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Effects of Relaxation Techniques on Reduction of Stress and Anxiety Among Industrial Workers in Selected Industries of Dadar and Nagar Haveli

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ABSTRACT:

Background: Continuous stress that is connected to the workplace is known as "occupational stress." The stress may be brought on by the obligations related to the work itself, by elements of the workplace culture, or by personality difficulties. Any type of profession or career comes with a certain amount of stress. When stress is present, it can be a motivator that encourages the person to pursue perfection. But excessive stress can impair the performance, undermine confidence, and make it difficult to carry out daily duties. If not properly managed, occupational stress can eventually have an adverse impact on both physical and emotional health. Stress can cause emotional problems such as anxiety, and depression, and, in some circumstances further limit one's capacity to enjoy any element of life. **Method:** In this study Descriptive evaluatory approach was used and a pre-experimental design with one group pre-test post-test used as a research design, the sampling technique used was non-probability convenience sampling technique, sample size was calculated to be 500, the sample consisted of industrial workers. **Result:** Pretest anxiety mean was 15.9 with SD of 5.6 and post-test mean was 6.3 with SD of 4.4, the mean difference was 9.6, the calculated t value is 72 was more significant at 0.001 level of significance. Pretest stress mean was 39.86 with SD of 07.01 and post-test mean was 31.01 with SD of 5.12, the mean difference was 08.85, the calculated t value is 23.48 was more significant at 0.001 level of significance. Correlation between anxiety and stress level of industrial workers where mean for anxiety is 15.09 and for stress is 7.01, the table value is <0.05. **Conclusion:** The relaxation techniques was effective on the reducing of stress and anxiety among industrial workers.

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INTRODUCTION ^[1-6]

Any kind of change that puts physical, mental, or psychological strain on a person is considered to be stressful.

Along with obtaining a livable wage, industrial workers of an organization are also subject to the demands of the organization. In the end, this may make it more challenging for the company to reach its objectives and satisfy the demands of its staff. As a result, workplace social and psychological stress negatively affects industrial

workers' well-being. When industrial workers are confronted with work demands that are beyond the extent of their knowledge, abilities, or capacities to handle them, a pattern of reactions known as work-related stress results. Burnout, which is described by a condition of depersonalization, emotional tiredness, and a sense of poor personal accomplishment, may also be made worse by stress. Being mindfully present while maintaining a non-judgmental, non-striving attitude of acceptance is the fundamental aim of mindfulness. Workplace stress can cause disease and even injury. 1

Stress is a common occurrence in our daily lives, especially as development is speeding. All jobs are collectively referred to as work. It is a fundamental requirement and a component of the environment that is required for human survival for the vast majority of people. It also significantly contributes to the development of both the individual and the nation. Adults usually spend more than half their lives working. Work-related stress can generate tension or strain if there is no way to release the tense feelings it causes.

Stress happens when we react to unique circumstances. Occupational stress is one of the most alarming aspects of the workplace or the nature of the job that causes each individual to endure stress. Stress is the biological term for a person's incapacity to respond appropriately to actual or fictitious emotional or physical risks to the body. In contemporary society, workplace stress is a relatively new phenomenon. The nature of work has changed significantly over the past century, and this shift is speeding up.²

Anxiety is a mood with no tangible companion. It is triggered by the unknown and occurs before all new experiences, whether beginning school, a new career, or having a child.

An individual who suffers from generalized anxiety disorder may think they have always worried, even as kids or teenagers. In other cases, the anxiety may be brought on by a crisis or a difficult period, such as a job loss, a family illness, or the death of a loved one. The crisis and stress will pass eventually, but an enigmatic unease may linger for weeks or even years.²⁷

It has been shown that some populations are more susceptible to anxiety than others, including those who have experienced marital conflict, economic hardship, living in cities, and those who have been traumatized.³

