Keywords: Type 2 Diabetes Mellitus; Occupational stress; Brief job stress questionnaire (BJSQ); Diabetogenic factor

Introduction

A new overview report ready by the Service of Wellbeing, Work, and Government assistance (MHLW) on the ow wellbeing status in Japan expressed that "way of life related sicknesses represent around 60% of all mortalities and around 30% of every single clinical expense. "1 ere has been an increase in the number of people who have diseases that are caused by a person's lifestyle, like diabetes mellitus (DM). e National Health and Nutrition Survey of 2007 provided sobering information, revealing that 13.2 million people could have diabetes mellitus and 8.9 million people had a strong suspicion of having it. Even though that survey was conducted more than ten years ago, the data in the 2017 National Health and Nutrition Survey did not show any signi cant changes [1].

In this context, the ultimate objective of Health Japan 21 (the second term) is "achieving extension of healthy life expectancy and reduction of health disparities." e basic health promotion policies

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diastolic pulse (DBP), 82 (12) mmHg; high-thickness lipoprotein (HDL) cholesterol level, 56. 9(14.4) mg/dL; TG concentration of 165.9 (128.9) mg/dL; 124.2 (29.6) mg/dL of low-density lipoprotein (LDL) cholesterol; HbA1c of 5.8% (0.2%); level of smokers, 35.8%; 18 cigarettes per day are smoked. 63.6% of the population drinks alcohol; estimated quantity of alcohol consumed in a single sitting: 1.7 (0.9) go (one go equals 180 mL of sake, or 20 g of alcohol); 37.0 percent of people who exercised every day; seventy-one percent of subjects have a hobby; estimated 6.2 (0.9) hours of sleep; and an estimated 12.4 (11.1) hours of overtime work per month; 59.0 percent of night workers. e subjects were, according to occupation,: 21.2% are eld managers; 16.2% are o ce managers; 13.9% of station sta ; sta for rolling stock, 12.8%; o ce sta , 11.6%; motorists, 7.8%; track and construction sta , 5.5%; guides, 4.0%; 3.3% of electrical engineering sta ; 2.1% secondees; engineers in research, 0.6%; medical personnel, 0.6%; what's more, leaders, 0.4% [5-7].

Several 2013 factors that could contribute to the development of DM in 2017 were also investigated using binomial logistic regression analysis (generalized linear model) to identify the risk factors of the BJSQ for DM. According to the ndings of this kind of analysis, "skill utilization" was linked to the risk of DM development in 2017 (odds ratio, 1.632; [8-11] (95 percent con dence interval, 1.061–2.510)

Moreover, we determined the "expertise use" cuto in 2013 utilizing the bene ciary working trademark bend by the presence/ nonappearance of DM in 2017. e low skill utilization group consisted of subjects with a standardized score below 3 (in 1967 men), while the high skill utilization group consisted of subjects with a standardized score below 4 (in 404 men). In 2017, the high skill utilization group had a signi cantly lower rate of DM development thani (in rb in14- 0 -1In 2017lower (1vnthhol1Tl02 TDa= e riy dac17en), w1 T le/Fm1 DoQ.8% j