

7. DOES WORK IMPACT HEALTH AND HOW MUCH?

On its web-site (http://ec.europa.eu/index_en.htm), the Commission reformulates the Lisbon strategy in the following terms:

“The key aim is getting into a rhythm of high sustainable annual growth and low unemployment by 2010 and making our economies more resilient to cope with a poorer global economic outlook.

What matters in the end is that we in Europe can maintain and enhance our quality of life – and that of our children and grandchildren – in the context of globalisation, demographic change and environmental challenges. That is what the Lisbon Strategy is ultimately about.”

The sustainability of annual growth could be altered by two major factors closely linked to the state of health of the European population.

The first of these factors is the health condition of people aged over 60 and who have been exposed to occupational hazards throughout their working lives: the hitherto ignored cumulative effects of various forms of exposure could prevent older workers from being able to pursue their career after the age of 60 simply because they do not feel

able to do so or because they have been promised the opportunity to retire earlier than previous generations so as to enjoy time to reap some benefits from their former efforts.

Demographic change is the second threat, not only because older people will represent a burden for the younger declining generations but also because living longer does not always mean remaining fit for longer. We will concentrate here on the critical development of symptoms of the locomotor system. The latest evidence is that such ailments can be triggered not only by heavy work but also by office tasks. Our backs are sick and our limbs as well!

Organisational factors seem to play a major role in situations where biomechanical explanations are unable to clarify this situation.

Among thousands of publications on the deleterious effects on workers' health of risk factors present at work, one stands out from the rest: the European Working Conditions Survey produced by the European Foundation for the Improvement of Living and Working Conditions. Every five years it provides a comprehensive overview of the state of working conditions across Europe, today covering a total of 31 countries.

The 4th version, published in 2007, contains analyses and figures resulting from a set of questions put in 2005 to 30,000 workers in the EU member states, two candidate countries (Croatia and Turkey) and two EFTA member countries (Norway and Switzerland). As it is the 4th survey of its kind, it allows for comparison and trend analysis on a wide range of issues such as work organisation, working time, equal opportunities, training, health and well-being and job satisfaction. This chapter is, accordingly, substantially based on Chapter 7 (Impact of work on health) of the report on working conditions by the European Foundation for the Improvement of Living and Working Conditions (2007: 61-66).

The main complaints reported by workers are various forms of musculoskeletal disorder. In the next pages, broadly focused on these conditions, we will briefly expose, with the help of illustrative tables and examples, the global impact of work on health, the sectors that are the most impacted, how these impacts are experienced by the workers, what are the main risk factors and, finally, we will explain that the impacts on workers' health are, in their turn, resulting in deterioration of workers' economic and social situation.

Themes

- 7.1. Global measure of the impact of work on health
- 7.2. Sectors at stake and employment status
- 7.3. Main complaints of the workers
- 7.4. Some of the most common deleterious exposures
- 7.5. Not only health impacts
- 7.6. Conclusions

7.1. Global measure of the impact of work on health

In 11 countries, more than 50% of workers complain of a health impact caused by their work

As shown in Figure 7.1, 35% of workers (EU27), on average, perceive that work affects their health. Behind this relatively high percentage, there are some large differences, not only from country to country but also among the sectors of activity or among the symptoms that are the consequences of the exposure, or among the body area and its physiological system that are impacted.

In only nine of the 31 countries examined is the percentage below the average. These mainly represent the so-called old core of the EU. On the contrary, in 11 countries, more than 50% of workers complain of a health impact caused by their work, Greece, Poland, Latvia and Slovenia being at the top of this last group of countries.

The Nordic countries – i.e. Scandinavia plus Finland – declare a higher rate of perceived impact of work on health. This phenomenon appears also in other contexts, for example, these countries are usually over-represented in statistics such as the number of complaints related to violence at work. An attempt to explain this paradox would be to say that the threshold levels for the acceptance of such phenomena or symptoms are lower in these countries than elsewhere and that the education of

workers and the development of society as a whole may induce better opportunities to discriminate between the acceptable and the unacceptable at work and in society. In the context of the present article and the datagram on which we are commenting, this – less nuanced – macro-explanation raises at least two questions:

1°) Why do the Nordic countries not constitute a homogeneous cluster within Figure 7.1 but represent instead a considerable spread, even though all are situated above the EU27 average?

