Stress-Related Sick Leave: An Individual Project
- A hermeneutic study investigating the social support given to, and responsibility demanded by the individual

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Stress is the most common reason for sick leave in Sweden today. The physical demands are less in today’s work life, but the psychological demands have increased, resulting in increased stress related ill-health. The aim with the current study was to gain an understanding in how individuals that has been or are on stress-related sick leave experience the social support received at the work place and where they experienced that the primary responsibility for the sick leave was. Nine participants from self-help groups for stress was interviewed with a qualitative hermeneutic approach. The interviews were transcribed and analyzed with van Manen’s (1990) “selective or highlighting approach”. The analysis was grounded in four research questions; causes of stress-related sick leave, perceived responsibility for the sick leave, social support, and facilitating factors for returning to work. The result showed that the participants experienced lack of rewards, high demands, low control, lack of social support, insufficient recovery and denial of symptoms of stress. The participants often blamed themselves and took on the primary responsibility. The self-help groups acted as substitute for the lacking social support as well as increased the self-awareness and motivation among the participants.

Keywords: psychosocial work environment, stress-related sick leave, effort-reward imbalance, job demand-control-support, conservation of resources

Introduction

Work is an important factor for our well-being and health. Beyond this, our work can help us develop and grow as well as it provides us with a social role (Siegrist, Starke, Chandola, Godin, Marmot, Niedhammer & Peter, 2004). Since work is important for our health, the work environment has the capacity to both increase and decrease it. Both the labor market and the nature of work has changed profoundly the last decades, which also seems to concern the patterns of sick-leave. Sick-leave and psychosocial work environment are topics of high importance and topicality today. In Sweden, the most common reason for sick-leave is stress and acute stress reaction increased with 73 percent during 2013-2015.

In the media burnout is sometimes portrayed as laziness or a weak character (Theorell, 2012), thus the responsibility is on the individual for getting sick. Our society has gone through dramatic changes due to the globalization and the development of the information technology, which has created a work life characterized by a lack of limits between work and private life (Theorell, 2012) and where the responsibility for creating these limits is on the individual (Allvin, Aronsson, Hagström, Johansson & Lundberg, 2011). In March 2016 a new regulation from the Swedish Work Environment Authority concerning organizational and social work environment became valid. The reason for this regulation is the increasing ill-health due to a high workload and work pace as well as poor interpersonal relationships at the
workplace. The responsibility of the employers to prevent ill-health has become a more visible topic for example by initiatives from the Swedish Work Environment Authority.

**Mental ill-health and psychosocial work environment**

“Ill-health can mean both illnesses defined by medical, objective criteria, and physical and mental functional disturbances of various kinds which are not illnesses in the objective sense. The latter include, for example, various forms of stress reaction and musculoskeletal disorder. Conditions of this kind can lead to illness. It is the intensity of the experiences, their duration and the ability of the person concerned to function as before which decide whether ill-health is present” (Swedish Work Environment Authority, AFS 2001:1).

**Mental ill-health.** Mental ill-health is increasing in Sweden with acute stress reaction as the most common reason to sick leave (Försäkringskassan, press release, Stockholm 2015-04-01). Since 2010 there has been an increase of stress-related sick-leave with 70 percent. Of 2000 employees that took part in a study conducted by the Swedish Work Environment Authority 72 percent knows someone that has a risk of being sick due to work-related stress. Of 1000 employers 55 percent knew someone at risk (Swedish Work Environment Authority, press release 2016-03-09). As much as 40 percent of all the sick leaves in Sweden was due to mental ill-health in 2014, an increase with 5 percent from 2012 (Försäkringskassan, press release, Stockholm 2015-04-01). Seen to the average sickness absence in the OECD countries, Sweden is above the standard. The mental disorders result in very high economic costs that accounts for half of the total medical costs in Sweden (OECD, 2013). Despite the costs, the high amount of sick-leave due to mental ill-health brings a loss of production (Försäkringskassan, 2014), which stands for half of the 70 billion cost due to mental ill-health in Sweden (OECD, 2013). Due to the decreasing mental health, there is also an increase in long-term sick leave (Pettersson, Hertting, Hagberg & Theorell, 2005). Those individuals who has been on sick leave due to mental illness are at higher risk for a recurrent sick-leave, often within the next three years (Koopmans, Bültmann, Roelen, Hoedeman, van der Klink & Groothoff, 2011). Also, the chance of returning to work decreases with the time the individual is absent (Department of work and pensions, 2004). The continuously declining wellbeing that constitutes a poor mental health, could potentially lead to sick leave (Pettersson et al., 2005). Mental ill-health or distress is constituted of for example anxiety, stress, worry and weariness (Sverke, Falkenberg, Kecklund, Magnusson Hanson & Lindfors, 2016). Stress and burnout is intimately connected; it is very common that individuals that are on stress-related sick leaves show signs of burnout. What is the cause and what is the effect is hard to say, burnout could be both the reason to stress and the symptom of stress. (Hallsten, Bellaagh & Gustafsson, 2002). The common acute stress reaction could be seen from the perspective of the “Allostatic Load Model (McEwen, 2004). The capacity of an individual increases when the biological systems activates due to stress, allostatis, which is the positive side of stress. But if the individual is exposed to this allostatic load too often or during long periods without the chance to recover, allostatic load, the capacity to handle demands is decreased and thus the risk of burnout is increased. When talking about work related stress it is an experience of time pressure, stressful events and overload that are the symptoms referred to (Sverke et al., 2016).