In the United States, a study on the impact of relaxation techniques on workplace stress found that stress at work was the main factor in absenteeism, illness, accidents, and lost productivity. Programs for managing workplace stress that involves biofeedback, exercise, and relaxation therapy have generally been demonstrated to improve job satisfaction and performance while reducing physiological symptoms like hypertension. A good stress management program can be put into action by monitoring symptoms and stressors, incorporating coping mechanisms into one's daily schedule, and being realistic while creating an achievable schedule.⁴

Progressive muscle relaxation is a deep-muscle relaxation technique that is based on the notion that the body

tenses muscles in response to unpleasant thoughts and circumstances. Each muscle group is contracted for 5 to 7 seconds and then relaxed for 20 to 30 seconds as the patient focuses on the sensory differences between the two states. Slow and peaceful background music may help people unwind. Computers and stress coexist in modern society. However, in order to overcome pressures and have a healthy life, stress management is essential.

Objective:

1. To assess the existing stress and anxiety level among industrial workers.
2. To administer Relaxation techniques on the reduction of stress and anxiety among industrial workers.
3. To assess the post-test stress and anxiety level among industrial workers.
4. To assess the effectiveness of relaxation techniques on the reduction of stress and anxiety levels among industrial workers.
5. To determine the association of the pre-test stress and anxiety level with demographic variables.

Hypotheses:

H0 – There is no significant difference between the stress and anxiety scores between the pre and post-test of industrial workers.

H02 – There is no significant effectiveness of relaxation techniques on the reduction of stress and anxiety level among industrial workers.

H03 – There is no significant association between the pre-test stress and anxiety score with selected demographic variables among industrial workers.

H1 – There is a significant difference between the stress and anxiety scores between the pre and post-test of industrial workers.

H2 – There is significant effectiveness of relaxation techniques in the reduction of stress and anxiety levels among industrial workers.

H3 – There is a significant association between the pre-test stress and anxiety score with selected demographic variables among industrial workers.

Methodology:

Research Approach:

In this study, the researcher utilized a quantitative approach and a descriptive evaluatory approach.

Research Design:

For this study, a pre-experimental design with one group pre-test and post-test was adopted

Population:

In this study, the target population consisted of industrial workers from Dadar and Nagar Haveli.

Settings of the Study:

The setting for the present study is the selected industries of Dadar and Nagar Haveli.

SAMPLE

In this study, the sample consisted of industrial workers in selected industries of Dadar and Nagar Haveli.

Sampling Technique

In this study, non-probability convenience sampling was used

Sample Size

The estimated sample size was calculated to be 500 considering the errors.

Result:

The data collected were analyzed according to the plan for data analysis and divided into the following section.

Section I: Description of demographic variables.

Section II: Anxiety Level of Industrial workers in pre-test and post-test

Section III: Stress level of Industrial workers in pre-test and post-test

Section IV: Comparison of pre and post-test levels of Stress and anxiety among industrial workers

Section V: Association between pretest stress level and demographic variables of industrial workers

SECTION – I: DEMOGRAPHIC VARIABLES OF INDUSTRIAL WORKERS WORKING IN SELECTED INDUSTRIES

Table – 1: Frequency and percentage distribution of demographic variables Of Industrial workers working in selected industries. N = 500.

S.N	Demographic Variables	Frequency	Percentage
1	Age		
	a) 20 - 25 Yrs	83	16.6
	b) 25 - 30 Yrs	72	14.4
	c) 30 - 35 Yrs	111	22.2
	d) 35 – 40 Yrs	65	13
	e) 40 – 45 Yrs	53	10.6
	f) 45 – 50 yrs	116	23.2
2	Sex		
	a) Male	398	79.6
	b) Female	102	20.4
3	Educational Status		
	a)No formal education	61	12.2
	b) Primary Education	132	26.4
	c) Middle school education	210	42
	d) Secondary Education	32	6.4
	e) Higher Secondary/ Diploma education	36	7.2
	f) Graduate and above	29	5.8
4	Marital Status		
	a) Married	380	76
	b) Un Married	106	21.2
	c) Widow	5	1
	d) Living Together	9	1.8
5	Income		

