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Reincentivizing Work: A grounded theory of work and sick leave

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Abstract

Work capacity has a weak correlation to disease concepts, which are insufficient to explain sick leave behavior. With data mainly from Sweden, a welfare state with high sickness absence rates, our aim was to develop an explanatory theory of work and sick leave.We used classic grounded theory for analyzing data from 130 individual interviews of people working or on sick leave, physicians, social security officers, and literature. More than 60,000 words and hundreds of typed and handwritten memos were the basis for the writing up of the theory. In this paper we present a theory of "reincentivizing work". To understand incentives we define work disability as hurt work drivers or work traps. Work drivers are specified as work capacities + work motivators, monetary and non-monetary. Incentives are recognized when hurt work drivers are assessed and traps identified. Reincentivizing is done by repairing hurt work drivers and releasing from traps. In our theory of reincentivizing work, hurt work drivers and traps are recognized and then repaired and released. The theory may add to social psychological research on work and sickness absence, and possibly inform future changes in sick leave policies.

Background

The sickness absence rate in Sweden is one of the highest in the world (Ljungqvist & Sargent, 1998). Sweden has generous sick leave policies and strong job protection legislation. There is no upper time limit for sick leave, and a low risk of loosing employment due to sickness absence. Monetary compensation from social security limits the loss of buying power to 0-20% after tax for people with low to average incomes on sick leave (Esser, 2005). A too soft and disincentivizing social security system was a central political issue leading to a shift in Swedish government 2006.

In welfare states such as Sweden monetary work motivators are weak as compared to laissez-faire economies such as USA

(Rae, 2005) while non-monetary motivators for working such as plight and pride are stronger in welfare states (Johansson & Palme, 2004). Although Swedish sick leave compensation is generous a sick leave trajectory often involves shame and distrust. Against this background common disease concepts are inadequate to explain sick leave behavior since work capacity alone shows little correlation to disease severity (Melamed, Groswasser& Stern, 1992; Riegel, 199; Englund, 2000). Therefore our aim of this study was to generate an explanatory theory of work and sick leave.

Methods

Data collection started in 2003. We did 22 formal and 40 informal interviews with people working and on sick leave, informal interviews with 30 Swedish health care professionals (physicians and nurses), and formal interviews and focus group interviews with 6 employees of the Swedish social insurance agency (Försäkringskassan, FK). We did secondary analysis of taped and transcribed formal interviews with 20 participants in a Swedish rehabilitation study (Grahn, Stigmar & Ekdahl, 1999; Grahn, Borgquist & Ekdahl, 2004) and 12 American employees of a public transportation company (Potts, 2005). We examined data from expert group meetings, conferences, and literature data as well as quantitative data on sick leave in a cohort of 196 people. Participation by the first author in international grounded theory workshops 2003-2006 was a source of both interview data and memos.

We did classic grounded theory (GT) analysis according to Glaser (Glaser, 1978, 1998, 2001, 2003, 2005) aiming at generating conceptual theories that are abstract of time, place and people. Classic GT differs from most studies using qualitative data that often are presented as GT (Sekimoto, Imanaka, Kitano, Ishizaki & Takahashi, 2006) by presenting explanatory concepts rather than descriptions.

All of the data mentioned above was compared in the analysis according to the grounded theory "all is data" dictum (Glaser, 1998, p 145). Field notes from interviews not taped were coded and compared in the same way as transcripts from taped interviews. Concepts and categories emerged through a cyclic process of collecting, coding, and comparing incidents in the data by which concepts and categories relating to the incidents

originated. These concepts were then compared with each other and new incidents as more data was collected and compared. Theoretical memos, in the shapes of text, diagrams, and figures, were written, typed, or drawn in the comparative process. More than 60.000 words and hundreds of pages of typed and handwritten memos sit in the memo bank from which this paper was sorted and written up. "Memos are the theorizing write-up of ideas about substantive codes and their theoretically coded relationships as they emerge during coding, collecting and analyzing data, and during memoing" (p 177). Memos yielded creative ideas of where to sample more data (theoretical sampling), which was coded in a more selective way after a core variable was discovered. More memos were produced followed by sampling of more data and so on. Memoing is "the core stage of grounded theory methodology" and should be done at any time and place in order to capture creative ideas (p 177).

