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VARIANS FOR OVERCOMING STRESS IN STUDENTS WITH NON-PSYCHOTIC MENTAL DISORDERS

Abstract. The article analyzes the impact of different types of learning-related stress on the development of non-psychotic mental disorders in college students and ways to overcome them.
Keywords: stress, students, non-psychotic mental disorders.

Topicality. Technological progress and the ever-increasing pace of development of modern society imprints on the state of the environment. Changing the natural environment is not only expressed in the toxic impact of pollutants on the human body, but also affects the psychological state and is the result of stress [1]. Stress is an integral part of modern life. Thanks to it, the adaptation of the person to the environmental conditions is carried out due to the universal complex of neurohumoral reactions.

Particularly urgent is the problem of stress in higher vocational education. Students' learning activities have always been associated with high levels of stress [2, 3]. Medical examinations of students conducted in recent years reveal a steady increase in their incidence [2]. Students also experience frequent impairment of emotional, cognitive, behavioral and motivational spheres of activity, which, according to some scholars [4], is associated with increased stress and reduced levels of stress [5].

It is worth noting that negative emotional states are also prerequisites for the occurrence and development of stress. The study of educational stress shows that fear of future problems provokes anxiety, uncertainty, feelings of helplessness, etc. [6].

The effect of stress on a student's personality, and therefore on his / her learning process, is obvious. Under the stress management of stress situations, the impact of stress can be positive and motivating, but its long-term impact, as well as the lack of skills in students to overcome stress, can lead to the emergence of psychosomatic diseases, non-psychotic mental disorders (NPMD), the formation of inferiority. , violation of personal and professional development of personality [7].

The aim of the study. The study of the impact of different types of stress associated with learning on the development of non-psychotic mental disorders in high school students and methods of stress management.

Materials and methods. We, during 2015-2017, with observance of the principles of bioethics and deontology (at the beginning each of the student received informed consent to conduct the study) conducted a comprehensive comprehensive survey of students of the IV - V courses of medical faculties of the Higher State Educational Institution of Ukraine "Bukovynian State Medical University" (BSMU) and students of I - IV courses of the Faculty of Pedagogy, Psychology and Social Work, Faculty of Philology, Institute of Physical-Technical and Computer Sciences, Faculty of Mathematics and Informatics of Mathematics, Faculty of Philosophy and Theology, Chernivtsi National University. As a result of the first screening survey, we received an initial screening group of 1679 judges. A year later, in a re-general survey of the original group of students (1679 people), we collected 1235 unified maps that met the general criterion for inclusion in the study. Therefore, in the future, we analyzed the results of a survey of 1235 students.

All students (1235 students) were divided into two groups - main (I) and comparative (II). The core group included 317 (25.67%) students who were diagnosed with non-psychotic psychiatric disorders (NPMD). To verify the clinical features of NDP, as a comparative group, 918 (74.33%) NPMD students who were healthy were examined.

The study involved 852 students (68.99%) of Bukovinian State Medical University and 383 students (31.01%) of Chernivtsi National University. The average age of the student was 20.15 ± 0.05 years. In the gender distribution among all student there were 365 men and 870 women, respectively 29.55% and 70.45%. The sample had no significant differences in gender and age composition, place of residence, form of study. The leading criterion for inclusion of a person in the study was his / her studies at a higher education institution. The student was conducted in the intersession period.

Methods used: clinical, psychopathological, epidemiological, anamnestic, experimental, psychological and statistical methods.

The main task of the clinical and psychopathological method of research was a comprehensive assessment of the mental status of the subject. This method was based on conventional approaches to psychiatric examination through interviewing and observation. The surveys were performed using the diagnostic and research criteria of «Mental Disorders».

All student conducted a semi-structured interview. It took into account the individual approach to each student and aimed at identifying clinical symptoms of NPMD according to the diagnostic criteria of Section

V «Mental Disorders». Clinical and psychopathological examination data were recorded in the annex to the student survey card. Based on both maps, a survey database (in Microsoft Excel XP format for Windows) was formed for further statistical processing of the obtained data.

Discussion of research results. As a result of the study of the manifestations of stress associated with learning, it was found that significantly more students of the main group (with NPMD) noted as manifestations of the impact of stress (Table 1): feeling helpless, inability to cope with problems, increased distraction, poor concentration of attention , irritability, abusiveness, fear, anxiety, bad mood, depression, loss of self-esteem, decreased self-esteem, poor sleep, impaired social contacts, communication problems. Somatic symptoms: palpitations, heartaches; shortness of breath; tension or trembling of muscles; headache; poor performance, increased fatigue.