	a) < Rs-5000	14	2.8
	b) Rs.5000 – 10,000	88	17.6
	c) Rs. 10,000 – 20,000	299	59.8
	d) > Rs. 20,000	99	19.8
6	Religion		
	a) Hindu	476	95.2
	b) Christian	14	2.8
	c) Muslim	10	2
7	Place of residence		
	a) Urban	398	79.6
	b) Rural	102	20.4
8	Types of Family		
	a) Nuclear family	192	38.4
	b) Joint family	308	61.6
9	Years of Experience		
	a) < 1 Year	22	4.4
	b) 1-5 years	139	27.8
	c) 5-10 years	80	16
	d) >10 years	259	51.8
10	Types of Work		
	a) Managerial work	28	5.6
	b) Technical/computer work	37	7.4
	c) Clerical Work	0	
	d) Supervisor	22	4.4
	e) labourer	120	24
	f) Skilled labour	279	55.8
	others	14	2.8
11	Duration of Work		
	a)8 hours	77	15.4
	b)10 Hours	19	3.8
	c)12 Hours(including OT)	404	80.8
12	Types of placement		
	a) Temporary	80	16
	b) Permanent	420	84
13	History of Illness		
	a)Diabetes Mellitus	5	1
	b)Allergic problem	5	1
	c)Cardiac Problem	12	2.4
	d)Hypertension	5	1
	e)Kidney Disease	4	0.8
	f)Pain	5	1
	g)No	464	92.8
14	Practicing any relaxation techniques		
	a) Yes	145	29
	b) No	355	71
15	Any Bad Habits		
	a) Yes	50	10
	b) No	450	90

Table 1 indicates that the majority of the subjects 116(23.2%) 45-50 years Age. 398(79.6%) are Males and 102(20.4%) are Females. In school education 29(5.8%) graduate. Regarding Marital Status 380(76%) are married. Most of the subjects 299 (59.8%) are having an income of Rs.10,000- 20,000 Many of the subjects 476(95.2%) are Hindu. Most of the Subjects are residing in 398(79.6%) urban areas. 308(61.6%) belong to Joint families 259 (51.8%) are having experience of more than 10 years. 279 (55.8%) are skilled laborers. 404 (80.8%) are working more than 12 hours. Most of the subjects 420(84%) are Permanent. Many of the subjects 464(92.8%) are not

having a history of illness. 355(71%) are not practicing any relaxation techniques. 450(90%) of the subjects are not having any bad habits.

SECTION –II ANXIETY LEVEL OF INDUSTRIAL WORKERS IN PRETEST AND POST TEST

Table-2: Frequency and percentage distribution on Pre-test level of Anxiety among industrial workers N=500

S.No	Level of Anxiety	Frequency	Percentage
1	Mild	346	69.2
2	Moderate	121	24.2
3	Severe	33	6.6

The table no 2: Indicates that 346 (69.2%) subjects were having mild anxiety 121(24.2%) subjects were having moderate anxiety and only 33 (6.6%) industrial workers were having severe anxiety.

From the above table no- 5 described the posttest feeling of industrial workers working industries Anxious mood,

Table-3: Frequency distribution based on Pretest feelings of industrial workers

S.No	Feeling's(Variables)	Not Present		Mild		Moderate		Severe		Very Severe	
		F	p	F	p	F	p	f	P	F	P
1	Anxious mood	179	35.8	78	15.6	196	39.2	42	8.4	5	1
2	Tension	141	28.2	84	16.8	226	45.2	49	9.8	0	0
3	Fears	190	38	167	33.4	125	25	18	3.6	0	0
4	Insomnia	161	32.2	126	25.2	177	35.4	36	7.2	0	0
5	Intellectual	147	29.4	198	39.6	122	24.4	33	6.6	0	0
6	Depressed mood	82	16.4	221	44.2	165	33	32	6.4	0	0
7	Somatic (muscular)	93	18.6	181	36.2	171	34.2	50	10	5	1
8	Somatic (sensory)	137	27.4	191	38.2	161	32.2	11	2.2	0	0
9	Cardiovascular symptoms	107	21.4	249	49.8	115	23	29	5.8	0	0
10	Respiratory symptoms	109	21.8	238	47.6	127	25.4	26	5.2	0	0
11	Gastrointestinal symptoms	145	29	205	41	110	22	35	7	5	1
12	Genitourinary symptoms	142	28.4	224	44.8	117	23.4	17	3.4	0	0
13	Autonomic symptoms	147	29.4	195	39	147	29.4	11	2.2	0	0
14	Behavior at interview	214	42.8	149	29.8	123	24.6	14	2.8	0	0

