

## Guest Editorial

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# Sweden

The world has admired and imitated the Swedish model of state welfare for more than half a century. Sweden has had the long-standing aim to create a modern healthy working environment that improves quality of living. Nevertheless, a crisis exists today. The negative trend became strikingly evident in the latter part of 1997 when general attention was given to substantial increases in both the number of persons on sick leave and the length of time on sick leave.

Public authorities are now expressing deep concern for two major reasons. First, there has been an increased strain placed on government social insurance offices and vocational rehabilitation services. Secondly, research from Sweden and elsewhere in the world has found that the longer a person is on sick leave, the less likely it is that he or she will ever successfully return to work.

The situation described above suggests that there is need to develop more effective methods and models that help decrease poor health among workers and provide a vocational rehabilitation system capable of meeting Sweden's changing needs. For example, one central intervention may be to promote research that not only investigates the causes of this alarming situation but also generates innovations within the fields of work environment management and vocational rehabilitation.

This special issue about studies and research on the Swedish "situation" aims to be a forum for the creation of new ideas that help reverse this very disturbing trend. The articles can be classified into two broad areas. The first area includes articles about strategies and methods that create positive work environments. The second area includes articles about innovative vocational rehabilitation strategies. In the area of positive work environments, special attention has been paid to the creation of positive work environments for small to medium enterprises. The majority of those employed in the private sector are working in small operations. Therefore, focusing on that area will likely reach the largest number of people. Vinberg and Gelin talk about

the concept of "bundling" or, grouping related elements together. Their approach is valuable because organizations and practitioners can use it when developing intervention strategies. Thus, combinations, rather than individual influences, may be considered. They found certain key concepts, respectful leadership, creative work, adequate competence, team spirit and efficient use of technology, to be related to higher levels of worker wellness.

Härenstam and associates examined the types of problems faced by different kinds of organizations. This businesses study helps develop a clearer understanding about worker wellness issues faced by different operations. The study found that high-tech, knowledge-based businesses are inherently healthier places to work.

Bildt examined the relationship between sexual harassment, gender discrimination, bullying, conflicts, and informal decision structures. The results support earlier studies concluding that work organization is closely related to the occurrence of harassment. This is an especially important point for sexual harassment intervention planning because, very often, planning focuses on the harassed individual rather than the organization.

Gustafsson-Larsson and Hammarström discuss the potential positive and negative health impact of networking between organizations. The authors report that the factors of social relations within a network contribute to the participant's wellness. Among the positive effects are increased visibility, material prerequisites for networking, and greater exposure to new perspectives about gender and power. In effect, they note that small organizations can be both independent and interdependent, which promotes healthy work environments.

Selander and Marnetoft combine case management in a study assessing the effectiveness of the model during the provision of vocational rehabilitation services. Results are interpreted as positive indicating the ben-

efits of case management methods when used in vocational rehabilitation of unemployed people on long term sick leave in a Swedish perspective. Jakobsson et al. reported on a study involving provision of vocational rehabilitation services to individuals. During the study, a multidisciplinary team met, planned, and provided services. The approach gathered strength from both the regular meetings and communication and the cooperation and coordination between the professionals involved in the treatment and rehabilitation of a single person. The most important finding was that these vocational rehabilitation strategies might be applied to enhance current practices.

Sandberg et al. explore the development of a scheme to use Information and Communication Technology (ICT) in the training of a severely functionally impaired population. The study used a relatively unique approach that first trained care-giving staff in computer skills. This learning strategy drew upon the concept of learning, empowerment, and the motivation of everyone involved in a system and process. It was found that using ICT all involved parties felt a greater sense of empowerment and an improved quality of life.

A comparison of the Swedish and American vocational rehabilitation systems by Stubbs and Deaner offers some interesting comparisons. The two systems are understood as having important similarities and differences that impact vocational rehabilitation management in the two countries. One important point was that the American system recognized a specialized, occupational class, called vocational rehabilitation counselors, who carry out tasks most often performed in Sweden by professionals from several occupational specialties, including occupational therapists, psychologists, and

social workers. The authors also note that the occupational classification system used in Sweden is less detailed than that used in the USA. This suggests that in Sweden, vocational decisions are more individualized because there is a lack of detailed, standardized information concerning the mental and physical demands of all jobs within the economy.

Regarding workplace wellness and vocational rehabilitation, all of the studies demonstrate that it is possible, with the right methods and strategies, to reverse current negative trends and control costs currently handled by the social welfare system. What remains to be determined is which methods, strategies, or combinations of both are most appropriately implemented given the circumstances.

The primary argument presented by Millet and Sandberg is that psychological empowerment and individual control moderate the many perils encountered by the contemporary worker and those workers seeking to return to the work force through the vocational rehabilitation process. More intervention studies must be done to deal with practical application rather than simply survey and describe organizational and vocational rehabilitation, as many current studies do. There needs to be a shift towards organizational structures, routines, and cultures that psychologically empower individual workers and increase their control.

Guest Editors

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