Table 1

Learning stress

What is your learning stress?	The average value in group I	The average value in group II	-95% CI in Group I	+ 95% CI in Group I	Standard error of the mean in group I	-95% CI in Group II	+ 95% CI in Group II	Standard error of the mean in group II	p
Feelings of helplessness, inability to cope with problems	4,62	3,41	4,33	4,90	0,15	3,26	3,57	0,08	0,005
Inability to get rid of outside thoughts	4,19	3,96	3,90	4,49	0,15	3,77	4,15	0,10	0,22
Increased distraction, poor attention	4,69	4,09	4,41	4,97	0,14	3,93	4,26	0,08	0,005
Irritability, Offensiveness	4,71	3,71	4,42	5,01	0,15	3,55	3,88	0,08	0,005
Bad mood, depression	4,92	3,81	4,61	5,23	0,16	3,64	3,98	0,09	0,005
Fear, anxiety	4,44	3,19	4,15	4,74	0,15	3,03	3,34	0,08	0,005
Loss of confidence, decrease in self-esteem	5,07	3,53	4,77	5,37	0,15	3,35	3,70	0,09	0,005
Feeling of a constant lack of time	5,68	5,57	5,37	5,98	0,15	5,38	5,76	0,10	0,59
Bad Sleep	5,46	4,55	5,15	5,76	0,15	4,36	4,75	0,10	0,005

Violation of social contacts, problems in communication	4,31	2,64	4,02	4,59	0,14	2,50	2,78	0,07	0,005
Heartbeat, heartache	3,42	2,88	3,15	3,69	0,14	2,71	3,04	0,08	0,005
Shortness of breath	2,98	2,25	2,73	3,23	0,13	2,11	2,39	0,07	0,005
Gastrointestinal problems	3,45	3,14	3,15	3,74	0,15	2,97	3,31	0,09	0,07
Muscle tension or tremor	3,01	2,54	2,77	3,26	0,13	2,39	2,68	0,07	0,005
Headache	4,58	4,22	4,28	4,88	0,15	4,04	4,40	0,09	0,04
Low performance, increased fatigue	4,86	4,03	4,57	5,15	0,15	3,85	4,21	0,09	0,005
Other	0,33	4,13	-0,21	0,88	0,21	2,65	5,61	0,75	0,63

As a result of the study it was found that students of both groups were most frequently used as stress relief techniques (Table 2): sleep - 70.35% and 71.24% in the I and II groups, respectively; walks in the open air - 58.99% and 60.02%; delicious food - 58.04% and 52.51%; communication with friends - 56.78% and 57.41% ($p \geq 0.05$). Significantly more students with NPMD in the initial examination used cigarettes 34.38% versus 13.18% of students without NPMD and alcohol 26.81% and 13.73%, respectively ($p < 0.05$). Re-examination, a year later, revealed that in the main group significantly more students began to use the following means of stress relief: break in study - was - 34,07% of people, became - 47,95% ($p < 0,05$); walks in the open air - it was 58.99%, it became - 68.77% ($p < 0.05$); hobbies - 45,43% and 60,88% respectively ($p < 0,05$); physical activity was 34.07%, and 53.31% were students ($p < 0.05$). Alcohol use decreased from 26.81% to 18.30% of students with NPMD, and cigarettes from 34.38% to 25.87% ($p < 0.05$). Which testifies to the positive impact of our comprehensive treatment of students with NPMD.

Table 2

Distribution of stress relief techniques in the main and comparative groups in the primary and re-examination.

№	Stress relief techniques	Group I (n = 317)		Group II (n = 918)		t	p
		N	%	N	%		
	Communicating with friends	180	56,78	527	57,41	-0,15	≥0,05
	Parental support	144	45,43	462	50,33	-1,03	≥0,05
	Study break	108	34,07	306	33,33	0,14	≥0,05
	Walking in the air	187	58,99	551	60,02	-0,25	≥0,05
	Delicious food	184	58,04	482	52,51	1,29	≥0,05
	Alcohol	85	26,81	126	13,73	2,30	<0,05
	Cigarettes	109	34,38	121	13,18	3,86	<0,05
	Drugs	19	5,99	11	1,20	0,75	≥0,05
	TV	66	20,82	145	15,80	0,86	≥0,05
	Sex	83	26,18	183	19,93	1,10	≥0,05
	Sleep	223	70,35	654	71,24	-0,25	≥0,05
	Hobbies	144	45,43	393	42,81	0,54	≥0,05
	Physical activity	108	34,07	313	34,10	-0,01	≥0,05
	Other	12	3,79	19	2,07	0,27	≥0,05
Results of re-examination							
	Communicating with friends	210	66,25	553	60,24	1,55	≥0,05
	Parental support	160	50,47	452	49,24	0,27	≥0,05
	Study break	152	47,95	303	33,01	3,07	<0,05
	Walking in the air	218	68,77	536	58,39	2,74	<0,05
	Delicious food	197	62,15	495	53,92	2,00	<0,05
	Alcohol	58	18,30	138	15,03	0,55	≥0,05
	Cigarettes	82	25,87	137	14,92	1,92	<0,05
	Drugs	13	4,10	13	1,42	0,42	≥0,05
	TV	61	19,24	149	16,23	0,51	≥0,05
	Sex	101	31,86	198	21,57	1,88	≥0,05
	Sleep	233	73,50	648	70,59	0,86	≥0,05
	Hobbies	193	60,88	399	43,46	4,05	<0,05
	Physical activity	169	53,31	340	37,04	3,50	<0,05
	Other	14	4,42	68	7,41	-0,47	≥0,05

