>‡</sup>
Workplace accident	5 (0.9%)	10 (4.0%)	0.008 <sup>§</sup>
Work-related Disability	5 (0.9%)	8 (3.2%)	0.030 <sup>§</sup>

<sup>†</sup>Student's *t*-test, <sup>‡</sup>Pearson's  $\chi^2$  test, <sup>§</sup>Continuity-corrected  $\chi^2$  test, <sup>§</sup>Fisher's exact probability test.

**Table 5** shows the socio-demographic and clinical characteristics of the bank employees, with and without congenital or acquired digestive system disorders, such as reflux and gastritis, as detected in the medical/physical examination. Noise in the work place was found to have significant relationship with the digestive system disorders.

**Table 5.** Socio-demographic and clinical characteristics of bank employees, with and without congenital or acquired digestive system disorders, such as reflux and gastritis, as detected in the medical/physical examination.

	Presence ( <i>n</i> = 672)	Absence ( <i>n</i> = 124)	<i>p</i> -value
Age (years)	35.6 ± 7.0	37.0 ± 8.0	0.093 <sup>†</sup>
Gender			
Female	340 (50.6%)	72 (58.1%)	0.126 <sup>‡</sup>
Marital status			
Single or Widowed	247 (36.8%)	49 (39.5%)	0.559 <sup>‡</sup>
Education Status			0.962 <sup>‡</sup>
Primary school	52 (8%)	10 (8.2%)	
High school	124 (19.1%)	25 (20.3%)	
University	471 (72.8%)	88 (71.5%)	
Occupational exposure			
Dust	98 (14.6%)	26 (21.0%)	0.096 <sup>§</sup>
Noise	89 (13.2%)	27 (21.8%)	<b>0.020<sup>§</sup></b>
Heat	45 (6.7%)	9 (7.3%)	0.973 <sup>§</sup>
Device vibration	6 (0.9%)	3 (2.4%)	0.152 <sup>§</sup>
Ionizing radiation	11 (1.6%)	3 (2.4%)	0.467 <sup>§</sup>
Smoking History	309 (46.0%)	63 (50.8%)	0.323 <sup>‡</sup>
Alcohol History	80 (11.9%)	16 (12.9%)	0.870 <sup>§</sup>
Work-related Hospitalization History	317 (47.2%)	73 (58.9%)	<b>0.017<sup>‡</sup></b>
Workplace accident	13 (1.9%)	2 (1.6%)	>0.999 <sup>§</sup>
Work-related Disability	11 (1.6%)	2 (1.6%)	>0.999 <sup>§</sup>

<sup>†</sup>Student's *t*-test, <sup>‡</sup>Pearson's  $\chi^2$  test, <sup>§</sup>Continuity-corrected  $\chi^2$  test, <sup>§</sup>Fisher's exact probability test.

**Table 6** presents the socio-demographic and clinical characteristics of the bank employees, with and without psychiatric disorders, such as panic attacks, congenital or acquired, as detected in the medical/physical examination.

**Table 6.** Socio-demographic and clinical characteristics of the bank employees, with and without psychiatric disorders, such as panic attacks, congenital or acquired, as detected in the medical/physical examination.

	Presence ( <i>n</i> = 783)	Absence ( <i>n</i> = 13)	<i>p</i> -value
Age (years)	35.8 ± 7.2	35.9 ± 10.0	0.980 <sup>†</sup>
Gender			
Female	402 (51.3%)	10 (76.9%)	0.121 <sup>‡</sup>
Marital status			
Single or Widowed	291 (37.2%)	5 (38.5%)	>0.999 <sup>§</sup>
Education Status			0.702 <sup>§</sup>
Primary school	61 (8.1%)	1 (7.7%)	
High school	147 (19.4%)	2 (15.4%)	
University	549 (72.5%)	10 (76.9%)	
Occupational Exposure			
Dust	118 (15.1%)	6 (46.2%)	<b>0.009<sup>§</sup></b>
Noise	114 (14.6%)	2 (15.4%)	>0.999 <sup>§</sup>
Heat	53 (6.8%)	1 (7.7%)	0.602 <sup>§</sup>
Device Vibration	9 (1.1%)	0 (0.0%)	>0.999 <sup>§</sup>
Ionizing radiation	14 (1.8%)	0 (0.0%)	>0.999 <sup>§</sup>
Smoking History	363 (46.4%)	9 (69.2%)	0.174 <sup>‡</sup>
Alcohol History	93 (11.9%)	3 (23.1%)	0.199 <sup>§</sup>
Work-related Hospitalization History	383 (48.9%)	7 (53.8%)	0.942 <sup>‡</sup>
Workplace accident	13 (1.7%)	2 (15.4%)	<b>0.023<sup>§</sup></b>
Work-related disability	11 (1.4%)	2 (15.4%)	<b>0.017<sup>§</sup></b>