2°) Is it likely that the citizens of countries like Germany or the UK, which are the least impacted, under-declare their symptoms because they may be less aware than workers in the Nordic countries?

Figure 7.1: Perceived impact of work on health, by country (%)



Source : European Foundation for the Improvement of Living and Working Conditions (2007a). Note: Respondents were asked " Does your work affect your health?"

7.2. Sectors at stake and employment status

Sectors like agriculture, construction, transport and communication, manufacturing and even education and health are over-represented

The exogenous risk factors that are potentially present in each working environment and that are likely to give rise to the expression of a complaint by workers are classically distributed among the categories of physical, chemical, organisational, psychosocial and emotional risk factors.

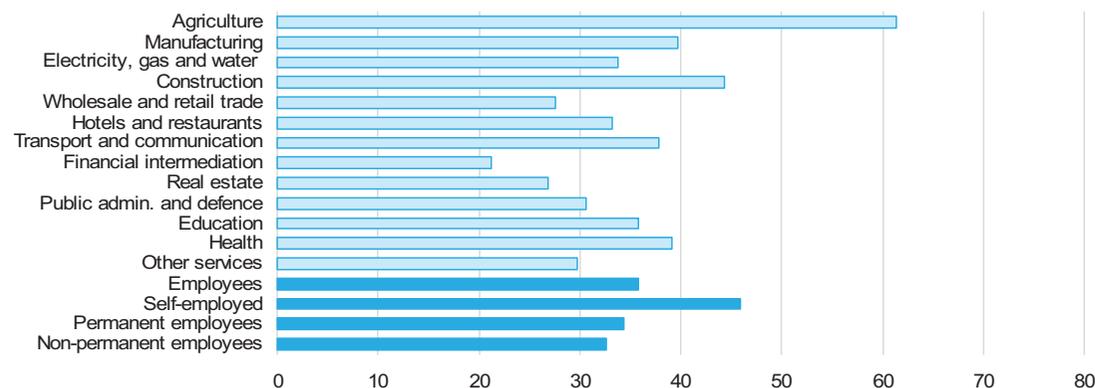
These risk factors are seldom isolated: usually a combination of risk factors is present and, in some sectors, this combination is in reality a bundle of potentially deleterious factors. That is why sectors like agriculture, construction, transport and communication, manufacturing and even education and health are over-represented through a higher level of complaints than in other sectors of activity.

For example, in the agricultural sector, it is very likely that a worker will be exposed to pesticides (carcinogens, mutagens,) vibrations, noise, heavy loads, tiring postures, inconvenient and unforeseeable working times, etc. with more subsequent symptoms than in other, less risky, sectors (see Figure 7.2).

The differences according to employment status (Figure 7.2) are less pronounced, but still quite significant and consistent with previous research: the self-employed report higher levels of

work-related health problems (45%) than the self-employed with employees (36%) or employees (average between permanent and non-permanent of 33%) (compare European Foundation for the Improvement of Living and Working Conditions 2007a).

Figure 7.2: Impact of work on health by sector and employment status, EU27 (%)



Source : European Foundation for the Improvement of Living and Working Conditions (2007a).

7.3. Main complaints of the workers

The most common observation is the presence of a bundle of four simultaneously present symptoms

Low back pain has for many years been the classical complaint followed by muscular pain, fatigue and stress: all of these are mentioned by more than a fifth of workers.

Exactly as for the causes or risk factors examined above, the reported symptom should never be regarded as 'isolated'.