Among the students in the comparative group, at the repeated examination, the variants of stress relief did not differ significantly from the primary ones ($p \geq 0.05$).

It is noticeable that in the sexual distribution, for men of the main and comparative groups the most characteristic methods of stress relief were: sleep - 65.98% and 64.18%, communication with friends - 54.64% and 50.75%, hobbies - 54.64 % and 47.76% ($p \geq 0.05$). An interesting fact was that significantly more boys with NPMD were smoking cigarettes - 52.58%, while in the comparative group only 19.03% of young people smoked ($p < 0.05$). The analysis made it possible to find that the following methods of overcoming stress for the students of the main group became more important: communication with friends - 67.01%, walking in the open air - 60.82%, physical activity - 59.79% ($p < 0.05$). Significantly more young people in the main group favored learning break - 48.45% versus 30.97% in group II, and hobbies - 67.01% versus 51.12%, respectively ($p < 0.05$). Therefore, as a result of comprehensive treatment for students with NPMD, their ways of dealing with stress have become healthier.

It was found that a greater number of girls with NPMD chose the quality of stress management: sleep -

72.27%, outdoor walks - 64.09% and delicious food - 60.91%, students in the comparative group also preferred sleep - 74, 15%, walks - 62,77%, delicious food - 54,31% (p≥0,05). Significantly, a significant difference was found in the use of cigarettes by female students of the main and comparative groups -26.38% and 10.77%, respectively (p <0.05).

When re-examining the study break, 47.73% of Group I students and 33.85% of Group II students (p <0.05) were used as a stress reliever. Walking in the air helped cope with 72.27% of girls with NPMD and 60.46% of healthy girls (p <0.05), physical activity - 50.45% and 32.62% of female students, respectively (p <0.05) .

Conclusions. As a result of the study of the manifestations of stress associated with learning, it was found that significantly more students of the main group (with NPMD) noted as manifestations of the impact of stress: feeling helpless, inability to cope with problems, increased distraction, poor concentration, annoyance, insult fear, anxiety, bad mood, depression, loss of confidence, decreased self-esteem, poor sleep, impaired social contacts, communication problems (p <0.05). As a stress reliever, students from both groups used the most frequently: sleep, walks in the open air, delicious food, communication with friends (p≥0.05).

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NATIONAL MEDICAL SERVICES MARKET PARTICIPANTS IN UKRAINE

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НАЦИОНАЛЬНЫЕ УЧАСТНИКИ РЫНКА МЕДИЦИНСКИХ УСЛУГ В УКРАИНЕ

Summary. The article focuses on functional activities of the national medical services market participants in Ukraine, which is an element in the mechanism of public administration of healthcare sector. Four principal levels of participants are singled out: entities that execute public regulation and outline strategies for the sector's development; entities that perform administration, supervision, and control; entities that are service contractors or providers; entities that are service recipients (patients). Development of the medical services market in Ukraine resulted in emergence of medical entities that are service producers and simultaneously, of autonomous municipal non-profit enterprises. Entities ensuring financial support to medical services provision in reformation conditions are medical institutions, National Health Service of Ukraine, insurance companies, and charitable foundations. The article determines local-level control and administration entities: entities controlling a medical institution's operations (supervisory and monitoring boards which will include representatives of the medical institution, local self-governance bodies); charitable foundations and organizations, insurance companies, international companies and organizations working in the field of medical services and modernization of medicine administration systems. It is ascertained that in Ukraine, an electronic healthcare system is being formed, which leads to formation of market interconnection mechanisms and relations of the following principal participants in the medical sector: private medical institutions; telemedicine entities; insurance agents and companies; pharmacies; diagnostic laboratories; private hospitals; academic medical centers, etc.

Аннотация. Статья посвящена функциональной деятельности участников национального рынка медицинских услуг в Украине, которая является элементом механизма государственного управления сектором