<sup>†</sup>Student's *t*-test, <sup>‡</sup> $\chi^2$  test with continuity correction, <sup>§</sup>Fisher's exact probability test, <sup>§</sup>Likelihood ratio test.

In **Table 7**, the combined effects of all possible factors thought to be determinative in the occurrence of musculoskeletal, digestive system, or psychiatric disorders, either congenital or acquired, as detected in the medical/physical examination were analyzed by retrospective stepwise elimination multivariate logistic regression analyses. Variables with  $p < 0.10$  in the univariate statistical analyses were included in logistic regression models as candidate factors.

The results of the multivariate backward stepwise elimination logistic regression analysis revealed that the strongest determinant factors in distinguishing between bank employees with and without musculoskeletal disorders, such as congenital or acquired musculoskeletal disorders or back, neck, lumbar, and joint pain, as detected in the physical examination were age, gender (female), exposure to dust and device vibrations in the workplace, and a history of work-related hospitalization. When adjusted for other factors, the likelihood of musculoskeletal disorders increased with older age (OR: 1.046; 95% CI: 1.020 - 1.072;  $p < 0.001$ ). When the effects of other factors were held constant, females were 1.681 times (95% CI: 1.175 - 2.406) more likely than males were to have musculoskeletal disorders ( $p = 0.005$ ). Exposure to dust in the work place was a statistically significant predictor of musculoskeletal disorders (OR: 1.899; 95% CI: 1.187 - 3.038,  $p = 0.007$ ). Working in an environment with device vibrations was also a statistically

significant risk factor for musculoskeletal disorders (OR: 12.479; 95% CI: 1.457 - 106.898;  $p = 0.021$ ). Finally, the incidence of musculoskeletal disorders was 1.503 times (95% CI: 1.045 - 2.161) higher among bank employees with a history of work-related hospitalization compared to those who had never been hospitalized ( $p = 0.028$ ), independent of other factors.

The results of the multivariate backward stepwise elimination logistic regression analysis revealed that the strongest determinant factors in distinguishing between bank employees with and without digestive system disorders, such as reflux and gastritis, as a result of congenital or acquired diseases, exposure to workplace-related noise and older age. Exposure to work-place related noise significantly increased the likelihood of gastrointestinal disorders, probably due to increased stress (OR: 1.841; 95% CI: 1.077 - 3.145;  $p = 0.026$ ). After adjustment for other factors, the likelihood of gastrointestinal disorders increased with older age (OR: 1.030; 95% CI: 1.001 - 1.060;  $p = 0.040$ ).

As revealed by the results of the multivariate backward stepwise elimination logistic regression analysis, the strongest determinant factor in differentiating between bank employees with and without psychiatric disorders (e.g., panic attacks) due to congenital or acquired psychiatric disorders, as detected in the physical examination was exposure to workplace-related dust. Workplace-related dust significantly increased the likelihood of psychiatric disorders (OR: 4.521; 95% CI: 1.468 - 13.921;  $p = 0.009$ ).

**Table 7.** Examination of the combined effects of all possible factors thought to be determinants of musculoskeletal system, digestive system, and psychiatric disorders as a result of congenital or acquired diseases, as detected in the medical/physical examination.