Table 6: Mean and Standard Deviation of pretest and posttest level of anxiety among , N=500

Anxiety score	Mea n	Standard Deviation	Mean Difference	t, value	P value
Pre test	15.9	5.6	9.6	72	< 0.001
Post test	6.3	4.4			

The above table no 6 indicates that the pretest anxiety mean was 15.9 with standard deviation of 5.6 and post-test mean was 6.3 with standard deviation of 4.4 , the mean difference was 9.6, the calculated t value is 72 was more significant at 0.001 level of significance Hence stated null hypothesis that there will be no significant difference between pre and post-test mean anxiety score

42(8.4%) subjects were showing moderate anxious mode Tension, More subjects 247(49.4%) were reported mild tension Fear, 328(65.6%) subjects were not having fear Insomnia, 275(55%) were reported not having problem of insomnia Intellectual 331(66.2%) were reported not having problem of Difficulty in concentration, Somatic muscular symptoms Many of the subjects 299(59.8%) subjects were not reported any somatic symptoms , Somatic sensory symptoms: 309(61.8%) were not reported any symptoms, Cardio vascular Symptoms: 354(70.8%) subjects have not reported any cardiovascular symptoms Respiratory symptoms: Many of the subjects 342(68.4%) have not reported any respiratory symptoms Gastro intestinal symptoms: it indicates 346(69.2%) subjects have not reported G I symptoms Genito urinary system: 371(74.2%) subjects have not reported any symptoms, Autonomic symptoms: 347(69.4%) subjects have not reported any symptoms, Behavior at Interview, 368(73.6%) had not shown any anxiety symptoms.

is rejected and the Progressive Muscle relaxation technique is effective on reduction of anxiety.

SECTION –III STRESS LEVEL OF INDUSTRIAL WORKERS IN PRETEST AND POST TEST

Table-7: Comparison of Self-assessed work-related stressors and stress scores as measured with the Work Stress Questionnaire (WSQ) in Pre and Post Test, N=500

S. No	Self-assessed work-related stressors and stress	Number of items of stressors	Level	Pre test		Post test	
				N	%	N	%
1	Influence at Work	1-4	High	140	28	24	4.8
			Low	360	72	476	95.2
2	Stress due to Indistinct	5-11	High	156	31.2	42	8.4
			Low	344	68.8	458	91.6

	organisation and conflict				
3	Stress due to individual demands and commitment	12-18	High	189	37.872
			Low	311	62.2428
4	Work interference with leisure time	19-21	High	170	34 47 9.4
			Low	330	66 453 90.6
	Total	21	High	180	36 30 6
			low	320	64 470 94

The above table no, 7 indicates that regarding Influence at Work 360(72%) subjects were reported low stress and 140(28%) as high stress in Pretest, 24(4.8%) were reported High Stress and 476(95.2%) were reported as low stress in Post test Whereas Stress due to Indistinct organization and conflict 156(31.2%) subjects were having high stress and 344(68.8%) were having low stress in pretest 42(8.4%) were having high stress 458(91.6%) were having low stress in Post test. Regarding Stress due to individual demands and commitment 311(62.2%) were having low stress,189(37.8%) were having High Stress in pretest,428(85.6%) were having low stress and 72(14.4%) were in posttest. Regarding Work interference with leisure time 170(34%) were perceived high and 330(66%) were having Low stress level in pretest, 47(9.4) subjected were perceived high stress and 453(90.6%) subjects in low stress, Overall 180(36%) subjects have perceived high stress and 320(64%) were having low stress in Pretest 490(98%) have perceived low stress and only 10(2%) were having less stress, hence it shows that Progressive muscle relaxation therapy is effective in reduction of pain among industrial workers.

