



Original Article

Treatment of Work-Related Stress: Pharmacological Treatments or Psychological Treatments?

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ABSTRACT

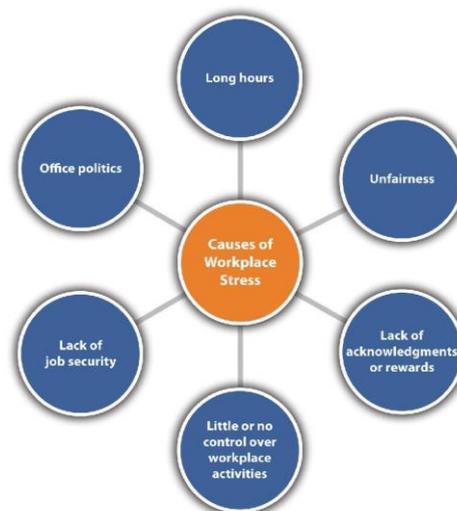
The combination of job content, work structure, technology, and environmental circumstances, and the employees' own abilities, resources, and requirements can create psychosocial hazards. All of these factors can influence work-related stress. There are several ways to treat this type of stress, one of which is pharmacological treatments. Stress medications reduce the symptoms of anxiety, such as fear, anxiety, and panic attacks, by acting on the brain and body. Anti-stress medications are not a definitive treatment for anxiety and stress disorders, but they can help reduce symptoms. Furthermore, new sociocultural and medical information has increased awareness of the importance of the workplace as a social predictor of health. Compared with women, men have a significantly lower level of assessment of their own health status, and women have a significantly lower indicator of physical functioning and vital activity than men of working age. There was a significant difference in the quality of life of the working-age population, depending on age and gender, in the groups of 21-27 years, 28-35 years, and 36-40 years. Among men of working-age with higher education, their own assessment of the state of health was significantly lower than that of men with specialized secondary education, and life activity was reduced, the presence of depressive, anxious experiences, and mental distress was characteristic, social contacts were limited, the level of communication was reduced, and the emotional state interfered with the performance of work or other daily activities. In the group of men with higher education, compared with women with higher education, the number of points on the SF-36 questionnaire scale, which reflects the psychological component as a whole, was significantly lower. A comparison of the parameters that characterize the quality of life, depending on the work place, revealed significant differences in the group of able-bodied women working in industrial enterprises and those of the service sector.

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GRAPHICAL ABSTRACT



Introduction

Stress is the feeling of emotional or physical tension. This complication can be caused by any event or thought that can cause your frustration, anger, and nervousness. Stress is the body's response to a challenge or demand. In critical moments, stress can be positive, for example when it helps you avoid danger [1-3]. The body responds to stress by releasing hormones. These hormones increase your brain awareness and also increase muscle tension and pulse. In the short term, these reactions are good because they can help you control stressful situations. This method is for your body to protect itself, but it can ensure your physical and mental health if it becomes chronic [4]. Work-related stress is one of the most pervasive types of stress. Almost everyone feels work-related stress at some point, even if you love your work or job [5]. Work-related stress is a phenomenon that affects various aspects of our lives. The effects of work-related stress can be classified into three categories: Physiological, psychological, and behavioral [6, 7].

One of the most pressing issues confronting today's Russia is its rapidly dwindling population. The country's official population, which is now approximately 143 million, decreases to around 700,000 people every year. According to some estimates, the country's population could fall as low as 120 million by 2050. The demographic problem has geopolitical as well as economic ramifications. Russia, which makes up 30% of

Eurasia's landmass, may simply have too few people to manage its region in the future [8]. A low birth rate, a high mortality rate, a short life expectancy, and an increasing number of fatalities from unnatural causes are the key reasons leading to the population reduction. The crude death rate in Russia (the total number of fatalities per 1,000 persons per year) has risen to 16. The European Union has a rate of 5, the US has a rate of 6.5, and Japan has a rate of 3.4 [9, 10]. As a phenomenon that emerged in Russia at the turn of the century, depopulation persists despite the established trend of reducing the overall mortality rate. Rosstat predicts a further decline in the number of births until 2035, due to a decrease in the absolute number of women and men of working age, which poses a threat to national security [11–14]. The study of the life quality of the working-age population makes it possible to form a social portrait of this category of citizens to identify the main problems of medical care [15–19]. The purpose of this research was to assess the life quality of working-age women and men based on the results of sociological surveys.