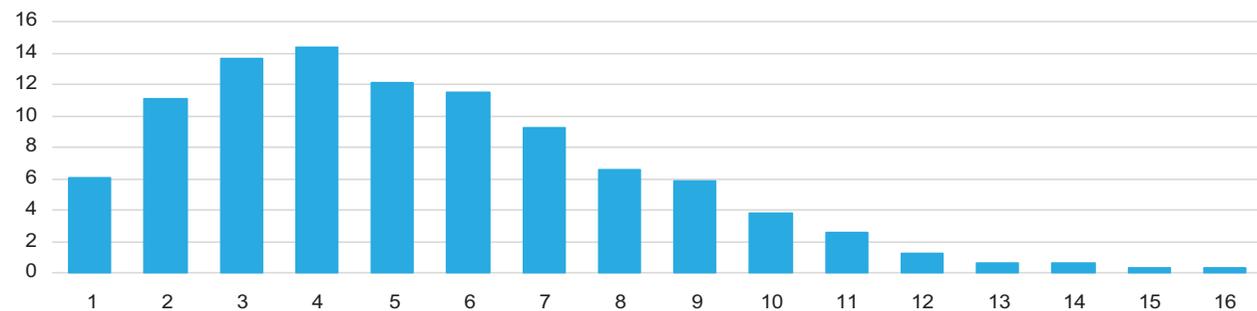
The most common observation is the presence of a bundle of four simultaneously present symptoms but in some – not exceptional – cases up to eight or ten concomitant symptoms are reported by the same individuals (see Figure 7.3 and Figure 7.4).

Figure 7.3: Percentage of workers reporting each individual symptom, EU27 (%)

Symptom		Symptom	
Backache	24.66%	Anxiety	7.84%
Muscular pain	22.78%	Eyesight problems	7.76%
Fatigue	22.55%	Hearing problems	7.22%
Stress	22.27%	Skin problems	6.56%
Headache	15.49%	Stomach ache	5.83%
Irritability	10.48%	Breathing problems	4.75%
Injuries	9.68%	Allergies	4.01%
Sleeping problems	8.70%	Heart disease	2.41%
		Other	1.55%

Source : European Foundation for the Improvement of Living and Working Conditions (2007a). Note: more than one response possible.

Figure 7.4: Number of reported symptoms per respondent, EU27 (%)



Source : European Foundation for the Improvement of Living and Working Conditions (2007a).

7.4. Some of the most common deleterious exposures

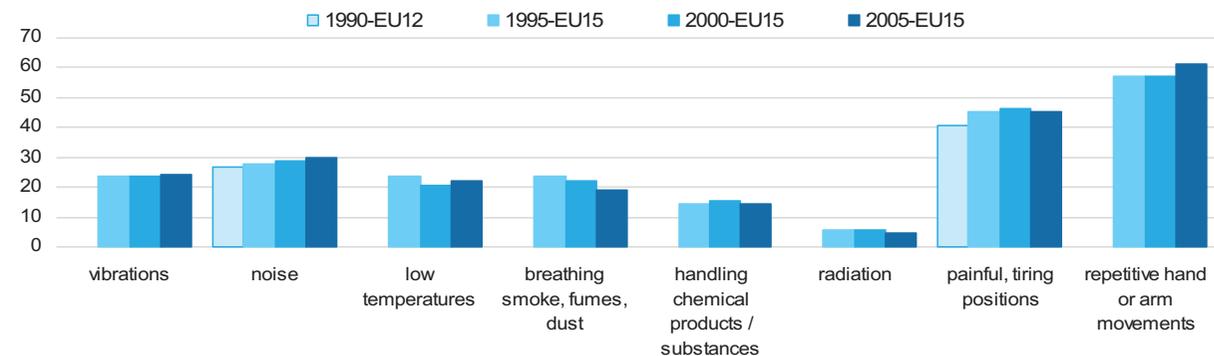
Many of these classical risks are still highly prevalent in Europe

The emergence of new technologies, organisational changes, automation, etc. could give the impression that the exposure of workers to traditional risks (noise, vibration, dust, toxics, awkward and painful postures, etc.) is on the decline. This might be true in some EU countries but it is not everywhere the case. If fumes are on the decline, other classical industrial risk factors – such as vibrations and noise – are on the increase, even if it is claimed that manufacturing is being replaced by more modern forms of industrial activity.

Figure 7.5 shows that lot of these classical risks are still highly prevalent in Europe.

