



European Foundation for the Improvement of Living and Working Conditions

# A review of working conditions in France

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This report is available in electronic format only.

*Working conditions in France have deteriorated in recent years, according to findings from the 2003 SUMER survey. The organisation of work has become increasingly complex and controlled, characterised by a higher pace and rate of work, more repetitive work, and an escalation in psychological pressure and stress. Moreover, work has become increasingly strenuous and workers tend to be more exposed to risks arising from their job. While there has been an overall decline in the number of industrial accidents, there has been a steady rise in occupational illnesses.*

## **Introduction**

A recent study of working conditions in France identified particular problems with regard to health in the workplace, which is generally deteriorating: work is held responsible for 20% of all health problems ([Direction de l'Animation de la Recherche, des Études et des Statistiques, DARES \(in French\)](#) ).

Some 25% of the population, aged from 15 to 64 years and currently or previously in employment, cite a chronic health problem or a disability. Back and limb problems are most frequently reported. Farmers and manual workers tend more often than other occupational groups to experience these problems in relation to their work. Professionals, who generally enjoy better health than employees in other categories, less frequently link their health to their work, except in the case of depression and other psychological disorders.

Risk exposure is found to be a determining factor of the causes of deteriorating health in the workplace. This report focuses on the results of the recently published SUMER (Surveillance Médicale des Risques) survey, which deals specifically with these aspects of working conditions.

## **Methodology**

The SUMER survey provides an inventory of employee exposure to the main occupational risks in France. The survey is instigated and jointly led by the Labour Relations Directorate (Direction des Relations du Travail , DRT) and the Directorate for Research, Analysis and Statistics of the Ministry of Social Affairs, Labour and Solidarity (?DARES). Work doctors carry the survey out on employees under their medical care. The survey population includes all employees covered by the unemployment insurance system (Union Nationale Interprofessionnelle pour l'Emploi dans l'Industrie et le Commerce , Unedic), or by the agricultural mutual insurance (Mutuelle Sociale Agricole , MSA). The survey examines the different occupational hazards and constraints to which employees are exposed, including organisational constraints, the physical environment, as well as exposure to biological and chemical agents. In 2002-2003, the survey was conducted for the third time (see Appendix 1 for further details on methodology).

Industrial accidents and occupational illnesses in this report are assessed on the basis of the statistics provided by the relevant branch of the national state health insurance office (Caisse Nationale d'Assurance Maladie , CNAM) and the three branches of the civil service (see Appendix 2 for further details).

## **Work organisation**

### **Organisational constraints**

Companies are becoming increasingly customer oriented. They need to be more responsive to market requirements and devise new forms of work organisation. Thus, in 2003, 55% of employees stated that they had to respond rapidly to an external requirement, which is six percentage points higher than in 1994. While this constraint is less widespread among manual workers, the largest increase was among this group: up seven points between 1994 and 2003.

Customer demand is felt all the way to shop-floor level. Some 25% of employees believe that line-management

supervision enforces the work-rate. At the same time, the proportion of employees subject to a computerised monitoring of their activity has almost doubled, increasing by 13 points - and by 15 points for skilled manual workers. Computerised monitoring, therefore, tends to go hand-in-hand with line-management supervision or substitutes it.

Dependence on work colleagues has also risen: in 2003, 28% of employees stated that their work rate depends on colleagues, which is two points more than in 1994.

### Contact with the public

An increasing number of employees have direct contact with the public, in person or by telephone: 71% in 2003, compared with 63% in 1994. The services sector represents 83% of employees concerned in this regard. Almost all employees in retail, and a large majority of administrative employees, were in contact with the public in 2003, as in 1994. Professionals are less exposed to the public (-8 points), while manual workers are increasingly so (+14 points).

For employees in this situation, the perceived risk of physical aggression has increased: 18% felt threatened in 1994 and 23% in 2003. Some 40% of employees in the retail sector who are in contact with the public considered themselves exposed to a risk of physical aggression in 2003.

### Flexibility and autonomy

Employees have more flexibility in their work. In 2003, 41% of employees stated that they were able to adjust the deadlines they were set to do their work, and 57% stated that they were able to manage incidents that take place during work on their own.