Memos were sorted and later written up in the last steps of the grounded theory methodology. We now thoroughly compared relationships between categories and concepts using different theoretical codes (Glaser, 1978, 2001, 2005), and eventually a dense substantial theory emerged. The writing of two working papers enhanced the sorting of the memos: in 2005 for a research report in Swedish (Thulesius, 2005) and in 2006 for a grounded theory seminar. The intensity of the analytic process varied but increased over time, and the theory was modified until the last writings of this article.

Many quantitative clinical research methods consider persons or patients as units of analysis, whereas in GT the unit of analysis is the incident (Glaser & Strauss, 1967). The number of incidents being coded and compared often amounts to several hundred in a GT study since every participant often reports many incidents. When comparing many incidents in a certain area, the emerging concepts and the relationship between them are in reality probability statements and therefore GT should not be considered a qualitative method but a general method that can use any kind of data (Glaser, 2003, p 1). However, although they deal with probabilities most GT studies are considered as qualitative since statistical methods are not used, and figures not presented.

The inductive nature of GT with hypotheses being generated, not tested as in traditional quantitative research is important for

the method, and has its roots in quantitative inductive research (Glaser, 1998, pp 22-31; Lazarsfeld & Thielens, 1958). Thus, the results of grounded theory are not reports of facts but probability statements about the relationship between concepts, or an integrated set of conceptual hypotheses developed from empirical data. Validity in its traditional sense is consequently not an issue in GT research, which instead should be judged by fit, relevance, workability, and modifiability (Glaser, 1998, p 18). Fit has to do with how close concepts fit with the incidents they are representing, and this is related to how thorough the constant comparison of incidents to concepts was done. A relevant study deals with the real concern of participants and grabs attention. The theory works when it explains how the problem is being solved with much variation. A modifiable theory can be altered when new relevant data is compared to existing data. A GT is never right or wrong, it just has more or less fit, relevance, workability and modifiability, and readers of this article are asked to try its quality according to these principles.

This study was approved by the regional ethics committee at Lund University, and formal interviews were made with informed consent from participants.

Results

The theory of "reincentivizing work" first requires the understanding of concepts generated for this study that explain different aspects of hurt incentives. Then we show how these hurt incentives are recognized, and finally different reincentivizing activities are presented in Table 1.

Table 1 Reincentivizing work, theory outline.

- Understanding incentives by specifying drivers and traps
- Recognizing hurt incentives:
  - driver assessments
  - mode traps
- Reincentivizing work:
  - capacity repair
  - capacity and non-monetary motivator repair
  - monetary motivator repair
  - trap release

Understanding Incentives by Specifying Drivers and Traps

Understanding what incentives consist of is important for reincentivizing. The notions of traps and drivers can explain many issues regarding disability and sick listing. In this study drivers are specified as a combination of motivators and capacities to pursue a certain mode of occupation such as work. Traps are situations where drivers are locked in a certain mode.

> A driver is what makes you go on in a mode and a trap is what prevents you from getting out of it" from theoretical memo

We define a ***driver*** as a combination of motivators and capacities. *Work capacities* are education, health, training, physical and psychological conditions, and social skills etc. Non-monetary *work motivators* are fellowship, identity, meaning, desire, plight, pride, and "flow" (Csikszentmihalyi, 1995) but also shame-avoidance (Sachs & Krantz, 1991) etc. Monetary work motivators (or non-work motivators) are wage and sick leave compensation but also unemployment benefits, fringe benefits or expenses such as meal costs, clothes, traveling, and time for repairs of homes, cars etc.

A change in motivators or capacities can hurt mode drivers. Illness may hurt a work mode driver if the work mode capacity goes down. Eventually a hurt work driver may cause sick leave. Hurt capacities and motivators eventually ***trap*** a person in a certain mode, (see below). In addition, time dependant inertia can trap mode drivers. This means that the longer a person has been in a certain mode the more difficult it is to change that mode, and thus the person gets trapped. Thus, if a person has been on sick leave for a long time it is difficult to go back to work since the inertia that comes from being in the sick leave mode for a certain time prevents the person from going back to work.

> …after two to three months of sickness absence the patient often gets stuck in a sickness role that is very difficult to get out of" (physician expert, FK social insurance)

> … after three months of sick leave it is difficult for people to return to work (physician, male middle aged)

Recognizing Hurt Incentives

Many ***driver assessments*** are done in sick leave situations. This either results in reincentivizing or disincentivizing a work return.