	OR	95% CI	<i>p</i> -value
Musculoskeletal system			
Age	1.046	1.020 - 1.072	<0.001
Female	1.681	1.175 - 2.406	0.005
Dust exposure	1.899	1.187 - 3.038	0.007
Device vibration	12.479	1.457 - 106.898	0.021
Work-related hospitalization	1.503	1.045 - 2.161	0.028
Digestive system			
Age	1.030	1.001 - 1.060	0.040
Work-related noise	1.841	1.077 - 3.145	0.026
Psychiatric			
Dust exposure	4.521	1.468 - 13.921	0.009

OR: odds ratio; CI: confidence interval.

#### 4. Discussion

Employees in many professions and sectors, including banking, experience work-related injuries and diseases [7]. In the banking sector, stress associated with the profession, working at a computer for long periods, long working hours, non-ergonomic conditions have been reported to be main risk factors for occupational diseases [8]. As done in other office settings, risk factors for occupational diseases

among bank employees can be prevented by taking ergonomics principles into consideration in the workplace and creating safer and more efficient workspaces [9].

Work-related diseases have been reported among a wide age range of bank employees. One study found that the youngest person who worked as a bank employee and was diagnosed with an occupational disease was 21 years old and the oldest was 46 years old [8]. In our study, the age range of those with work-related diseases was 20 - 64 years. However, in banking, which is a stress-intensive sector, banks tend to employ younger rather than older individuals, and the retirement age in the banking sector is earlier than in other sectors.

Previous studies reported that work-related injuries and diseases were more common among female than male bank employees [10] [11]. In our study, 48.2% of the males, and 51.8% of the females had work-related injuries or diseases. The number of married participants was significantly high, similar to that found in other research [10]. Marriage brings additional stress to one's life and reduces the time individuals can devote to their overall health. In addition, marital stress has been reported to be much higher in middle-income countries, such as Turkey, where economic conditions are difficult than in high-income countries.

When the bank employees were analyzed according to their level of education, the number of high school and university graduates were significantly high, as found also in previous studies. Vocational training and internship periods in the banking sector are long, laborious, and stressful. Resulting job opportunities are mostly in the private sector, and there are fewer permanent stable employment opportunities as compared to other occupations. This results in additional stress and may cause them to neglect their health care [8] [11].

Smoking has been reported to be common among bank employees [10]. In our study, 37.2% of the participants were smokers, and 62.8% were nonsmokers or had ceased smoking. However, the psychological effects of workplace-related which can be high in the banking sector can be as damaging as the effect of smoking.

Work-related psychosocial pressure in the banking sector, including tension, stress, little social support, low pay for long hours and high commitment, are possible risk factors for psychological disorders [12]. One study indicated that a high level of stress increased the risk of anxiety, depression, and burnout syndrome [6]. In a study in China, high incidence of depression-related symptoms was found among bank employees [13]. Psychological capital, extrinsic effort, and a reward system may contribute positively to combating depression among employees. Traumatic events in the workplace may play an important role in work-related illnesses among employees. In a study on 383 bank employees, post-traumatic stress disorder was found to be common among employees who were present at times of bank of robberies [14]. Burnout was also found to be common among bank employees. In a study on 1046 bank employees in Brazil, the rate of burnout was 71.8%, regardless of gender [15]. A strong association has been found between high levels of burnout and exposure to adverse psychosocial conditions, such as

high job-related stress low social support at work, high effort/low reward, and a high level of commitment. Work-related frustration and anxiety due to pressure to achieve determined goals have also been reported [16] [17]. Low levels of education, working for banking agencies, having worked in banking for more than five years, working 6-hour shifts without a break, and particularly low levels of social support were found to increase the risk of job stress and burnout among banking staff [18]. In one study, both extrinsic efforts high levels of commitment were positively associated with emotional exhaustion and depersonalization. Meanwhile, among banking staff, financial reward was negatively associated with emotional exhaustion and depersonalization and positively associated with personal accomplishment [19]. In our study, 11 (1.4%) participants were found to have psychiatric disorders however a detailed anamnesis could not be obtained. In addition, we could not evaluate the lifestyle factors such as diet and exercise as the participants did not want to share some information in terms of their private lives. In Turkey, employees may try to conceal such disorders because of how they are perceived and how they might affect employers' perceptions in terms of their ability to do their jobs.

