

"They're worn-out in every respect"

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Interview by
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Editor

Did your survey in the Pays de la Loire region find a high prevalence of MSDs in contract cleaning services?

YR – In our survey, as in others, cleaning workers - both those working in industry and in private homes - rank among the jobs most at risk of MSDs. Their main complaints are low back pain, shoulder pain and carpal tunnel syndrome¹ (see tables, p. 22). It's a finding made in clinical practice, by occupational health doctors, and our own epidemiological data.

Do the findings show the "epidemic" of MSDs in contract cleaning worsening in recent years?

YR – In what we're doing, we aren't seeing an increase but that is likely due to the level already being extremely high. 70% of people complain of pain and a significant number of these are chronic back pain or chronic shoulder pain from being exposed to an absolutely enormous workload. It is not so different from bricklaying, but the back-breaking nature of cleaning is generally underestimated.

Are MSDs a factor for being put out of work in this kind of job?

YR – The people you find in these jobs are already vulnerable, either young people who will gradually start to suffer, or people who already have a main job and are doing

a second job in cleaning, usually in private homes. MSDs are indeed very much the leading cause of being out of work in cleaning services firms, well ahead of allergies.

Quebec studies have shown that getting people with work-related MSDs back to work may have therapeutic benefits. Does this apply to cleaning workers, too?

YR – I can't see it being easily done in this sector. They are quite unstructured jobs. The people often work alone, in a highly fragmented way, to very tight time constraints. They often work in the morning, with staggered or split working hours, cleaning office by office, spending 2 or 3 minutes per office, etc. So the basic options as to what you can do in terms of the individual are quite limited. To get them back to work as part of therapy entails giving a lot of thought to work organization so as to ease the returnees back into increasingly demanding duties. But to start with, they must be started on very much lighter duties, which generally can't be done in this kind of business.

What's the psychological state of the cleaners that you see?

YR – The main thing about them is that they are worn-out. There's no other word for it – they're worn-out in every respect. Most of the people I see are between 40 and 55, often

1. Carpal Tunnel Syndrome is a condition affecting the hand and wrist. The carpal tunnel is a space in the wrist surrounded by wrist bones and by a rigid ligament that links the bones together (from the Canadian Centre for Occupational Health and Safety website).

Table 1 Prevalence of pain and MSDs among cleaners*

	Numbers (n =)	Prevalence of upper limb pain during the last 12 months (%)	Prevalence of low back pain during the last 12 months (%)	Prevalence of diagnosed MSDs (%)
Men	20	50	35	20
Women	33	66.7	45.5	9.1
Total	53	60.4	41.5	13.2

n-53
Source: Institut de veille sanitaire, LEEEST

Table 2 Cleaners exposure to general risk factors

	% employees exposed
Highly repetitive upper limb movements > 4 hours per day	30.8
Breaks < 10 minutes per hour if movements are highly repetitive	7.7
Handling loads heavier than 4 kg more than four hours per day	42.2
High psychological demands	5.8
Low social support	34

Source: Institut de veille sanitaire, LEEEST

* This section of the French nomenclature of occupations and occupational categories (PCS No: 6891) includes employees responsible alone or as part of a small team for cleaning industrial or institutional/commercial premises (offices, etc.). The occupations of cleaning lady (in a private home, school or health facility, hotel), caretaker and machine servicing operative are excluded from this category.

women who have had a hard life. They're suffering from upper limb MSDs, which have big psychological effects. These are people who have a very difficult job making ends meet. They often combine psychological distress, not to say depression and in any event anxiety, with chronic pain. When you add all those together, there is a very big risk of their having to stop work. And when they have stopped work, it's extremely difficult to get them back into it. What makes them an even more at-risk group is that it is not easy to carry out prevention in this sector.

Are cleaning-related MSDs recognized as occupational diseases?

YR – If it is a condition included in the schedule of occupational diseases, like carpal tunnel syndrome, professional cleaners will have no more difficulty than any other occupation in getting the occupational original of their ailment recognized. Everyone knows how gruelling this kind of work is.

The problem is that these people are often suffering chronic pain not necessarily linked to a specific disease. It is highly debilitating chronic pain, but doesn't classify as an occupational disease in the French system, or that of any other European country. For example, "ordinary" low back pain, which is nothing out of the ordinary for doctors but can be very debilitating, is not recognized as an occupational disease in France. Slipped

discs are recognized, but not chronic low back pain, even though that is 10-20 times more common. Someone with highly disabling chronic low back pain may be unable to work but will not be recognized as having an occupational disease. It's a glaring injustice.

Trade unions have condemned the increasingly faster work paces forced on workers in the sector. How do we break with this "do more, do it quicker" attitude?

YR – In my view, prevention can only be done at the industry level to ensure that the best employers are not penalized for being a little more costly than the others. Trade unions have a key role to play because these are workers who tend not to be unionized; they are isolated, weakened, in small or big firms which are fiercely competitive. So the balance of power is very much against them. And that could well be one of the causes of MSDs in the sector, with constant financial pressure, pressure to increase performance, and lower prices for years putting very considerable pressure on the cleaners. ●

More on the work done by Yves Roquelaure

- Attributable Risk of Carpal Tunnel Syndrome According to Industry and Occupation in a General Population, *Arthritis & Rheumatism*, Vol. 59, No. 9, September 15, 2008, p. 1341-1348.
- Surveillance Program of Neck and Upper Limb Musculoskeletal Disorders: Assessment Over a 4 Year Period in a Large Company, *Annals of Occupational Hygiene*, 48(7), 2004, p. 635-642.
- Work status after workers' compensation claims for upper limb musculoskeletal disorders, *Occup Environ Med*, No. 61, 2004, p. 79-81.
- Active epidemiological surveillance of work-related musculoskeletal disorders (WMSDs) in a shoe factory, *Occup Environ Med*, 59(7), 2002, p. 452-458.