Mode driver calculation. Primarily, every person aims for her optimal "being mode" by an automatic mode driver calculation (Mdc), modified after Ekström (2005). A Mdc has three main outcomes: preserving a mode, limiting losses within a mode, and eventually reevaluating a mode. The Mdc weighs up mode motivators and capacities in a cost-benefit calculus. Let's say an ill person is uncertain about being able to work since he/she feels depressed or suffers pain while working. So the work driver is hurt. i) Then mode *preserving* is first done: Enduring anxiety and pain by sticking to fundamental beliefs, strategies, and explanatory models. Keeping up habits, goals and daily life and continue working. ii) Or the person goes on to *limiting losses*: Trying to stay in the mode as long as possible. Trying to master the situation by seeking knowledge, investing in life style changes, new health care contacts, or cutting down work, changing work tasks, taking short sick leaves or holidays. iii) Or the person eventually *re-evaluates* the situation: Changing the mode by going on long sick leave, or changing job. If illness is severe enough the preserving and limiting stages are bypassed into immediate reevaluation.

Sick leave in itself can be seen as a mode with its own drivers. The Mdc basically determines whether an ill person works or stays at home. Ill health is then only one factor in the calculus. An ill person with an otherwise high work capacity combined with strong work motivators (monetary and non-monetary) has a strong work driver and a low risk of sick leave. Another ill person with an otherwise low work capacity and weak work motivators has a high risk of sick leave. (See Table 1)

Being modes affect motivators. While working the ill person primarily wants to preserve the work mode, but may eventually reevaluate the situation and go on sick leave. Having been on sick leave for some time the sick leave mode gets stronger through inertia. The Mdc now preserves another status quo and thus either reincentivizes work or chooses sick leave (see trapped mode drivers).

> Should I go on working despite my symptoms or stay at home?
>
> Should I return to work now as my symptoms are reduced or should I stay at home until they are completely gone?
>
> If I stay home from work what is the cost in terms of money and/or humiliation from my employer/fellow workers and/or the social insurance and what are the gains in terms of reduced suffering? (From a theoretical memo)

Other participants in the sick leave situation also make assessments and mode driver calculations:

Employer assessment. Employers may use a calculus similar to the Mdc when an employee turns ill. *Preserving* the existing situation is first done. This is followed by *limiting losses*, i.e. having the person cut down on tasks. Finally, the employer is *reevaluating* the situation, often by replacing the person by another employee, eventually permanently. This replacement reevaluating strategy disincentives work return. But, if the employer regularly contacts absent employees and cooperates with the FK (social insurance) this can reincentivize work return. In rehabilitation planning the employer input is crucial for a work return.

Physician assessment. Physicians also calculate hurt work drivers in a physician assessment, which can either reincentivize or disincentivize work return. When writing sick leave notes physicians are either reincentivizing work return by being restrictive about sick leave:

> You don't need sick leave for this condition; you can actually go on working! (middle-aged male physician),

or disincentivizing it by doing what the patient wants (Carlsen & Norheim, 2005):

> How long sick leave do you want [me to write in the sick leave note] (middle aged male physician)

Social_insurance (FK) officials 'assessments. When assessing requests for sick leave FK either reincentivizes work return by handling cases restrictively - *"Tiredness is not a reason for sick*

leave" (FK executive), or disincentivizes work return by speeding up "client" turn-over and promptly providing sick leave benefits *"the trick is to feed the PUMA (permanent and automatic benefit payment without control of sick leave status, abbreviated PUMA in Swedish)"* (FK official). So whether an ill person goes on sick leave depends on the Mdc, and assessments of employer, physicians and FK officials. But there is also a higher societal or macro level that determines sick leave behavior:

Macro level assessment. On the macro or society level the social insurance has three ways to go in the sick leave situation. Either *preserving* the present sick leave policies regarding legislation and compensation levels; or *limiting* sick leave by moderately restricting policies or by influencing attitudes towards sick leave; or *reappraising* the situation by radical changes of policies.

Mode traps further explain why a person is on sick leave. A person can get trapped in a certain mode through different (dis)incentivizers such as inertia, changing motivators or capacities. There are different drivers for different modes and these can trap the individual from reincentivizing work, i.e. from going back to work or go on working. Below are a few examples of traps associated with work and sickness absence.

Body trap. A person suffering pain or ill-health can be said to have a body-trapped work driver. This is the traditional reason for sick leave. The work motivators may be there, but they are locked in the hurt body. Basically, "body trap" means that your body prevents you from working. Work motivators could be high but body capacity is low.