### Work-related stress

The SUMER survey shows that there is an increasing impression of working to tight deadlines in all sectors, particularly in agriculture. In 2003, three out of five employees stated that they were frequently confronted with urgent situations and were more often than before required to interrupt one task to perform another. This pressure mainly applies to professionals (+9%), but the perception grew the most among manual workers (+14 percentage points).

### Increased incidence of night work

Some 13% of employees engage in night work. Men account for three-quarters of those who work a night shift, from midnight to five in the morning. However, since the start of the 1990s, night work for women has increased more rapidly than for men.

Some 90% of night workers are in the services sector, but the manufacturing sector experienced the largest increase in night work both for men and women. Night work is often combined with variable working hours and weekend work.

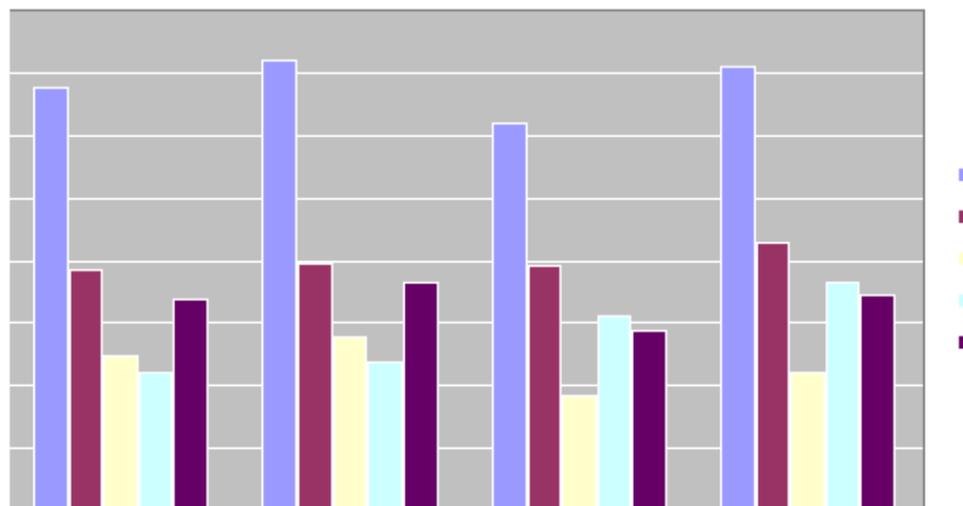
**Table 1: Proportion of employees frequently working nights, by profession and sex, 1993 and 2002 (%)**

	Men		Women	
	1993	2002	1993	2002
Professions in information and performing arts	36.2	34.6	18.3	19
Middle management in health and social services	28.3	23	30.3	21.6

Middle management in civil service	37.1	32.9	4.2	3.6
Police and army	75.9	69	45.1	42.1
Personal services	28.3	31.4	8.1	7.8
Qualified industrial workers	25.4	28.1	2.6	8.7
Drivers	34.5	36.8	Insufficient data	Insufficient data
Qualified workers in handling and maintenance	26.5	28.4	Insufficient data	Insufficient data
Non-qualified industrial workers	21.6	24.4	2.3	9.7
<b>Total employee average</b>	<b>18.7</b>	<b>20.3</b>	<b>5.8</b>	<b>7.3</b>

Source: DARES, 2005.

In terms of unsocial hours, women experienced the largest increase in evening work between eight p.m. and midnight, and this applies to all socio-professional categories.



### New forms of work: Agreement on telework

In July 2002, the central EU-level social partners signed a framework agreement on the regulation of telework ([EU0207204f](#)), with each country responsible for starting negotiations between the social partners to transpose this agreement. Following intersectoral negotiations that began in May 2005, on 19 July 2005 French trade union confederations and employer organisations reached a national industry-wide [agreement on telework \(1Mb pdf, in French\)](#). The agreement had to be endorsed by the end of September 2005.

The French national agreement states that ‘teleworkers benefit from the same rights and statutory and collectively agreed entitlements as comparable workers at the employer’s premises’. Specific complementary collective and/or individual agreements may be necessary in order to take into account specific issues pertaining to telework.

