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What Makes Women Tired? A Community Sample

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ABSTRACT

We aimed to determine the major health concerns or problems of women and their personal attributions for the causes of their primary health concerns. We used a survey of women from the Toronto area attending a women's health symposium. Completed questionnaires were returned by 153 (85%) of 180 women attendees. Persistent fatigue was the primary and most commonly cited health concern. Fatigue was ranked first by 42 (27.5%) women and among the top 10 concerns by 123 (80.4%) women. Women attributed their fatigue to a combination of home and outside work (63.4%), poor sleep (38.2%), lack of time for self (34.1%), lack of exercise (32.5%), financial worries (28.5%), relationship problems (22.0%), emotional causes (17.9%), care of ill family members (13.8%), lack of social or individual support (9.8%), poor physical health (8.9%), work in home or child care (3.3%), or gender bias/harassment (2.4%). Our subjects, women from the community, overwhelmingly endorsed social determinants as the cause of their persistent fatigue. Although depression and anxiety form the most robust associations with persistent fatigue in primary care and community studies, women in this sample ranked these factors in seventh place in their attributions. Similarly, although physicians often assume physical causes for fatigue, women rank physical health low in their own attributions. Given the high prevalence of fatigue in women and its impact on quality of life, more attention needs to be given to the social, systemic, and personal factors that women feel contribute to their fatigue to develop more effective interventions.

INTRODUCTION

PERSISTENT FATIGUE IS THE SUBJECTIVE REPORT of a sustained sense of exhaustion for at least 6 months, with reduced capacity for physical activity, mental activity, or both.[1] About one third of people with persistent fatigue indicate that it seriously erodes their overall enjoyment of life and impairs their ability to carry out their usual role activities.[2] Fatigue lasting 6 months

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or more is a common complaint in the community and the clinic and is an important public health concern, with economic and quality of life consequences similar to those reported by patients with major medical illnesses.[3] Community surveys in the United Kingdom found that 20% of men and 25% of women said they "always felt tired,"[4] whereas American surveys report that similar numbers in the community[5] and in primary care[3] "felt significantly fatigued." A recent Canadian community survey found that women (12.3%–16.6%) and men (10.1%–11.9%), depending on age, endorsed the statement "I felt exhausted, worn out, or at the end of my rope half the time or more."[6] However, these numbers rose to >80% when the fatigue duration was decreased to "less than half the time." In nearly all published community and clinical studies, women are overrepresented in complaints of fatigue, especially during their childbearing years.[3,7–12] This gender difference is more pronounced in clinical studies of primary care patients,[13] where odds ratios as high as 1.7 have been reported.[10] The reasons for these differences remain unknown and do not appear to be solely attributable to affective disorders, conditions that have a higher prevalence in women and are known to be associated with fatigue.[11]

The causes of fatigue are manifold and include biologic, psychologic, and social (including environmental) factors, which may be interactive.[1,5,7,8,14–18] Although several studies have attempted to identify the causes of fatigue, these have typically focused on physical or psychologic etiologies (infectious, endocrinologic, autoimmune, hematologic, chronic or malignant disease, drugs, sleep deprivation, depression, anxiety, or somatization) and have largely neglected social contributions. Many studies of fatigue are conducted in clinical practices and, understandably, do not address the experience of fatigued women living in the community who do not seek medical care. In addition, personal attributions of the causes of fatigue are relatively unexplored.

The present study involved a sample of community women attending a women's health symposium who were asked to identify their 10 major health concerns or problems and their opinions and comments about the causes for them.

SUBJECTS AND METHODS

Women from the community attending a women's health symposium on neurologic conditions were surveyed. The symposium was widely advertised through newspapers, radio, television, public libraries, community posters, and direct mailing to previous attendees. A questionnaire was distributed to women as they arrived at the auditorium, and they were asked to consider completing it anonymously so we could better understand their health concerns. The women were asked to report demographic variables, give their personal health status, and rank their top 10 personal health concerns or problems, reporting their attributions and comments about the causes for these concerns. They were also asked to evaluate the speakers and deposit the folded, completed questionnaires in a box before leaving.