It also shows that, even if some progress is observed for some of the risk factors, the oldest and most easy-to-prevent are not only still prevalent but are actually on the increase when matched against previous EU surveys! This is true of vibration, noise, repetitive hand-and-arm movements, providing evidence that basic efforts to improve working conditions are still needed in EU workplaces.

Figure 7.5: Exposure to physical risks, * 1990-2005 (%)



Source : European Foundation for the Improvement of Living and Working Conditions (2007a).

7.5. Not only health impacts

Other collateral effects usually adversely affect the way of life of the workers afflicted

When workers' health is impacted by conditions related to their work, the analysis should include the fact that the deleterious effects are not limited to their health alone. Other collateral effects usually appear at the same time. These are mostly economic in nature and adversely affect the way of life of the workers afflicted.

Individual economic impacts

These impacts, at the individual level, could take any of the following forms, but for the victims they are usually produced in combination:

- loss of some or all means of livelihood as a result of the inability to engage in paid work;
- unemployment or sickness benefits below normal pay;
- forced early retirement, also accompanied by a loss of disposable income;
- loss of ability to commit funds in view of a foreseeable career progression;
- purchasing power eroded by the need to pay for care and/or rehabilitation, including treatment fees, purchase of medicines, orthopaedic and prosthetic appliances, travel, *etc*;
- costs related to irreducible disabilities that require assistive and adaptive aids or adaptations to the home related to the loss of autonomy;
- legal and administrative fees, *etc*.

Impacts on the persons

Here again, we find a long list of physical, social and/or psychological impairments that are very often combined for the same individual victim:

- aches, pains, paraesthesia, *etc*;
- partial or total, temporary or permanent disabilities;
- inability to perform some or all work-related tasks and activities;
- inability to perform tasks of private life and in society;
- psychological tensions closely linked to these disabilities and inability to achieve normal performances at work and in private life;
- having to stop work for health care;
- lost quality of life;
- impaired autonomy;
- generally, impairments of people's physical, intellectual, social, sensory integrity, *etc*.

7.6. Conclusions

Impairment, pain and suffering are no part of work, which must remain a means for achieving personal well-being and development

From this concise chapter on the health impacts of work, it appears evident that the price paid by workers is still too high, even though one of the aims set by the Lisbon Strategy or Agenda 2000-2010 was to make the EU ‘the most dynamic and competitive knowledge-based economy in the world capable of sustainable economic growth with more and better jobs and greater social cohesion, and respect for the environment by 2010’. What does ‘better jobs’ mean and how is this target to be achieved in a year?

We will here quote what we wrote in 2007 in the ETUI publication (Gauthy 2007) ‘MSD - An ill-understood pandemic’, which is still highly topical in relation to the health impacts of work as viewed comprehensively:

“The social, political and economic actors must join forces in a merciless tactical war on the risk factors to tackle health impacts of working. Putting things off – even when an economic recession is announced – is no longer an option: the businesses that care least about the work environment, and are the biggest creators of victims in the European Union,

rake in unacceptable profits at the expense of afflicted workers and firms that observe the law by making the necessary investments in risk factor filtering, human resources and equipment to lighten workloads. These uncaring firms leave society as a whole to foot the bill for their negligence in the form of pain, overcrowding of care and surgical units that have other more pressing concerns than the by-products of inadmissible practices. We argue that impairment, pain and suffering are no part of work, which must remain a means for achieving personal well-being and development.

It is European society as a whole that pays the cost of work incapacities, the resulting unemployment benefits, and the unacceptable waste for a Europe that aims to be the most dynamic area in the world. The demographic challenge is steadily forcing us to keep working well beyond the age of 60. So these workers must remain mobile and active, productive and inventive. Unlimited attention is needed to keep a living organism subjected to so many exposures of varying degrees of danger over 40 or more years of working life in peak condition – i.e., healthy! The intrinsic

value of each individual who contributes to so developing society is immeasurable: how, then, can some still have the audacity to doubt it to the point of disregarding their workers’ health in favour of spending on programmes of preventive maintenance for machinery that can run for months without being serviced or re-jigged?”