Employment is an important part of an adult's life since it provides a source of income and a sense of belonging, role identity, and physical and cerebral stimulation. As a result, unemployment has been identified as a potential source of negative health-related quality of life (HRQOL), which measures physical, psychological, and emotional well-being. According to a growing

body of data, unemployment has a significant, detrimental impact on the quality of life in the general population, according to a growing body of data [20–24].

Material and Methods

To identify regional characteristics of the working-age population's life quality, a sociological study was conducted using the SF-36 questionnaire [25–27]. The survey involved 1046 respondents: 651 in the town of Cheboksary, 196 in Kanashsky region and 199 the town of Kanash, in Alatyrsky region and the town of the town of Alatyr. The survey included 615 women, of whom 415 were living in the town of Cheboksary, 100 in Kanashsky region and the town of Kanash, 100 in Alatyrsky region and the town of Alatyr; out of 431 men, 236 individuals were living in the town of Cheboksary, 96 in Kanashsky region and the town of Kanash, 99 in Alatyrsky region and the town of Alatyr.

The SF-36 questionnaire reflects the general well-being and the degree of satisfaction with those aspects of a person's life that affect the state of health. It consists of 36 questions grouped into eight scales: Physical functioning (PF), role functioning dependent on the physical condition (RP), bodily pain intensity (BP), vitality (VT), general health (GH), social functioning (SF), role

functioning dependent on the emotional state (RE), and mental health (MH). The indicators of each scale are designed so the higher the value of the indicator (from 0 to 100) is, the better is the score on the selected scale. All the scales of the questionnaire are united into two total dimensions, i.e. the physical component of health (1 – 4 scales) and the mental one (5 – 8 scales).

Results and discussion

Several variables are thought to be health determinants, and intricate interactions among them can significantly influence health. Prioritizing women's health aids in the attainment of the Millennium Development Program's 4th and 5th goals. Inequalities in health relate to disparities in health status or outcomes caused by characteristics such as gender, race, ethnicity, and socioeconomic position. In addition to the genetic and biochemical factors that influence health disparities, social structure is also a component to consider. Health factors affect men and women in various ways [28, 29]. The results of studying the life quality of the studied contingents are presented in Table 1.

Table 1: The value of the SF-36 questionnaire scales for men and women of working - age in the Chuvash Republic

NO.	SF-36 questionnaire scales	Women (n 615)	Men (n 431)	p
1	PF: Physical functioning	64,6±20,0	76,0±26,2	<0,001
2	RP: Role functioning	72,3±35,4	70,1±34	0.321
3	BP: Bodily pain intensity	55,9±16,1	53,5±16	0.021
4	GH: General health status	63,7±17,1	60,2±16,7	0.001
5	VT: Vitality	60,8±17,3	63,5±15,5	0.008
6	MH: Mental Health	63,7±17,1	62,8±17,4	0.378
7	SF: Social functioning	76,1±20,8	71,9±21,6	0.002
8	RE: Role functioning	71,5±36,2	71,1±32,9	0.871
9	Physical health component	64,1±13,7	65,0±16,3	0.343
10	Mental health component	68,0±18,1	67,3±16,1	0.544

Among working-age women, social functioning (SF) ranks the first by 76.1±20.8 points, the indicator determines the degree of physical and emotional state influence on social activity (communication); the second place is occupied by role functioning dependent on the physical state (RP) by 72.3±35.4 points, the indicator determines the degree of physical state influence

on everyday role activity; and the third goes to role functioning dependent on the emotional state (RE) by 71.5±36.2 points, which supposes an assessment of the degree to which the emotional state interferes with the performance of work or other daily activities.

In the group of working-age women, the minimum value has the indicator of bodily pain

intensity (BP) (55.9 ± 16.1 points); pain significantly restricts women's activity and affects the ability to engage in daily activities, including their household chores and working outside the home; also of significance is the indicator reflecting the general state of health (GH) (63.7 ± 17.1 points), an assessment of their current state of health.