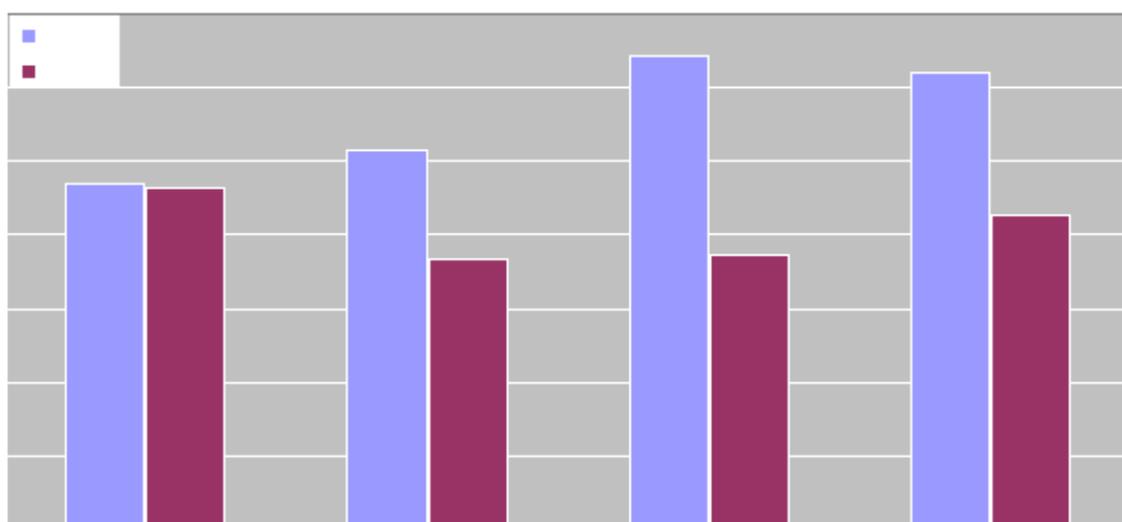
## **Impact of reduced working hours**

In 1998, France passed its working time law that set the length of the statutory working week at 35 hours by 1 January 2000 in companies employing more than 20 people, and by 1 January 2002 for smaller firms. Some of the provisions for reduced working time (réduction du travail, RTT) came into effect immediately.

### **Shorter working weeks**

The reduction of working hours has shortened long working weeks (over 40 hours), which nevertheless remain common for most professionals and top level managers. An increase in on-call work and organisational constraints has also emerged, reflecting the desire to tailor companies to customer demand.

In 2003, 20% of employees stated that they had worked over 40 hours in the week leading up to the survey, compared with 29% in 1994. In every category, the number of employees working long weeks declined over the 10-year period. However, the majority of professionals still report working more than 40 hours per week.



Saturday work was less frequent for employees in 2002 (43%) than in 1994 (46%). Looking at the data in more detail, it emerges that less use was made of occasional Saturday work. However, regular Saturday work increased for previously unaffected categories, such as manual workers and administrative employees. Sunday work increased slightly (from 19% to 20%), especially in manufacturing. Employees were twice as subject to on-call work in 2003 as in 1994: 10%, compared with 5%. Moreover, companies expect their workforce to be more available in general.

### **Reconciling working hours and equality in the workplace**

A 2004 study ([35-hour week agreement: Gender and status \(in French\)](#)) reveals that the RTT agreement led to a certain recognition of family time, thereby striking a better balance between professional and personal life. Female

trade union representatives were directly involved in the negotiations. However, it could be argued that the positive side of the RTT agreement, by easing the time constraints on women, could serve to accentuate the disparity between men and women in a strictly professional context.

## ***Arduous work and physical strain***

### **Exposure to noise and work on computers**

Over three million employees are exposed to noise exceeding 85 decibels. This exposure has increased: in 2003, some 18% of employees were subjected to noise exceeding this intensity threshold, compared with 13% in 1994. However, prolonged exposure (over 20 hours per week) did not increase: affecting 6% of employees, particularly men, manual workers and, more specifically, skilled manual workers. Certain sectors of activity, such as the wood and paper industry, metallurgy and metal processing, construction, and mineral products, expose over half of their employees to high levels of noise.