RESULTS

Completed questionnaires were received from 153 (85%) of 180 women attendees. The women were Caucasian (n = 127, 83.0%), Asian (n = 15, 9.8%), black (n = 8, 5.2%), and other (n = 3, 2.0%). Their mean age was 52.9 ± 12.7 years (range 21–80 years). Marital status was divided into married (n = 77, 51%), single (n = 43, 28.5%), separated or divorced (n = 21, 13.9%), and widowed (n = 10, 6.6%). Educational levels included postgraduate (n = 27, 17.9%), college/university (n = 87, 57.6%), high school (n = 34, 22.5%), or elementary school (n = 3, 2.0%). Parity was recorded as no children (n = 57, 40.1%), one or two children (n = 62, 43.7%), or three or more children (n = 23, 16.2%). Twenty-one (13.9%) of the children reported were under age 5 years, 22 (14.4%) between 5 and 12 years, and 42 (27.5%) were adolescents or young adults. Employment status included employed (n = 106, 69.3%), student (n = 6, 3.9%), homemaker (n = 14, 9.1%), and retired (n = 27, 17.7%). Income levels (in Cana-

dian dollars) were <$25,000 ($n$ = 36, 26.9%), $25,000–$50,000 (n = 70, 52.2%), >$50,000–$75,000 (n = 24, 17.9%), or >$75,000 ($n$ = 3, 2.2%). The women ranked their health as excellent, very good, or good (n = 123, 82%), fair (n = 23, 15.3%), or poor (n = 4, 2.7%).

Fatigue was the primary and most commonly cited health concern. It was ranked among the top 10 concerns by 123 (80.4%) women and was rated as the top concern by 42 (27.5%) women. Other top 10 health concerns, in descending order, were stress (n = 109, 71.2%), arthritis/musculoskeletal/back problems (n = 78, 51%), memory problems (n = 65, 42.5%), sleep problems (n = 64, 41.8%), depression (n = 58, 37.9%), headaches (n = 56, 36.6%), aging (n = 51, 33.3%), weight concerns (n = 51, 33.3%), and menopause symptoms (n = 41, 26.8%).

Personal attributions for the cause of fatigue were reported by the 123 women who ranked fatigue as one of their top 10 health concerns. The attributions given for fatigue were a combination of home and outside work (n = 78, 63.4%), poor sleep (n = 47, 38.2%), lack of time for self (n = 42, 34.1%), lack of exercise (n = 40, 32.5%), financial worries (n = 35, 28.5%), relationship problems (n = 27, 22.0%), emotional causes (n = 22, 17.9%), care of ill family members (n = 17, 13.8%), lack of social or individual support (n = 12, 9.8%), poor physical health (n = 11, 8.9%), work in home or child care (n = 4, 3.3%), and gender bias or harassment (n = 3, 2.4%). Several spontaneous comments at the end of the questionnaire were revealing and are included in the Discussion.

DISCUSSION

The high proportion of women in this sample reporting fatigue as their primary health concern or problem (27.5%) might initially appear surprising but is similar to the 25% of women in a British survey who said they "always felt tired."[4] The number of women listing fatigue as one of their top 10 health concerns (80.4%) is similar to prevalence rates found in a Canadian survey for "I felt exhausted, worn out, or at the end of my rope half the time or less."[6] One of the women in our survey wrote, "I feel totally drained of energy—it's so hard to get up in the morning and know that I have to go, go, go! You know, I never, ever, feel well rested."

As ours was not a random sample of women, it is crucial to consider the biased nature of this sample and the ways in which this bias may have affected the results. The sample comprised women attending one in a series of monthly women's health symposia held at a major metropolitan hospital. The women were mostly postmenopausal and well educated, and 82% reported their health as good, very good, or excellent.

