INAUGURAL EDITORIAL

Modern working life and inclusion

Working life occupies a considerable part of life for most people and is therefore of great importance to public health. Besides work environment factors, employment conditions and the possibility to balance work and leisure are of importance to individual health. Working environment conditions and the health of individuals are also important issues for the development and growth of organizations and regions. Health in working life is therefore a special target in several European and Swedish policy documents. In the Europe 2020 strategy¹ it is pointed out that ensuring quality of work and employment is a core element for achieving competitiveness and sustainability. According to the community strategy on health and safety at work², good health at work helps improve public health in general and also the productivity and competitiveness of businesses. In a recent Swedish governmental report³ addressing a renewed work environment policy it is stated that the positive and health promoting effects of a work environment must be more

visible. Furthermore, workplace problems of health and safety exact a high cost for social protection systems and therefore workers need to be provided with suitable working conditions if their general wellbeing is to be enhanced. Working environment and employment relations are also important when discussing social determinants for health and health equity in working life⁴.

Working life research has mainly focused on a risk perspective, creating knowledge about how physical and psychosocial work environment factors can contribute to ill-health and exclusion from working life. Several research studies have shown that psychosocial work environment factors such as learning possibilities, job demands, job control and social relations at work are not equally distributed in working life. Vulnerable groups can be identified on the basis of, for example, degree of ill-health, vocational rehabilitation needs, gender, employment security and hierarchical position in organizations. Therefore, there is a need for more research about how

¹ European Commission, Europe 2020: A European strategy for smart, sustainable and inclusive growth.

² European Commission, 2007, Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work.

³ Regeringens skrivelse 2009/10:248, En förnyad arbetsmiljöpolitik med en nationell handlingsplan 2010-2015. Stockholm: Regeringen. (In Swedish)

⁴ World Health Organization, 2008, Closing the gap in a generation. Health equity through action on the social determinants of health. Geneva: World Health Organization.

working life factors can contribute to individuals' health and increased inclusion in working life. It is also of great importance that such knowledge results in practical policies and strategies for a more sustainable working life. My opinion is that working environment and work related health is undervalued when it comes to issues about sustainable development. This is surprising given that it is quite obvious that work either could be degenerative and result in illness and sickness absence for individuals, or be regenerative and contribute to individuals' development and health.

When looking at changes in working conditions over time in Europe some trends are that more women are moving into supervisory roles and the proportion of workers with a temporary contract has been growing⁵. According to this investigation almost one fifth of European workers find it difficult to achieve a satisfactory work-life balance, monotonous work seems to be somewhat more common, work intensity remains at a high level and many Europeans do not feel confident about being able to remain in their current job until the age of 60. Also, workers' anxiety over job security has increased in recent years. When looking at trends in Swedish working life both positive and negative tendencies can be seen⁶. Improvements can be noted for e.g. in reported work-related disorders, sickness absence and received education for both men and women. However, the percentage of individuals that perceive high job demands, low

influence over work and insufficient social support is still high. An increasing number of individuals report insufficient recuperation between shifts and that they are worried about losing their jobs. Several work-related indicators suggest clear differences between men and women, different occupational groups and workplace sizes. One evident pattern is that women report work-related disorders, high job demands and lower influence over work to a higher degree than men. Women also report lower ratings concerning job satisfaction, job development, job security and tiredness after work. Other differences are that those with a high level of education and those in upper-level white collar jobs report greater job satisfaction than those with little education and blue-collar jobs. Although several initiatives have been taken, the provision of Occupational Health Services (OHS) and the level of systematic work environment activities is unsatisfactory and unequally distributed in Swedish working life. For example, only around four of ten micro enterprises (with fewer than ten employees) provide access to OHS.

Even if sickness absence has decreased in Sweden during recent years, still more than 800 000 people are unemployed, sick-listed or early retired. The number of sickness absence periods and the cause of sickness absence vary clearly between different occupational groups. Musculoskeletal problems are among the most common disorders causing sickness absence, but also depressive episodes and

⁵ European Foundation for the Improvement of Living and Working Conditions, 2010, Changes over time – First findings from the fifth European Working Conditions Survey. Ireland, Dublin.

⁶ Statens folkhälsoinstitut, 2011, Målområde 4: Hälsa i arbetslivet. Kunskapsunderlag för Folkhälsopolitisk rapport 2010. Östersund: Statens folkhälsoinstitut. (In Swedish)

reaction to stress are common. Research shows that prerequisites for a successful vocational rehabilitation are that individuals get support from professionals, and that relevant measures and adjustments are made in the workplace. The above described development of working conditions and health related to working life point to the need for future actions, like the following statement from the Swedish professor Lennart Levi⁷: *‘Thus, we must strive for a working life that is both inclusive (i.e., more jobs) and sustainable (i.e., better jobs), and which offers conditions of work that satisfy human needs – jobs that are friendly to life. Several current trends may obstruct the road to this combined goal: an increasing employment insecurity, an ageing work force, work intensification, increasing emotional demands on the workers, and difficulty making ends meet in the puzzle of our lives’.*

To summarize, modern working life is characterized by increased globalization, organizational changes, and competition among organizations. Several occupational groups are exposed to demanding psychosocial working conditions and increased job insecurity, and there is also a long-term rise in health inequality between different groups and sectors. Access to health promotion measures, work environment management and occupational health services is unequally divided between different occupational groups. However, organizations also show a growing interest in sustainability issues and questions of social responsibility. In addition, leaders

and organizations have started to realize that good working conditions entail better health among employees and therewith an enhanced organizational development and competitive advantage.

The cluster of papers presented in this volume of the journal focuses on some assumed vulnerable groups in working life: self-employed men and women in Europe, female leaders in public human service organizations and temporary agency workers. These groups are important for their significant contribution in working life and in turn for national and local development in the society. Also, while their importance is likely to increase in the future, there is a lack of knowledge about psychosocial working conditions, health and well-being among these groups. Other papers focus on sustainable prerequisites for the well-being and development of individuals in working life and effects of health promotion activities. This is an important research area in light of the need to increase our knowledge about such prerequisites and activities for practical implications of research results. Finally, the cluster also contains one paper focusing on another vulnerable group, people with psychiatric disabilities, and knowledge about supportive strategies for them.

I hope you will find the papers to be an interesting reading.

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⁷ SOU 2009:93, Inkluderande arbetsliv. En skrift från Arbetsmiljöpoltiska kunskapsrådet, sid. 17. Stockholm: Fritzes. (In Swedish)