Among working-age men, the first rank in terms of scores is physical functioning (PF), which indicates that the physical state does not limit the performance of physical activities (76.0 ± 26.2 points), the second is SF, which reflects the degree of the physical and emotional state influence on social activity (communication) (71.9 ± 21.6 points), the third is RE, which suggests that the emotional state does not interfere with the performance of work or other daily activities (71.1 ± 32.9 points).

Just as in the group of women of working age, in the group of men, the indicators such as BP (53.5 ± 16 points) decrease; pain significantly restricts activity and affects the ability to engage in daily activities, including household chores and work outside the home; also GH (60.2 ± 16.7 points) is low, as assessment of their current state of health. Considering this aspect, among men, compared with women, the degree of their own health status assessment and the level of communication are significantly lower due to the deterioration of their physical and emotional state, a larger restriction of activity, as well as the ability to engage in daily activities due to the intensity of pain. However, women have a significantly lower indicator of physical functioning and vital activity than that of men of working age.

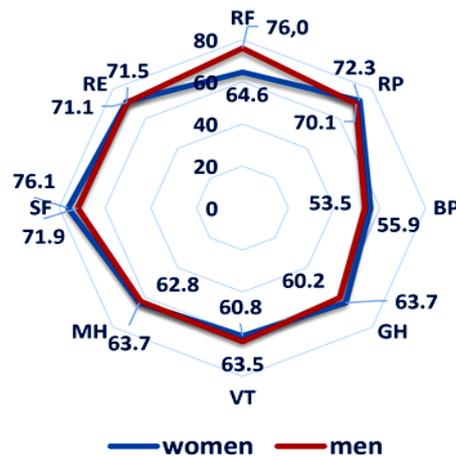


Figure 1: A generalized profile of the life quality of working-age women and men in the Chuvash Republic

A generalized profile of the life quality of working-age women and men in the Chuvash Republic is presented in Figure 1. In general, the influence of the group of the "physical component of health" indicators in the group of men and the "psychological component of health" were 65.0 ± 16.3 points and 67.3 ± 16.1 points, respectively. In the group of women, the values were 64.1 ± 13.7 points and 68.0 ± 18.1 points, respectively.

A significant difference in the life quality indicators of the working-age population, depending on age and gender, was found in the age groups of 21-27 years, 28-35 years, and 36-40 years. Thus, at the age of 21-27 years, men are characterized to have a significantly lower score

on the scale that combines the psychological component of health characteristics, compared with women by 62.1 ± 14.9 and 70.4 ± 15.5 points, respectively, $p < 0.001$ (Table 2).

The influence of the pain intensity indicator on the ability to engage in daily activities was more pronounced in men of this age group (51.4 ± 15.7 points) than in women (57.2 ± 15.8 points, $p < 0.05$).

One thing that can be done to prevent hypersensitivity reactions from SSC is to carry out a comprehensive history taking if the patient is going to perform restorations with dental materials that can trigger an allergic reaction. This can prevent unwanted reactions from occurring [30, 31]. Patch-skin tests can also be

done before performing restoration treatment. hypersensitivity reaction occurs, SSC can be replaced with a material that is non-toxic and sensitive reaction to the metal content of a does not contain metal ions such as acrylic [13, material. If SSC has been inserted and a 29].

Table 2: The value of the SF-36 questionnaire scales for men and women aged 21-27 years in the Chuvash Republic

NO.	SF-36 questionnaire scales	Women (n 109)	Men (n 86)	p
1	PF: Physical functioning	69,9±20,8	76±24,1	0.059
2	RP: Role functioning	71,3±35	72,4±29	0.817
3	BP: Bodily pain intensity	57,2±15,8	51,4±15,7	<0,05,
4	GH: General health status	68,6±15,7	57,0±12	<0,001
5	VT: Vitality	62,8±15,2	60,6±14,9	0.319
6	MH: Mental Health	65,9±16,3	56,4±16,6	<0,001
7	SF: Social functioning	78,0±19,0	66,1±22,1	<0,001
8	RE: Role functioning	74,9±32,8	65,1±29,8	0.032
9	physical health component	66,7±12,3	64,2±12,9	0.17
10	mental health component	70,4±15,5	62,1±14,9	<0,001