First, it could be argued that their postmenopausal status may, in part, explain the frequent report of fatigue. Sleep disturbance and fatigue are associated with menopause. On the other hand, it is noteworthy that women reporting such good health would report these levels of fatigue. One can reasonably conclude that a sample in worse health would have reported more fatigue. The favorable health status of this sample may also explain the finding that only 8.9% of them attributed their fatigue to poor physical health. This physical attribution rate is much lower than that found in patients who saw their physicians for problems with fatigue but confirms the finding of other investigators that only 5%–10% of patients who come to physicians with complaints of chronic fatigue have a physical etiology for their fatigue detected after extensive investigation.[19] The high socioeconomic status (SES) may, in part, explain their overall good health, but considering the link between SES and both health and quality of life, one could theoretically expect a lower SES sample to report more fatigue. Finally, the topic of the symposium (neurologic disorders) did not seem to select for women with these disorders, as none of them rated a neurologic disorder as a major health concern for them. This particular symposium was one of a monthly series of women's health symposia that tend to attract women generally interested in women's health issues. Other surveys conducted at these symposia indicate that the audience does not seem to vary greatly according to the particular topic of the day. In

conclusion, one could reasonably expect that fatigue would be even more of a concern with a random sample of postmenopausal women in whom one would expect a lower SES and a more impoverished health profile.

Although anemia, malnutrition, infection, endocrine disorders, and chronic, occult, and malignant disease may cause fatigue, these conditions explain the complaints of only a small subset of fatigued women. Most people in the community with persistent fatigue do not consider themselves ill or consult physicians for this problem.

Thus, barring diagnosable physical illness, what makes women tired? The answers provided by women in this sample lend support to a number of biopsychosocial stressors gradually being identified in the research literature as deleterious to women's health and well-being. The biologic stressors that affect women's lives relate mostly to inadequate sleep and life cycle changes, including hormonal alterations and their attendant psychologic and physical manifestations. Psychologic stressors relate to mood states, anxiety, internalized performance expectations, and adjustment to both self-generated and environmentally generated demands. Social stressors relate specifically to the environmental, situational, and relational demands on women. Although these three classes of factors are interrelated and difficult to tease apart empirically, women in this study overwhelmingly endorsed social stressors as the major contributors to their fatigue.

The leading cause of fatigue in our sample was "the combination of home and outside work." Although work enhances physical and psychologic well-being for most women, role stress, strain, burden, and the demands of managing both family and work result in many women living under chronic stress.[20] Multiple, demanding, often conflicting, roles may take their toll. One woman in our survey wrote, "I feel that I don't have time to breathe—with children, lunches, school assignments, housework, and a busy job, I feel overwhelmed. The only solution is to clone." The literature increasingly documents the strain of double shifts and the disproportionate amount of household labor and child care undertaken by women compared with their partners.[21] Regardless of education, a majority of women report that they are primarily responsible for meal preparation (81.0%), meal cleanup (70.0%), and house cleaning and laundry (79.0%). Although women with young children typically experience more child care responsibilities, middle-aged and older women, in general, report a greater disparity in household labor than do younger ones. Women whose main activity is work outside the home are significantly more likely than working men to report they are primarily responsible for household labor.[21]

Conflict of work with family duties and vice versa, spillover of work concerns to family and vice versa, lack of resources, and lack of work control have all been described as stressors in working women. One woman commented, "My work is a 24-hour job; the only trouble is, so is my family. I really wish I had a wife to look after the house, meals, and kids while I finish my work in the evening!" Other factors listed by the women as causing their fatigue (poor sleep, lack of time for self, lack of exercise, financial worries, lack of social or individual support, poor physical health, work in home or child care, and sexual bias or harassment) may also have been connected to their combined activities at home and work.[5,7,15,20,22]

Work stressors may also include working conditions, hours, general overload, interpersonal conflict, undervaluation of women's contribution, lower pay and status, effects of glass ceiling, and other forms of gender-based or sociocultural discrimination that can individually or cumulatively add to fatigue. The role of gender bias or harassment in society and the workplace has received more attention over the last decade. Women may feel trapped in abusive work situations, where complaints may result in disbelief, ridicule, intimidation, retaliation, and potential loss of employment. One survey respondent wrote, "I've worked really hard to get to where I am at work. My new boss is verbally abusive to me and other women, but I think it will damage my career if I report him. I have to stick it out until one of us gets moved. I've applied for every possible transfer, but meanwhile I'm constantly 'on guard' and tired." Stress, anxiety, depression, and physical complaints, including fatigue, are com-

monly reported by women experiencing gender bias and harassment.[23]