> It is like your body energy is trapped, you can barely handle everyday tasks and work is unthinkable" (middle-aged woman)
>
> When body says no, work incentives are low (middle-aged man).

Poverty trap. Monetary disincentivizers in the Swedish labor market have been recognized by the government report "Out of the poverty trap" (Swedish Gov Report, 2001). In Sweden, it is difficult for persons on long-term sick leave with a low income to increase their income by returning to work due to marginal effects of the social security system. These marginal effects are

disincentivizing work by reincentivizing non-work modes.

Fox trap. A person on sick leave having a limited work capacity belongs neither in the work mode nor in the sick leave mode. Instead of being on full time sick leave or to go on working full time despite illness a person in Sweden partial time sick leave, which is quite common in Sweden. However, being without employment the person is in the fox trap - *"you are too healthy to be on sick leave"* says the FK official, while the employment service agent says *"you are too ill to be working".*

System trappers. Some people in welfare states take advantage of the compensations in the welfare system. One might say that they are "working the system", and we could also call them "system trappers" since their behavior could be compared to that of hunters and gatherers. In our data "system trappers" are more frequent in remote areas where people traditionally make their living from hunting, fishing, and forestry, and where regular jobs are limited. In scarcely populated parts of Canada it is considered acceptable to work as little as possible and yet get social security. In Sweden scarcely populated areas have the highest number of people on sick leave and unemployment benefits. Attitudes towards such benefits in these areas are less linked to shame than in other areas with a stronger labor market. So, work motivators seem to vary culturally, geographically and demographically.

Honey trap. Too much stimulation by strong motivators, both monetary and non-monetary will eventually trap a person in a high pace work mode difficult to get out of. This might provoke illness and a limited future work capacity. People working with creative tasks thus risk getting stuck in the honey trap. Family life and leisure becomes annoying breaks in work, which becomes the primary meaning of life. The honey trap involves a reincentivizing positive feedback mechanism. The incentive makes you work more, which gives more incentive, and finally you cannot stop working at a pace that is too high for your capacities.

> At X the honey trap is a fact. People get here from all over the world. They love their work – solving problems etc, and if they don't watch out they get stuck in the (honey) trap… (Middle aged employee with creative job at multinational company)

Reincentivizing Work by Capacity and motivator Repair

Reincentivizing work is done through repairing hurt work drivers, i.e. hurt capacities and motivators for work. When drivers are hurt they need repair, and by repairing them the traps get released.

Capacity repair

Reincentivizing work by improving the health and well-being of a person on sick leave is fundamental. We call one aspect of it body repair. *Body repairs* for impaired body capacities are medication, physiotherapy, surgery, rehabilitation programs (Grahn et al, 1999, 2004) and alternative therapies. Successful treatments eventually reincentivize the work return. Irreparable illness often leads to disability compensation such as a sick leave pension.

Capacity and non-monetary motivator repair

Self repair. Socializing with friends and relatives, keeping pets, physical exercise, and hobbies may enhance non-monetary motivators and restore work capacity at the same time. This is achieved by an improved well-being which ameliorates work return. However, long duration of self-repair activities may weaken the work driver since time away from work disincentivizes work return.

Work-place repair. Making the work place a better environment for the employee can reincentivize work. Emotional strains caused by bad management risks eroding work identity, a powerful work motivator. It is therefore important that supervisors try to create a positive emotional atmosphere (Nordqvist, Holmqvist & Alexanderson, 2003). Structured back-to-work programs where absent employees are contacted and fellow workers informed of possible changes in task assignments when the absentee returns are also beneficial. It seems as the more employers are engaged in rehab programs the more work can be reincentivized (Nordqvist, Holmqvist & Alexanderson, 2003).

Rehumanizing. Strengthening non-monetary work motivators and thus increasing work capacity can prevent a person from going on sick leave. This can be achieved by joining support networks in the workplace that may initiate a

rehumanizing process (Holton, 2006) promoting authenticity, safety and healing. By giving network members challenge, experimentation, and creativity, this can provide the worker with new energy and learning.

Monetary motivator repair

Controlling sick leave insurance. There are three main ways to reincentivize work by controlling the sick leave insurance. First, making it more difficult to obtain by controlling its eligibility. Second, controlling non-monetary motivators, and third making it less financially beneficial to be on sick leave.