An increasing number of employees (about 50%) work with a computer screen, and they devote more time to this kind of work: the proportion of employees working on a screen for over 20 hours each week almost doubled between 1994 and 2003, reaching 22%. The majority of them are women.

### **Heavy work and other physical strains**

The manual handling of loads has become more frequent: affecting 41% of employees in 2003, compared with 38% in 1994. In other words, approximately 7.5 million employees in 2003 had to lift or move 'heavy loads', according to the European definition. However the proportion of employees subjected to this arduous work for over 10 hours a week remained stable at around 12%. Nevertheless, women were more affected than 10 years previously: 30% in 2003, compared with 26% in 1994. Over half of all manual workers and employees in the retail sector were involved in handling heavy loads. In construction, almost 70% of employees fall into this category and 25% for over 10 hours a week.

In 2003, as 10 years previously, a little more than a quarter of employees remain standing for over 20 hours per week. This applies to over half of employees working in personal and domestic services or hotels and restaurants. This exposure is particularly frequent for employees in retail and manual workers.

Approximately 10% of employees repeat a single movement or series of movements for over 10 hours per week, compared with 12.5% in 1994. Moreover, 17% of employees were affected - at least some of the time - by repetitive movements, which are known to contribute to musculoskeletal disorders, among other factors. These repetitive movements are particularly frequent in the clothing and leather industries (affecting almost 50% of employees).

In 2003, 36% of men and 14% of women drove a vehicle on the road in the context of their job. Driving became increasingly common among women and men alike. Over half of all employees in the construction, retail and wholesale, and automotive repair sectors drive as part of their job.

Overall, physical risks are still widespread and some of them have become even more prevalent. However, heavy constraints, or those implying prolonged exposure, remained roughly stable. They affect men more than women. People under the age of 25 years are generally more exposed to physical constraints than older employees, a disadvantage that became increasingly apparent over the 10-year period.

## ***Exposure to chemical and other risks***

### **Exposure to chemical products**

Approximately 38% of employees (+3 percentage points on 1994), or about seven million people in 2003, were exposed to at least one chemical product in the week preceding the survey.

The most affected sectors experienced the largest increases: construction (+11 points), manufacturing and agriculture (+7 points each). The levels of multiple exposures also increased: 16% of employees were exposed to at least three chemical products, which is three percentage points more than in 1994. Construction and agriculture showed increases as high as +13 and +9 points respectively.

Prolonged exposure, i.e. more than two hours per week, increased by 1.6 percentage points and affected mainly manual workers. Professionals and middle management, on the other hand, were less exposed than in 1994.

The socio-professional categories reporting the highest exposure rates in 1994 were even more exposed 10 years later: 22% of skilled manual workers were exposed to at least three products in 1994, and this percentage rose to 31% in 2003.

In 2003, two out of three people working in construction, one in two in agriculture and manufacturing, and one in three in the services sectors were exposed to at least one chemical product. It also affected two out of three manual workers, and one in every two people employed in the retail sector, while administrative employees and professionals experienced much lower exposure rates.

Men were one and a half times as exposed as women, with employees under the age of 24 years suffering higher exposure than other employees (47%, compared with 37%).

### **Exposure to biological agents**

In 2003, some 15% of employees were exposed to biological agents; the majority were working in the health and social services sectors. This result is clearly an underestimate, as employees in public research and doctors, who are particularly exposed to such risks, were not questioned in the context of the SUMER survey. Between 1994 and 2003, exposure to biological risk seems to have remained stable in the most exposed sectors, namely health (excluding public hospital staff), social services, and agriculture. However, it increased in manufacturing and construction.

The scope of the survey was extended in 2003 to include public sector hospital workers. In this 'full scope', two out of three employees were found to be exposed to biological risks in the health and social services sectors, as well as one in three in agriculture and the agri-food sector, and one in four in the personal and domestic services sector. The services sector primarily employs women. The other sectors mentioned in this context consist mostly of men.