In our study, 128 participants (16.1%) had musculoskeletal disorders. Of these, 14.3% had back pain, 11.1% had low back pain. Low back pain has been reported to be a very common complaint among bank employees in previous research [20]. A survey study of 893 bank employees found that work-related musculoskeletal disorders were more common among female employees due to various factors, such as poor posture, inability to change the sitting position, type of chair, insufficient number of breaks, and work-related stress [4]. The same study highlighted the importance of working conditions, chair design, correct posture training, and awareness raising about the need for more healthy work place Another study of 750 bank employees in Kuwait revealed that 80% of employees had at least one musculoskeletal disorder in the previous year and that 42% had missed at least one day of work as a result, with the most commonly affected parts of the body being the neck (53.5%), waist (51.1%), shoulders (49.2%), and upper back (38.4%) [21]. A study in Ethiopia found a high rate of low back pain among bank employees, again blaming stress, sedentary work, and stress [5]. An interventional follow-up study on ergonomic risk factors and musculoskeletal disorders in bank staff showed that the use of the "rapid office strain assessment" method to assess risk factors related to office work was an appropriate tool for identifying deficiencies in the workplace environment [22]. Another study noted that preventive measures, such as not lifting heavy loads, not working above shoulder height, observing rest periods, ensuring a positive workplace environment, including improving job satisfaction, should be emphasized [23]. Some occupational diseases can be prevented by organizing the workplace environment according to ergonomic principles. In this way, workers can work more efficiently and safely in an office environment free from all kinds of risks [24].

Visual impairment is a common problem among bank employees due to pro-

longed computer use, infrequent breaks, and exposure to electromagnetic radiation [25]. In our study, 323 (40.57%) of the bank employees wore contact lenses or glasses, and 346 (43.46%) were found to have myopia, hypermetropia, astigmatism, or color blindness.

Cardiovascular diseases, including hypertension, are perhaps the most serious work-related diseases among bank employees [26]. Unfortunately, cardiovascular diseases are increasing in developing countries, especially in high-risk groups such as pilots, surgeons, accountants, stockbrokers, journalists, business people, bankers, and bank employees [27] [28]. Physical inactivity and metabolic syndrome, combined with work-related stress, increase the risk of cardiovascular diseases [29] [30]. Research suggests that improving both lifestyle- and workplace-related factors can help to prevent such diseases [31].

Digestive disorders, especially reflux, are common among those with stressful and sedentary lifestyles. In our study, 92 (11.6%) of the participants had digestive disorders, 67 (8.4%) of whom had reflux. Various factors, such as consuming too much caffeine (tea and coffee), especially desk workers, a lack of canteen facilities, consumption of ready-to-eat meals, have all been reported to be predisposing factors for digestive disorders [7].

There are some limitations of this study. First, we could not able to get detailed information about participants' private lives affecting work-related disease. Second, we could not evaluate ergonomic conditions of the work places as there were so many different bank branches. And third, we were unable to explain the relationship between some occupational exposures and work-related diseases.

Work-related diseases, which are of vital importance to the health of bank employees and all other workers, are a priority that should be addressed by all relevant authorities to enable people to lead healthy lives in physical, mental, spiritual, and social terms. It is essential that all those (policy makers, administrators, trade unions, health professionals and health centers, employers, workers, and nongovernmental organizations) directly or indirectly involved in, put in place action plans, including costing, monitoring, and evaluating prevention of work-related risk factors and exposures to occupational diseases and injuries. If this is achieved, it will be possible to organize banking work stations according to ergonomic principles, ensuring proper break times, integrating stress management plans such as exercise, breath therapy, yoga, providing financial support for these plans, and raising awareness of work-related diseases and preventing measures.

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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