Controlling insurance eligibility. Reincentivizing would be enhanced by a stricter control of the sick leave insurance eligibility, which has been characterized as being too "soft". A stricter control means that FK and employer assessments have to be tougher. Hence, the trust in the Mdc and physician assessment is often reduced. A 2006 government report suggests the use of Medical Disability Advisor (MDA) guidelines from the USA for limiting the length of sick leave periods (Swedish Gov Report, 2006).

Controlling non-monetary motivators. Shame, fear and plight could disincentivize sick leave. In national multimedia ad campaigns FK linked sick leave to shameful behavior and subtle fraud. Hence, by inflicting shame, and appealing to societal plight people would became less prone to go on sick leave.

> …it (the ad campaign) puts a sick leave controller in the head of the person on sick leave. (Regional FK CEO)

Controlling monetary compensation. Hurt monetary motivators disincentivize a return to work for those who have been on sick leave long enough to trust the monthly payments from the FK. By cutting down monetary compensation levels of sick leave (and of unemployment benefits) it might be possible to reincentivize work.

> Sick leave would probably go down if compensation levels were lowered… (Former national FK CEO)

Strengthening monetary work motivators. Making work monetarily advantageous in relation to non-work could be done

on the macro level by using tax policies. This is used in the UK where working families get a special tax deduction as compared to families on welfare. In Sweden the new 2006 government launched a tax deduction eligible only for workers, not for people on sick leave or retirement pension.

Trap Release

Traps are essentially released by the above repair strategies. Either body and/or work place repair can release from a *body trap*. Improving impaired health situations and work place conditions can help workers with health problems to return to work. Controlling sick leave insurance and strengthening monetary work motivators might get people out of the *poverty trap*. By all three strategies a *fox trap* can be released. Education or job training programs could release from the *fox trap* by increasing work capacity.

System trappers can be controlled by sick leave insurance repair. A stricter control of eligibility and reduced monetary compensation of different types of social insurance will prevent people from abusing the welfare system.

A *Honey trap* can be prevented by work place repair. Some employers are aware of "honey-traps" and prevent their employees from getting consumed by over-motivating jobs. They sense signals of over-stimulation and require that employees take time off. So a release from the honey-trap can be done through an initiative from the employer or another person in order to prevent a future damage to the work driver.

Discussion

In this study of work and sick leave we present a theory explaining why it may be difficult to return to work after sick leave, and what can be done to reincentivize the return. "Reincentivizing work" indicates that work motivators, both monetary and non-monetary, and not only health related factors are important in the process of a work return (Fryers, 2006). Reincentivizing is a theory that fits with the wide range of data from which it was generated. It also works to explain many work and sick leave related issues. The theory applies to the Swedish situation with one of the highest sickness absence rates in the world, but we think reincentivizing is relevant for other settings as well. Reincentivizing starts with understanding incentives by

specifying the driver and trap concepts that are central to comprehend the theory: then follows recognizing hurt drivers and traps. Third, reincentivizing work is done by repairing hurt capacities and motivators, and releasing from traps.

To develop the reincentivizing theory we did classic grounded theory (GT) analysis according to Glaser (1978, 1998, 2001, 2003, 2005). We interviewed people working or on sick leave as well as physicians and social insurance officials, and also analyzed literature. Our procedure was comparable to a previous study in a different substantive area Thulesius, Hakansson & Petersson, 2003). GT is the most quoted single method for analyzing qualitative data according to a Google Scholar search. Yet classic GT studies are rare. They represented <10% of 200 consecutive studies referring to the method in a PubMed search in 2005-2006 done by the first author. Most studies were descriptive and lacked a core variable theory, which is required in classic GT.

The concept driver is fundamental to this study and commonly used in contemporary Swedish language: "what is your driver?", "what is the driver in your life…". In GT this is called an in-vivo code, i.e. it comes from the interview data. Trap is another in-vivo code from the area of sick leave used by unions, employer organizations, and government agencies. The body trap concept is also an in-vivo code. To be in a honey trap resembles the colloquial expression "workaholic". Poverty trap is a concept borrowed from a Swedish government report (Swedish Gov Report, 2001). A similar concept is called "low pay traps" that are disincentives for people to stay in the workforce (Quintini & Swaim, 2003). Fox trap is a concept found in a white-collar workers union report. The mode driver calculation (Mdc) is a concept generated by inspiration from two grounded theories – "Cutting back after a heart attack" (Mullen, 1978), "Keeping my ways of being" (Ekstrom, Esseveld & Hovelius, 2005) and Jeremy Bentham's "hedonic calculus" (Bentham, 1996). Mullen suggested that people having suffered a heart attack "cut back" in their lives after a complex calculus. Ekström proposed that women in midlife apply a personal calculus to keep up their way of being when faced with insecurity caused by midlife changes. Jeremy Bentham in 1798 claimed that every person was aiming for ultimate happiness by applying a "hedonic calculus" in life: "promoting whatever factors led to the increase of pleasure and

suppressing those which produced pain".