### **Exposure to carcinogenic products**

Exposure to carcinogens primarily affects manual workers (70%) and, more specifically, skilled manual workers. Over a third of exposed employees failed to benefit from collective protection measures.

Other affected categories include middle management in manufacturing and health, which account for approximately 20% of employees at risk. Some five out of 36 sectors expose at least 35% of their employees to carcinogens: retail and automotive repair, metallurgy and metal processing, the wood and paper industries, mineral products, and construction. In the chemical sector, 26% of employees were found to be subject to exposure.

Employees in installation, maintenance and repair were the most exposed: 1.5 times more than production employees and four times more than those in handling, warehousing or transport. Maintenance work employs a larger proportion than average of young apprentices or trainees. These categories also record the highest exposure rates (19%, compared with 15% of temporary staff, 10% of those on fixed-term contracts, and 14% of employees on open-ended contracts).

### **Gender distribution**

Men are four times as exposed to carcinogens as women are. In fact, the sectors registering the highest exposure

consist primarily of men. Even in sectors with a high proportion of female workers - such as education, health and social services - women are half as likely to be exposed as men. The personal and domestic services sector, which is 75% staffed by women, is the only sector in which women are more exposed than men (28%, compared with 14%). Women represent just 16% of employees exposed to carcinogens, and half of this proportion work in the sectors cited above.

**Table 2: Exposure to the main carcinogens, 2003**

Product	Number of employees exposed	Exposure rate per 1,000 employees
Diesel exhaust fumes	727,500	42
Mineral oils	669,100	38
Wood dust	379,900	22
Crystalline silica	269,000	15
Trichloroethylene	153,600	9
Formaldehyde	153,600	9
Coal tar and by-products	117,100	7
Chromium and by-products	108,000	6
Asbestos	106,600	6
Halogenated hydrocarbons and/or nitro hydrocarbons	104,100	6
Ceramic fibres	104,000	6
Nickel and by-products	97,700	6

## Commentary

Several studies, and specifically the SUMER 2003 survey, show that working conditions in France have deteriorated in general over recent years. The organisation of work has become increasingly complex and restrictive: with a higher pace and rate of work, more repetitive work, and an increase in psychological pressure and stress. Moreover, the strenuous nature of work and exposure to risks have tended to rise significantly:

- exposure to noise has increased;
- visual constraints are more common and working on a computer screen is more prevalent;
- exposure to chemical products and biological agents is still rising;
- over two million employees have been exposed to carcinogenic products.

Overall, risks and arduous work increased more - by occupational group - for manual workers and employees, and - by sector - in agriculture and construction.

In addition, while each type of exposure to risks has tended to increase in different proportions, the rise in multiple exposures is of particular concern.

With regard to other aspects of occupational health, it should be noted that industrial accidents tended to decline slightly in the 10-year period, but that they were more serious; while occupational illnesses underwent a significant increase (see Appendix 2 for further details).

In terms of work organisation, the policy to reduce working hours showed positive effects, and employees - especially women - have more flexibility in carrying out their work, particularly since 2000 when the working

week was set by legislation at 35 hours. However, night and evening work has tended to involve an increasing number of women.

Finally, new forms of work relating to the increasingly widespread use of new information and communication technologies (ICT) are gradually emerging: for instance, an agreement was reached between the social partners on regulating telework, in accordance with the broad outline of the 2002 European agreement. Although the agreement sets out a definition of telework, it is still difficult to account for all teleworkers, as some work in this capacity on an unofficial basis and are not declared as a category in their own right.

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## **Appendix 1: About the survey**

The most recent edition of the SUMER survey was conducted in the field from June 2002 until late 2003. Overall, some 1,792 work doctors, representing over 20% of practising company doctors, randomly selected 56,314 employees, 49,984 of whom responded. The high response rate (96%) underlines the interest that employees and doctors took in this survey.

For the first time, a [self-questionnaire \(631Kb pdf; in French\)](#) , based on a subjective assessment of working conditions, was appended to the [main questionnaire \(70Kb pdf; in French\)](#) given by the doctor.

