

ABSTRACT

Fatigue is an everyday phenomenon, that is experienced by everybody, but some have it for longer periods or at a greater intensity than others. While fatigue that occurs as a normal everyday phenomenon is usually relieved by a period of rest, prolonged fatigue is not easily reversible in the short term, but may accompany physical illnesses and psychiatric disorders. It also affects the individual's performance and ability to function in the occupational and home settings.

Several surveys conducted among Free Trade Zone workers in Sri Lanka revealed that most workers suffer from cumulative fatigue. However, the extent of the problem, associated factors and the outcomes were not known. Therefore, there is the need to address those issues in order to take preventive measures.

A study was carried out among 1630 female workers in the Free Trade Zone, Katunayaka, Sri Lanka with the objective of assessing the prevalence of chronic fatigue and common mental disorders among them, and to identify occupational and life style risk factors of chronic fatigue. The present study was conducted in three stages, Validation of the Multidimensional Checklist Individual Strength (CIS) questionnaire to assess chronic fatigue, a prevalence survey and a case control study to identify risk factors. In this study, the CIS questionnaire was used to assess chronic fatigue. Common mental disorders were assessed using the General Health Questionnaire 30 and Bradford Somatic Inventory was used to assess the somatic presentation of psychiatric symptoms.

Prevalence of chronic fatigue among female workers in the FTZ Katunayaka was 23.5% and the prevalence of common mental disorders using GHQ 30 was 23.2%.

Statistically significant associations were found in the univariate analysis between chronic fatigue and the following occupational variables such as engaging in overtime (OT) of more than three hours (OR=4.76), working on Sundays (OR=2.6), working during nights (OR=2.83), none or little supervisor support at work (OR=2.72), none or little attention regarding worker welfare (OR=3.69), poor co-worker support (OR=2.14), relationship with co workers (OR=4.83), conflict with supervisors (OR=2.21), poor perceived job satisfaction (OR=2.45), allocation of extra work (OR=3.19), extra time was needed to achieve targets (OR=2.92), inadequate decision making (OR=2.27), inadequate chances to use talents (OR=1.93) and monthly financial support by workers to their families (OR= 13.48).

Significant associations were found in the univariate analysis between chronic fatigue and the following variables indicating health status and life style, poor perceived health (OR=7.95), sick room attendance (OR=4.74), sleeping less than six hours per day (OR=2), disturbed sleep (OR=2.36), not engaged in at least one leisure time activity (OR = 8), overcrowding of place of stay (OR=2.6), travel during night (OR=3.57). Significant associations were found between chronic fatigue and the following variables associated with occupation such as occupational accidents occurring during previous month (OR=2.37), sickness absence during previous month (OR=6.36) and whether a worker was able to achieve productivity targets (OR=5.44).

After controlling for confounding in the logistic regression analysis, the following factors were identified as predictors of chronic fatigue, workers engaging in OT of more than three hours, allocation of extra work to achieve targets, monthly financial support given by workers to their families, not achieving productivity, travelling during night, using public transport, poor perceived health, frequent sickroom attendance and not engaged in at least one leisure time activity.

Among all predictors of chronic fatigue, engaging in OT of three hours or more and financial support given to the workers families from their monthly income were identified as the best predictors of chronic fatigue.

Based on the findings of the present study, the following are the recommendations. Necessary steps should be taken to reduce the financial overburden of the worker by establishing a minimal salary scale with the agreement of the factory management, and by organizing programmes on vocational training for factory leavers and by introducing low interest loan schemes for those who need financial assistance.

More attention should be given to enhance the job satisfaction of workers. Adequate lodging with at least basic facilities and transport facilities after night shifts should be provided by the factories to ensure the security. Prompt attention should be given to worker welfare facilities and measures should be taken to uplift the general health status of the worker.

Periodic screening for chronic fatigue status should be done in terms of early detection of and prevention of psychological disorders. Existing counseling centers should be strengthened.

Further research should be encouraged on the possible risk factors of chronic fatigue, not considered in the present study such as anemia and physical disorders.