In the group of men, the general state of health assessment is also lower than in the group of women by 57.0±12 points and 68.6±15.7 points, respectively, $p < 0.001$. The indicator reflecting the presence of depressive, anxious experiences, mental distress (MH) is significantly higher in the group of men aged 21-27 years than in women (56.4±16.6 and 65.9±16.3 points, respectively, $P < 0.001$). The degree to which the physical or emotional state restricts social activity (communication) (SF) is higher in men aged 21-27 years (66.1±22.1 points), which indicates a significant restriction of social contacts, a decrease in the level of communication due to the deterioration of the physical and emotional state (in women by 78.0±19.0 points, $p < 0.001$).

In the age group of 28-35 years, men are characterized by a significantly lower score on the scale that combines the psychological component of health characteristics, compared with women by 63.5±16 and 69.9±17.4 points, respectively $p < 0.05$. In the group of men aged 28-35 years, the general state of health assessment is lower than in women by 56.9±17.2 points and 66.5±14.6 points, respectively, $p < 0.001$. The indicator reflecting the presence of depressive, anxious experiences, mental distress (MH) is significantly higher in the group of men aged 28-35 years than in women (58.3±14.3 and 66.3±16.2 points, respectively, $P < 0.001$). The degree to which the physical or emotional state restricts social activity (communication) (SF) is

higher in men aged 28-35 years (68.3±22.4 points), which indicates a significant restriction of social contacts, a decrease in the level of communication due to the deterioration of the physical and emotional state (in women 77.1±20.1 point, $p < 0.001$).

In the age group of 36-40 years, men are characterized by a significantly lower score on the scale reflecting the general state of health, in comparison with women: 60.9±13.8 and 72.5±15.8 points, respectively, $p < 0.001$.

In the age group of 46-50 years, the average score on the life activity scale of 72.4±15.6 and 55.9±15.4 points, respectively, was significantly higher in men than in women, $p < 0.01$.

Among men of working age, a significant difference was found on the scales "general health," "vital activity," "mental health," "social functioning," and "role functioning" between men with secondary specialized and those with higher education: Men with higher education have a lower assessment of the state of health, reduced vital activity, characterized by the presence of depressive, anxious experiences, mental distress, limited social contacts, reduced level of communication, and emotional state interfering with the performance of work or other daily activities (56.9±14.8, 59.6±14.9, 56.9±15.7, 66.5±22.1, 64.1±29.6, 63.8±13.7 points, respectively, $p < 0.001$).

In general, a significant difference in the physical component of health was registered in the group

of men with general secondary and secondary special education by 59.1 ± 19.6 points and 67.0 ± 16.2 points, respectively.

The total value of the scales that characterize the psychological component of health ("mental health," "role functioning dependent on the emotional state," "social functioning," "life activity") in the group of men with higher education is significantly lower than in the group of men with secondary special education by 61.7 ± 14.3 points and 69.6 ± 15.2 points, respectively.

When comparing the quality of life in men and women, depending on the level of education, a significant difference was revealed in the group of able-bodied men and women with general secondary, secondary special, and higher education. Among men having general secondary education, the health score (GH) is lower than among women by 55.7 ± 15.2 and 68.7 ± 17.3 points, respectively ($p < 0.001$); social contacts are more limited than among women, the level of

communication is reduced due to the deterioration of the physical and emotional state (SF) - 70.6 ± 21.2 and 78.2 ± 31.6 points, respectively ($p < 0.001$). In general, the physical component of the life quality assessment among men is lower than among women by 59.1 ± 19.6 and 67.2 ± 14.9 points, respectively ($p < 0.001$).

Restriction of social contacts and decreased communication level due to the deterioration of the physical and emotional state is more pronounced among men with secondary special education than among women (74.4 ± 21.4 and 82.1 ± 18.4 points, respectively ($p < 0.001$)).

In the group of men with higher education, compared with women with higher education, the number of points on the SF-36 questionnaire scale reflecting the general state of health, mental health, social functioning, and the psychological component, in general, is lower: 56.9 ± 14.8 , 56.9 ± 15.7 , 66.5 ± 22.1 and 61.7 ± 14.3 points (Table 3).