Table 8: Mean and Standard Deviation of pretest and posttest level of Self-assessed work-related stressors and stress among

S.No	Self-assessed work-related stressors and stress	Pretest MeanSD	Post test MeanSD	Mean 't' difference	P value
1	Influence at Work	9.44 1.74	5.14 1.30	4.30	42.98 <0.001
2	Stress due to Indistinct organization and conflict	11.55 4.86	9.16 3.56	2.39	8.74 <0.001
3	Stress due to individual demands and commitment	12.63 4.10	10.94 3.05	1.69	7.60 <0.001
4	Work interference with leisure time	6.24 1.63	5.76 0.77	0.48	5.97 <0.001
5	OVERALL	39.86 7.01	31.01 5.12	8.85	23.48 <0.001

Table 8 Shows -Self-assessed work-related stressors and stress for influence at work for the pretest mean 9.45 (1.74), Stress due to Indistinct organization and conflict 11.55 (4.86), Stress due to individual demands and commitment 12.63 (4.10), Work interference with leisure time 6.24 (1.63), Overall 39.86 (7.01). the mean and Standard deviation for the Post test shows for the Influence at Work 5.14 (1.30), Stress due to Indistinct organization and conflict 3.56 (1.6), Stress due to individual demands and commitment 10.94 (3.05), Work interference with leisure time 5.76 (0.77), Overall 31.01 (5.12).

SECTION –IV CORRELATION BETWEEN ANXIETY AND STRESS LEVEL OF INDUSTRIAL WORKERS

Table-9: Correlation between anxiety and Stress level of industrial workers

S.No	Variables	Mean	r value	inference	P value
1	Anxiety	15.09	0.752	High positive correlation	<0.05
2	Stress	7.01			

Table 9 Shows: Correlation between anxiety and stress level of industrial workers where mean for anxiety is 15.09 and for stress is 7.01, the table value is <0.05.

SECTION –V ASSOCIATION BETWEEN STRESS SCORE AND SELECTED DEMOGRAPHIC VARIABLES OF INDUSTRIAL WORKERS

Table-10: Association between stress scores and Selected Demographic variables of industrial workers

S.No	Demographic Variables	Category	Chi square	Level of significance
		Low<5 0%	High> 50%	
1	Age			
	a) 20 - 25 Yrs	50	33	
	b) 25 - 30 Yrs	32	40	17.48 <P - 0.0003
	c) 30 - 35 Yrs	77	34	S
	d) 35 – 40 Yrs	41	24	
	e) 40 – 45 Yrs	38	15	
	f) 45 – 50 yrs	82	34	
2	Sex			
	a) Male	255	143	<P -0.94
	b) Female	65	37	0.004 NS
3	Educational Status			
	a)No formal education	44	17	<P -0.11
	b) Primary Education	89	43	8.85 NS
	c) Middle school education	125	85	
	d) Secondary Education	16	16	
	e) Higher Secondary/ Diploma education	24	12	
	f) Graduate and above	22	7	
4	Marital Status			

a) Married	249	131		
b) Un Married	60	46	4.19	<P -0.12
d) Living Together	11	3		NS
5 Income				
a) < Rs-5000	12	2		
b) Rs.5000 – 10,000	57	31		
c) Rs. 10,000 – 20,000	181	118	6.37	<P -0.09
d) > Rs. 20,000	70	29		NS
6 Religion				
a) Hindu	300	176		
b) Christian	11	3	4.42	<P -0.10
c) Muslim	9	1		NS
7 Place of residence				
a) Urban	257	141		
b) Rural	63	39	0.27	<P -0.59
8 Types of Family				NS
a) Nuclear family	117	75		
b) Joint family	203	105	1.26	<P -0.25
9 Years of Experience				
a) < 1 Year	16	6		
b) 1-5 years	90	49		
c) 5-10 years	41	39	7.28	<P -0.06
d) >10 years	173	86		NS
10 Types of Work				
a) Managerial work	19	9		
b) Technical/computer work	24	13	0.74	<P -0.99
d) Supervisor	14	8		NS
e) labourer	78	42		
f) Skilled labour others	176	103		
11 Duration of Work				
a)8 hours	48	29		
b)10 Hours	13	6	0.255	<P -0.88
c)12 Hours(including OT)	259	145		NS
12 Types of placement				
a) Temporary	53	27	0.209	<P -0.64
b) Permanent	267	153		NS
13 Practicing any relaxation techniques				
a) Yes	101	34		
b) No	219	136	0.209	<P -0.64
14 Any Bad Habits				NS
a) Yes	107	62		<P -0.81
b) No	213	118	0.05	NS