Financial concerns as a cause of fatigue may be related to the burden of workload and the social and environmental conditions under which some less fortunate women live and work. As women are usually paid less than men for similar work, financial concerns loom larger in the lives of many women, particularly those who are sole breadwinners. Although our sample was relatively affluent, with only 26.9% earning less than Can$25,000, (US$17,500), poverty disproportionately affects women, as approximately 75% of the poor in North America are women and children.[24] The effects of poverty on health include lack of money for food, shelter, and transportation, lack of access to preventive health care and medical services, greater exposure to violence, greater risk of depression, and more disability from chronic illness.[25] Although women from lower social classes are more likely to report fatigue, women from upper social classes are more likely to be diagnosed with fatigue by their physicians,[10] reflecting the impact of social variables on physician diagnostic practices. Increasing economic instability and unemployment rates are likely to aggravate financial concerns as a contributor to fatigue. One woman wrote, "We planned that I would stay home when the kids came, but my husband lost his full-time job after 12 years and now I have to work. Neither of us makes enough to support us, so I guess I'll be staying at work. It's very tiring being on my feet all day and up at night with the kids if they're sick or upset. Still, we have a home and food. It's not like some of the people you see living on the streets."

Some facet of caregiving was endorsed as an important cause of fatigue by nearly all the fatigued women—work in the home, care of children and ill family, and relationship concerns. Although no general model of the role of caregiving in fatigue has been advanced, a framework for the study of childbearing and child caring fatigue from the physiologic, psychologic, social, and situational perspectives recently has been proposed. The stressors of pregnancy, labor, lactation, and postpartum and infant care, accompanied by inadequate sleep and self-neglect, predispose to fatigue in many younger women.[15,16] As children mature, the demands change but may be equally onerous for women, especially those who also work outside the home, who may face unacceptable or unavailable child care and unsupportive work and social environments.[7,15,16,22] The declining economic environment has resulted in many adult children being unable to support themselves and returning to the parental home, where they may resume dependent roles with respect to household tasks. Many women also provide care to other family members who may be temporarily or permanently ill—spouses, parents, and other elderly relatives and friends and sick adult children. One woman wrote, "My 16-year-old daughter needs a lot of understanding now, my husband has a heart condition, my mother has recently had a stroke, and his has Alzheimer's disease. I feel like I'm on 24-hour call for all of them. I don't have a life of my own, and I'm exhausted."

The restructuring of health care, with an increasing emphasis on outpatient treatment, day surgery, and short admissions to hospital, frequently results in ill partners, children, relatives, friends, and neighbors being discharged to home care, which is most often provided by women, whether or not they have outside paid employment.[26] As many women consider themselves primarily responsible for maintaining relationships, they often take whatever action is deemed necessary, regardless of personal cost, to provide needed care and to nurture familial harmony. As most health care providers in the lower and middle income groups are women, health care restructuring has also caused increased workloads and stress in the workplace or unemployment and financial worries for many women.[26] Women's role as caregivers predisposes them in many ways to persistent fatigue.

Lack of time for self, of exercise, and of social support were also viewed as important causes of fatigue in our survey. One woman reported, "There aren't enough hours in the day to do all I need to do. I meet everyone else's demands first, then find I'm so tired that I fall into bed. There's never time for my personal needs." Several studies have documented the importance of social support for emotional

well-being. Increasing numbers of reports also show the mood and health-enhancing effects of exercise.[27] A large U.S. national survey found that physically inactive adults and heavier women were more likely to feel fatigued.[5] Lack of time to pursue exercise, leisure activities, and interests is a common complaint of women, especially single mothers and those combining outside work and family responsibilities.[22] It has been suggested that employed mothers with children may manage their parenting responsibilities in ways that do not damage their image of themselves as mothers, but they may do so at the expense of their own well-being by adopting a pattern of self-neglect to manage the multiple demands on their limited discretionary time.[15]