### **Scope**

In 2003, the scope of the survey was extended to public hospitals, the electricity and gas supplier, (Electricité et Gaz de France , EDF-GDF), the postal system (La Poste ), the railway operator (SNCF ) and Air France . Thus, the 2003 results are described as 'full scope'. Its scope does not, however, cover the national and regional civil service, including part of the transport sector (city transport authorities and water transport), mines, fishing, and telecommunications (France Télécom ). The SUMER 2003 survey covered 17.5 million of the 21.7 million employees in France, or 80% of all employees.

### **Comparison of 2003 and 1994 results**

An analysis of developments between 1994 and 2003 can only be done where there is a consistent basis. The comparisons in this report are, therefore, restricted to the 1994 scope, or 15.5 million employees rather than the 17.5 million included in the SUMER 2003 survey.

In the 10-year intervening period, exposure assessments gained in terms of quality. The questionnaire is better structured in its presentation; the work doctors leading the survey have a higher expertise, particularly in terms of

assessing short-term risk exposures; and they find it easier to pinpoint multiple exposures, taking into account the workstation environment.

### Reference periods for risk exposure

All exposure to chemical products, biological agents or arduous or hazardous work is based on the most recent week worked in order to gain the most accurate view of the actual work carried out by the respondents. However, this method has the effect of under-assessing risk exposures linked to one-off or infrequent activities, which are less likely to take place during one isolated week than regular activities are.

### Temporary employee classification

Temporary employees are categorised under the ‘temporary work’ sector of activity. The company activity in which the temporary employee functions can only be listed according to the four sectors featured in the questionnaire: manufacturing, construction, transport and services.

## Appendix 2: Other statistical sources

### Industrial accidents and occupational illnesses

This report assesses industrial accidents and occupational illnesses based on the statistics provided by the relevant branch of the national state health insurance office (Caisse Nationale d’Assurance Maladie , CNAM) and the three branches of the civil service. The data cover the period 2002-2003. These indicators are taken into account in the definition of priority areas, as set by the French Ministry of Labour. The ‘Health at Work’ plan provided for the implementation of a national information system in autumn 2005. This system allows for matching statistics from the National Health Insurance Fund for Salaried Employees (Caisse Nationale d’Assurance Maladie des Travailleurs Salariés , CNAMTS) with the control and follow-up indicators provided by the Labour Inspectorate. The resulting database will establish a link with the statistics provided by the Farmers’ Mutual Welfare Fund (Caisse Centrale de la Mutualité Sociale Agricole ).

Some of the following tables provide an update of information presented in the French survey report for the European Working Conditions Observatory (EWCO) in 2004 ([FR0410SR01](#) ).

### Industrial accidents

#### Private sector

In 2003, the national state health insurance office, CNAM, registered some 770,662 industrial accidents, accounting for 41 accidents per 1,000 employees. This represents a 5% decrease between 2002 and 2003, which was felt across all sectors of activity, particularly the chemical and metallurgical sectors, in which the accident rates dropped significantly (by 10% and 8.5% respectively). The number of deaths also declined, following the trend observed since 2000. Less than 1% of accidents were fatal. However, the statistics reveal an increase in serious illnesses (48,774 reported cases), mainly in the sectors of temporary employment and transport, which recorded a 7% rise.

**Table A1: Industrial accidents (Private sector)**

	1998	1999	2000	2001	2002	2003
Number of serious accidents resulting in absence	689,859 +4.8%	711,035 +3.1%	743,435 +4.6 %	737,499 -0.8%	759,980 +3%	721,227 -5%

Number of serious accidents	47,071 +3.3%	46,085 -2.1%	48,096 +4.4 %	43,078 -10.43%	47,009 +9%	48,774 +3.8%
Number of deaths	719 +4.2%	743 -3.3%	730 -1.7%	730 =	686 -6%	661 -3.6%

Source: CNAMTS, Labour Relations Directorate: 'Working conditions - 2004 Report', Ministry of Social Affairs, Labour and Solidarity