Table 3: The value of the SF-36 questionnaire scales for men and women of working age in the Chuvash Republic

SF-36 questionnaire scales	Women (n 149)	Men (n 129)	p
PF: Physical functioning	$68,3 \pm 20,9$	$72,8 \pm 24,1$	0.102
RP: Role functioning	$74,2 \pm 36$	$73,1 \pm 29,1$	0.782
BP: Bodily pain intensity	$55,6 \pm 16,3$	$52,4 \pm 16,3$	0.1
GH: General health status	$67,9 \pm 15,5$	$56,9 \pm 14,8$	<0,001
VT: Vitality	$60,8 \pm 16,4$	$59,6 \pm 14,9$	0.554
MH: Mental Health	$64,2 \pm 16,6$	$56,9 \pm 15,7$	<0,001
SF: Social functioning	$76,8 \pm 20,5$	$66,5 \pm 22,1$	<0,001
RE: Role functioning	$71,6 \pm 36$	$64,1 \pm 29,6$	0.061
physical health component	$66,5 \pm 13$	$63,8 \pm 13,7$	0.094
mental health component	$68,3 \pm 17,6$	$61,7 \pm 14,3$	<0,001

A comparison of the parameters characterizing the quality of life, depending on the place of work, revealed significant differences in the group of able-bodied women working at industrial enterprises and in the service sector; women working at industrial enterprises have lower scores with reference to the parameters of "role functioning," "vital activity" and the psychological component of health in general by 69.9 ± 39.1 , 58.7 ± 16.6 , 68.1 ± 18.5 points, respectively ($p < 0.001$).

Conclusion

The health implications of employees who are exposed to psychological hazards and work-

related stress on a regular basis are numerous, affecting various organs and systems. Job-related stress is defined by the European Agency for Safety and Health at Work (EU-OSHA) as the disquiet and discomfort workers may feel when confronted with work demands and pressures that are not suited to their knowledge and abilities and that they test their ability to cope [30, 31]. According to this research, both in the group of women of working age and in the group of men, the minimum value has the indicator of bodily pain intensity (BP by 55.9 ± 16.1 points and 53.5 ± 16 points, respectively), suggesting pain significantly restricts the activity of women and

men, and affects their ability to engage in daily activities. Considering this factor, among men, compared with women, the level of assessment given to their own health status is significantly lower (57.0 ± 12 points and 68.6 ± 15.7 points, respectively), and the indicator of physical functioning and vital activity is significantly lower than among men of working age (64.6 ± 20.0 points and 76.0 ± 26.2 points, respectively, ($p < 0.001$)). A significant difference in the life quality indicators of the working-age population, depending on age and gender, was found in the age groups of 21-27 years, 28-35 years, and 36-40 years. When comparing the quality of life in men and women, depending on the level of education, a significant difference was revealed in the group of able-bodied men and women with general secondary, secondary special, and higher education.

Among men of working age having higher education, their own assessment of the state of health is significantly lower than that of men with specialized secondary education, and life activity is reduced, the presence of depressive, anxious experiences, mental distress is characteristic, social contacts are limited, the level of communication is reduced, and the emotional state interferes with the performance of work or other daily activities ($56,9 \pm 14,8$, $59,6 \pm 14,9$, $56,9 \pm 15,7$, $66,5 \pm 22,1$, $64,1 \pm 29,6$, $63,8 \pm 13,7$ points, respectively, $p < 0.001$).

In the group of men with higher education, compared with women with higher education, the number of points on the SF-36 questionnaire scale, reflecting the psychological component as a whole, is significantly lower by 61.7 ± 14.3 points and 68.3 ± 17.6 points, respectively ($p < 0.001$).

A comparison of the parameters characterizing the quality of life, depending on the place of work, revealed significant differences in the group of able-bodied women working at industrial enterprises and in the service sector; women working at industrial enterprises have lower scores in the parameters "role functioning," "vital activity" and the psychological component of health in general.

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Authors' contributions

All authors contributed toward data analysis, drafting and revising the paper and agreed to be responsible for all the aspects of this work.

Conflict of Interest

The authors declare that they have no competing interests.

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