Table no 10 depicts that there was no significant association between the sex, religion, place of residence, type of placement and practicing any relaxation techniques, educational status, marital status, income, type of family, years of experience, type of work, Duration of the work and any bad habits with the stress level of industrial workers. Hence null hypothesis is accepted with above mentioned variables. Age showed the significant association with the stress level of industrial workers.

Hence the alternative hypothesis is accepted, and null hypothesis is rejected with age at 0.05 level of significance.

Discussion:

On the DASS-21 scale, there was a decrease in the mean depression score of 3.3 (95% CI:2.3 to 4.3), the mean anxiety score of 2.6 (95% CI:1.6 to 3.7), and the mean stress score of 2.7 (95% CI:1.6 to 4.0). Conclusions: Peer support is successful in enhancing the mental health of migrant workers in Singapore's construction industry. This intervention should be taken into account along with other options for enhancing their welfare. 5

The prevalence of occupational stress was 77.7% (95% CI: 75.8–79.6). Psychological demand was high in 93.0% of workers and 83.9% had low decision latitude. Among the workers, 16.3% had low social support and 89.9% had a low recognition score at work. Factors associated with occupational stress were: being an occasional vs. permanent worker (aOR 6.43, 95% CI 4.18 to 9.88); age less than 38 years (aOR 0.55, 95% CI 0.41 to 0.76); high intensity physical activity at work (aOR 1.33, 95% CI 1.03 to 1.73); working in production vs. administration (aOR 1.59, 95% CI 1.03 to 2.45); spending fewer than 4 years at the current work location (aOR 1.60, 95% CI 1.05 to 2.44); and scoring low for recognition at work (aOR 1.53, 95% CI 1.04 to 2.23). Noise exposure and being a shift worker were significant in univariable analysis, but not multivariable analysis. Occupational stress is very common among workers in industrial settings. The implementation and evaluation of preventive measures against these risk factors is necessary. 6

In logistic regression analysis, adjusted odds ratio (AOR), along with 95% confidence interval (CI), was used to identify the associated factors of work-related stress. A P-value < 0.05 was considered as statistically significant. The prevalence of work-related stress was 45.2%, with 95% CI=40.0– 50.1%. Working in rotational shifts (AOR=2.33, 95% CI=1.34– 4.03), current substance use (AOR=5.67, 95% CI=3.38– 9.52), poor and medium social support (AOR=3.75, 95% CI=1.71– 8.21 and AOR=3.26, 95% CI=1.39– 7.64) were significantly associated factors with work-related stress, respectively. Near to half of the study participants had work-related stress. Work shift, substance use, and social support were among the factors which affect work-related stress. Thus, interventions that could reduce work-related stress such as stress management programs should be considered. 7

Depression, Anxiety, Stress and Workplace Stressors among Nurses in Tertiary Health Care Settings. 50.8% of

nurses had stress; 74% had anxiety; 70.8% had depression. 79.1% had at least one of them. Stressed, anxious or depressed nurses were more concerned about lack of job satisfaction and conflicts with supervisors. Work-place stressors varied with work areas: private hospital, no job satisfaction, conflicts with doctors and patients; government hospital, acquiring infectious diseases; ICUs, inadequate salary; non-ICUs, odour and sounds in workplace and conflicts with patients. Prevalence of depression, anxiety and stress was high. Workplace stressors varied across different working areas. Interventions need are to be tailored accordingly. 8