### Public sector

The rate of industrial accidents in the public sector varies according to the degree of risk exposure, standing at 2% for the state civil service and 8% for the regional civil service. The state civil service rate is almost three times lower than in the commercial sector: in 2002, 17 accidents were recorded per 1,000 employees, compared with 43 for the service and retail sector. Nevertheless, there was a 5% increase between 2001 and 2002, when the civil service recorded 32,443 work absences due to accidents for a total workforce of 1.9 million. The number is higher among public hospital staff, with 6% of workers falling victim to industrial accidents (63,108 reported in 2002, a 4% decrease compared with 2001). Industrial accidents are most common in small hospitals. The regional civil service recorded the highest rate with 86 accidents per 1,000 civil servants, mainly relating to the handling of toxic products.

### Occupational illnesses

A 16% increase was recorded for occupational illnesses by CNAM, resulting in a total of 41,673 cases. This increase reflects the proliferation of musculoskeletal disorders (MSDs), including lumbar pain, which account for three-quarters of compensated illnesses.

Of the illnesses for which a medical certificate was issued, conditions of the joints or MSDs also remain by far the most common (66.7%). At the same time, the rise in the number of recognised illnesses should be noted, as it shows the developing competencies of the medical and professional organisations in terms of diagnosis.

According to estimates issued by the state civil service and public hospitals, the rate of occupational illness is less than 5%, with musculoskeletal disorders being the most prevalent condition.

### Private sector

**Table A2: Increase in the number of recognised illnesses, private sector**

1997*	1998*	1999*	2000*	2001*	2002**	
Number of illnesses declared, observed and recognised	15,554	17,722 +13.9%	24,208 +36.6%	30,224 +24.8%	35,715 +18.2%	41,673 +16.7%
Number of first time settlements or permanent disability	11,588	13,127 +13.3%	17,750 +35.2%	21,917 +23.5%	26,717 +21.9%	31,956 +19.6%
Number of deaths	95	104 +9.5%	161 +54.8%	239 +48.4%	365 +52.7%	410 +12.3%

Notes: \* Definitive count (count closed on 31 December in year N+2, reported in first half N+3). \*\* Definitive

count from the quarterly statistics of December 2004, reported after the publication of the 2004 report on working conditions. Source: Quarterly CNAMTS statistics.

### Cost of the main occupational illnesses

**Table A3: Increase in the cost of occupational illnesses**

	1997	1998	1999	2000	2001	2002
Total cost of compensated illnesses, in € million	412.11	485.3	630.07	635.3	815.12	1121.46
Representing a percentage rise of:		17.8%	29.8%	0.8%	28.3%	37.6%

Source: CNAMTS technological statistics

### Number of reported occupational illnesses

**Table A4: Main areas of compensation: Number of occupational illnesses reported, observed and recognised**

Conditions	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
MSDs	4,610	5,759	6,772	6,772	10,320	12,133	15,240	19,804	23,042	28,326
Asbestos related diseases	798	840	1,056	1,056	1,763	2,130	3,059	3,606	4,922	5,802
Lumbago and back ache					3	130	2,235	2,600	2,632	2,877
Deafness	874	816	734	734	709	642	615	602	626	633
Eczema-type lesions	528	549	475	475	461	423	464	540	559	525
Respiratory allergies							335	449	434	456
Conditions caused by contact with cement	318	322	327	327	232	228	238	268	254	320
Conditions due to contact with silica	268	293	233	233	261	234	289	318	250	316
Chronic cartilage lesions							150	207	239	251

Conditions caused by contact with wood	113	118	100	99	113	108	110	142	135	123
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Source: CNAMTS, in 'Working conditions - 2004 Report'

**Table A5: Increase in the number of recognised illnesses**

	1996	1997	1998	1999	2000	2001	2002	Variation % (2002/2001)
Number of reported, observed and recognised illnesses	13,658	15,554	17,722	24,208	30,127	34,517	41,325	+15.71%
Number of first settlements or permanent incapacity	10,120	11,588	13,127	17,750	21,646	24,220	31,207	+16.81%
Number of fatalities	96	95	104	161	239	365	345	-5.48%

Source: CNAMTS, in 'Working conditions - 2004 Report'

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