In terms of psychologic factors, stress has been shown to be a leading cause of persistent fatigue in both clinical and community samples.[5,13] Depression and anxiety, which occur twice as commonly in women as in men in community samples, carry the most robust associations of persistent fatigue in primary care and community settings.[3,14] Women are more likely than men to report more symptoms of fatigue and are also more likely to be diagnosed as suffering from depression.[10] What remains controversial is whether fatigue is a cause or a consequence of depression. One woman wrote, "I'm tired all the time and life is no longer fun. I wonder which came first and whether I'm now clinically depressed or just overwhelmed with responsibilities." In a study of over 30,000 adults in England, women were more likely to complain of fatigue than men, and the reasons most commonly cited (40%) for fatigue were psychosocial.[8] In a multinational study of mental disorders in primary care, the World Health Organization found that neurasthenia (persistent fatigue) was associated with 71.0% psychiatric comorbidity, a percentage similar to that described in several studies of patients with chronic fatigue syndrome, the majority of whom are also women.[13] One study of the internal and external environmental demands in women's lives found that internal demands, such as self-expectations, depression, and anxiety, are more significantly related to fatigue and vitality than are external demands, such as negative life events and employment demands.[7] This perspective was advanced by one woman in our survey, who commented, "I think the pressures we put on ourselves to be the perfect homemaker, mother, wife, and career woman are the greatest source of our tiredness. We need to give up some of these expectations and share them." Although our sample identified stress as the second most common health problem, only 17.9% labeled emotional factors as a cause of their fatigue. It may well be that the social stigma of emotional factors or psychiatric diagnoses, such as anxiety and depression, deter women from these attributions. However, they may instead believe that social conditions more accurately reveal underlying sources of fatigue, as many of these social determinants are likely to cause distress and fatigue, which, if unresolved or overwhelming, may eventually lead to anxiety or depression.

Poor sleep is an easily understandable cause of fatigue and is clinically linked to depression. What is unclear is whether the cause of the poor sleep in community populations relates to a clinical sleep disorder, quantity or quality of sleep, worry, anxiety, depression, biologic variables, lack of exercise, or awakening by noise or by children or dependent adults for whom the women may be caring. One middle-aged woman stated, "I don't sleep well, and I don't know if its hot flashes, bad dreams, stress, or my husband snoring. It's probably all of them, but I'm exhausted and afraid that if I sit down at work, I'll fall asleep." Sleep problems offer an important opportunity for multidisciplinary research from a gender perspective.

The biology of fatigue is poorly understood outside the realm of a specific disease entity. Apart from the psychosocial stressors endemic to adolescence, childbearing, and menopause, these life stages are also characterized by significant hormonal changes that may cause fatigue. The causes of fatigue for women may vary across the life cycle because of both psychosocial and biologic factors.[1,7,15,16,20,22] The effect of sex hormones on fatigue has been poorly explored despite the frequent complaints of fatigue associated with menstruation, pregnancy, the postpartum period, and menopause. Estrogen is thought to have mood-enhancing effects, but progesterone has sedative effects in many women. Progesterone is se-

creted in large amounts in the premenstrual period and during pregnancy, but its effects on fatigue have not been adequately studied.[7] Many women on hormone replacement therapy also report an increase in negative moods and fatigue during the days of the cycle when they take progesterone. Multiple hormonal and psychosocial stressors interact throughout the reproductive years, yet an integrated biopsychosocial model of fatigue across the life cycle remains to be developed. One woman commented, "I know that menopause isn't supposed to cause depression. However, I wake up a dozen times a night with hot flashes, my memory is terrible, my periods are erratic, and I feel exhausted. My moods are all over the place and sometimes I cry for no apparent reason. I feel like I'm losing it when my teenage kids get to me. Other days, I feel fine."

Historically, persistent fatigue has chiefly been seen as a woman's health problem. Abbey and Garfinkel[28] noted the similarity between the late nineteenth century diagnosis of neurasthenia, which predominantly affected women,[29] and current concerns of persistent fatigue in women. They remark that both diagnoses occurred during periods characterized by major changes in the role of women, that is, the Industrial Revolution and modern expectations of family and career fulfillment. More attention needs to be given to these and other complex factors in understanding the prevalence and possible differences in social determinants of fatigue between modern men and women from diverse socioeconomic and ethnocultural backgrounds. The richness of the written comments on the survey and subsequent discussions have motivated us to begin a qualitative study of fatigue and the personal and systemic solutions women find to live with it.

CONCLUSION

Women in our sample overwhelmingly endorsed social determinants as the leading causes of their fatigue. More attention needs to be directed to systemic and personal factors that many women feel cause them to be persistently tired. Given the high prevalence of fatigue in the community and the clinic and its significant impact on quality of life, better intervention strategies may result from a clearer understanding of the diverse causes of fatigue in women.

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