A cross sectional data set from the 2015 6th European Working Conditions Survey on 14,603 men and 15,486 women from 35 countries in Europe was analyzed. The study applied Hayes process macro 4 modelling technique to estimate the direct, indirect, and total effects of job stress on mental well-being among working adults. The study further used the Hayes process macro 59 model to estimate the gender difference in the mediating effect. The results showed that job stress had a direct negative effect on mental well-being among workers in Europe ($\beta = -0.2352$, $p < 0.05$). However, there were significant gender differences in the relationship ($\beta = -0.3729$, $p < 0.05$), with women having higher effect size than men (men: $\beta = -3.9129$, $p < 0.05$ vs. women: $\beta = -4.2858$, $p < 0.05$). Furthermore, the indirect effect showed that social support mediated the relationship of job stress on mental well-being ($\beta = -0.0181$, CI: $-0.0212 - 0.0153$). Nevertheless, the mediating effect of social support did not differ among men and women. This study provides evidence that job stress has a negative impact on mental well-being among working adults, and social support mediates this relationship. The results highlight the importance of the role of support from colleagues and supervisors at the work place, which may help reduce job stress, and improve mental well-being. Sociological and occupational health researchers should not ignore the role of gender when studying work environment and jobs in general. 9

The research was conducted quantitatively by a descriptive associative method. Data collection was done by survey using questionnaire. The population of this research is industrial workers of PT., Tokio Marine, as many as 259 industrial workers. The study population was used as the source of the sample, and the sample obtained amounted to 120 respondents. The sampling technique used was random sampling. Data were analyzed using multiple linear regression. The results

showed that job stress did not affect employee productivity with p-value 0,488. The work load has no effect on employee productivity with p-value 0,726. Compensation affects employee productivity with p-value 0,000 and work discipline has no effect on employee productivity with p-value 0.923. 10

Network meta-analysis was conducted to determine the best relaxation method. Fifteen trials representing 688 healthcare workers were identified. Random-effects meta-analysis shows that physical relaxation methods overall reduced measures of occupational stress at the longest duration of follow-up vs baseline compared to non-intervention controls (SMD -0.53 ; 95% CI $[-0.74$ to $-0.33]$; $p < .00001$). On network meta-analysis, only yoga alone (SMD -0.71 ; 95% CI $[-1.01$ to $-0.41]$) and massage therapy alone (SMD -0.43 ; 95% CI $[-0.72$ to $-0.14]$) were more effective than control, with yoga identified as the best method (p -score = .89). Physical relaxation may help reduce occupational stress in healthcare workers. Yoga is particularly effective and offers the convenience of online delivery. Employers should consider implementing these methods into workplace wellness programs. 11

This study had a "pre-test post-test non-equivalent control groups" design and included 70 women workers (35 in each study group) selected by randomized sampling from two factories. The programme was delivered as an intervention including 12 weeks of follow-up. Reminder messages, videos, and WhatsApp texts were used at the follow-up stage. There were no differences in sociodemographic characteristics, general health or working conditions between the Intervention and control groups ($p > .05$). Three months after the intervention, there was a significant decrease in job stress ($p \leq .001$), physical and mental reactions' scores ($p \leq .001$) and work absenteeism ($p < .05$), and there was an increase in job performance ($p < .05$), social support ($p \leq .001$) among the intervention group. The programme showed positive effects on coping profiles ($p < .05$). After the intervention salivary-cortisol and IgA levels showed a statistically significant decrease ($p < .05$). A majority of effect sizes were very large ($\eta^2 > .14$). Work-ProMentH was found to be effective and useful in job stress management and promotion of effective coping profiles.¹²

CONCLUSION

As per the result we concluded that the relaxation techniques show effective results on reduction of stress and anxiety among industrial workers.

The results aid to understand the pharmaceutical market a little better and gaining knowledge of pharmacy customers in the capital region.

CONFLICT OF INTEREST

The authors have no conflict of interest.

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