Our theory of reincentivizing work fits in the literature on work, sickness absence and unemployment in several diverse fields such as sociology, economics and medicine. It attempts to integrate previous research findings together with new empirical data in an explanation of what motivates complex fundamental human behavior such as work. Theoretical explanatory models for sick leave behavior are scarce. A process model explaining absenteeism with data from the USA has been presented (Steers & Rhodes, 1984). It includes different variables such as work-related attitudes, personal factors, market factors and cultural and organizational norms in an organizing framework for understanding absence research. Our theory of reincentivizing seems to fit into that framework, yet with a more parsimonious explanation. Historically work incentives seem to be about balancing between working for a greater good such as society or God, and working for profit (apart from working for supporting life processes). In our study the non-monetary and monetary motivators for working represent this balance. In typical welfare states such as Sweden plight motivators are stronger than in laissez-faire economies such as USA (Esser, 2005). This is reflected in high Swedish compensation levels and a weak control system for sick leave. The Swedish expression "writing your own sick leave note" typically indicates the ease by which sick leave may be attained in this country. Societal stability motives for having generous sick leave policies -- possible reduced costs of health care, basic social welfare, policing, and drug control -- could legitimize the present high compensation levels. But between 1997 and 2003 both unemployment and sickness absence increased in Sweden to levels allegedly threatening the working morale of the population and eventually the foundation of the welfare state (Rae, 2005) Hence, a crucial issue in the 2006 parliament election campaign was to reduce the high number of people outside of the work force. This led to the first shift in government for 12 years with the new government suggesting lowered compensation for sick leave and unemployment. This was a political risk taking since 14% of the Swedish population depends on sick leave insurance or disability pension for their daily living (Rae, 2005). A November 2006 government report suggested stricter sick leave assessments using the length of mean sickness absence periods in the USA as a standard (Swedish Gov Report, 2006).

It may be argued that the value of our study is limited since it is not traditionally deductive. Neither is it a full description of the sick leave phenomenon. It is rather inductive since GT is primarily an inductive method. Reincentivizing work is according to GT a theory with a certain degree of probability and ability to provide an explanatory account of the area under study. It is not a presentation of proven facts but a suggested conceptual explanation of what is going on in the area of work and sick leave. We admit that we may have missed data in our comparative analysis of sick leave and work. We did for instance not study self-employed people. Yet there is Swedish data showing lower odds of sick leave in self-employed despite more subjective illness as compared to matched controls (Holmberg, Thelin, Stiernstrom & Svardsudd, 2004). However, we trust that our theory is modifiable when "missing" data is entered into the analysis. Thus, by adding new data more concepts will eventually be generated that will add to the theory, not contradict it. We therefore encourage readers to pursue research in this field, and refine and improve the suggested theory of reincentivizing work.

Conclusions

We have developed a theory suggesting that complex drivers determine people's behavior. These drivers can work either to incentivize or to reincentivize different modes. To deal with sick leave according to the theory of reincentivizing work first requires an understanding of the concepts of drivers and traps. Then hurt drivers and traps are recognized and eventually repaired and released. The theory of reincentivizing work could give ideas for future research, and possibly inform changes in sick leave policies.

Table 2 Work Driver & Risk of Sick Leave
A 2x2 table presenting work driver and risk of sick leave as a function of degree of work capacity and work motivators

	High work capacity	Low work capacity
Strong work motivators	Strong work driver = Low risk of sick leave	Average work driver = Intermediate risk of sick leave
Weak work motivators	Average work driver = Intermediate risk of sick leave	Weak work driver = High risk of sick leave

Authors' Contributions

HT and BG together conceived, designed, and collected data for the study. HT did the grounded theory analysis and drafted the manuscript in collaboration with BG. Both authors read and approved the final manuscript.

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