In a review conducted by SBU (2014) symptoms of depression as well as burnout were measured and how these are affected by the psychosocial work environment. Depression and
burnout are separate conditions, but have similar symptoms and can occur together. Passivity, reduced emotional engagement, loss of appetite, disturbed sleep patterns, concentration— as well as memory deficits and anxiety are examples of depressive symptoms. Many of these symptoms are the same for burnout with the difference that depression is period wise, while burnout is characterized by a more acute illness that can demand a long recovery (SBU, 2014) and are often related to work (Sverke et al., 2016). Maslach, Schaufeli and Leiter (2001) describes burnout as a psychological syndrome developed from work-related interpersonal stressors that has become chronic. Due to this response, three dimensions of burnout can occur; emotional and physical exhaustion, cynicism or de personalization, and/or an experience of being ineffective. These three dimensions refers to different areas of the individual’s life; exhaustion to the individual experience of stress, cynicism to the interpersonal context, and the reduced effectivity to the self-evaluated work-related context.

Causes of sick leave. The causes could differ depending on the duration of the sick leave. According to a review conducted by Henderson, Harvey, Overland, Mykletun and Hotopf (2011), short-term sick leave is caused by other factors than long-term sick leave, and is far more common. Even though short-term sick leave often is due to physical illness, the root to the physical symptoms could be mental illness (Glozier, 1998). Thus, mental illness could be an underestimated cause to short-term sick leave, but because of the stigmatization of mental illness it could be seen as better for the individual to get a physical diagnosis. According to Manning and White (1995) many employers have a negative attitude towards employing an individual with a current or recent mental illness, mostly because of an increase in absence and a decrease in job performance and/or safety due to the illness. The general opinion of mental illnesses is negative, which results in an increased social isolation, stigmatization and thus also employment of the individual suffering from mental illness (Crisp, Gelder, Rix, Meltzer & Rowlands, 2000). Often the general opinion also was that the mentally ill individuals could “pull themselves together”.

According to a review conducted by Dekkers-Sánchez, Hoving, Sluiter and Frings-Dresen (2008) there are insufficient evidence concerning which factors causes long-term sick leave. Even if there was evidence for 16 different factors; 2 related to work and 14 related to the individual, the evidence was too low. There is though weak evidence that earlier sickness absence and older age has a relation to long-term sick leave. Concerning factors related to work, there are too few studies to be able to draw a conclusion about which factors actually causes long-term sick leave. There are also too few studies concerning which factors help maintain a long-term sick leave. According to Petterson et al., (2005), long-term sick leave depends mostly on the insufficient time to plan work, while short-term sick leave is caused mostly due to a lack of support. The decreasing time for plan work indicates an increasing lack of control, which is seen as the most important risk factor for long-term sick leave. Other strong risk factors for long-term sick leave are low supportive leadership, role conflicts and emotional demands (Aagestad, Johannessen, Tynes, Gravseth & Sterud, 2014).

The need for recovery is an important aspect in how employees experience their health (Sluiter, 1999). High job demands is associated with a need for recovery (Sluiter, de Croon, Meijman & Frings-Dresen, 2003). High demands and a lack of recovery increases the risk for work-related fatigue, which in turn increases the risk of work related stress reactions. High demands and low resources have different consequences for work-related ill-health; high demands for exhaustion and low resources for work-related disengagement. The worst case scenario for the risk of burnout is working at a job with high demands as well as low job resources (Demerouti, Bakker, Nachreiner & Schaufeli, 2001). Psychosocial demands, when adapted to the individual’s capacity, could result in positive effects such as learning. Demands lead to strain when the individual does not have resources to meet them, which in turn could
lead to depression (Sverke et al., 2016). A high work-pressure relates to future exhaustion, and exhaustion relates to future work-pressure (Demerouti, Bakker & Bulters, 2004). Demands in work is thus not a big risk factor on its own, but in combination with a low control over the way the individual can use his or her skills and meet this demands it is seen as a primary risk factor (Karasek & Theorell, 1990). Concerning burnout, the most prominent risk factors are emotional demands, high work load, role stress and work-family interference according to a systematic review conducted by Bria, Baban and Dumitrscu (2012).

According to a literature review conducted by SBU (Swedish agency for health technology assessment and assessment of social service, 2014) there are scientific evidence that certain psychosocial factors has a negative impact on the psychological wellbeing: 

 Demand-control imbalance; This imbalance often leads to work related strain. There are different dimensions of demands; psychological, emotional, cognitive and quantitative. Psychological demands are caused by for example time pressure. Emotional demands are caused by emotional demanding work tasks. Cognitive demands are caused by for example work tasks that are complex/demands high focus. Quantitative demands are caused by for example the number of patients/students etc. the individual have to make time for (Sverke et al., 2016).

 Lack of social support; A low degree of supervisory support as well as co worker support both relates to symptoms of depression and emotional exhaustion (SBU, 2014).

 Effort-reward imbalance; Emotional exhaustion has a relation to low rewards. Pressure at work; A low degree of control and a high degree of demands, a high work load and stress constitutes pressure at work (Sverke et al., 2016) which has a relation to symptoms of depression as well as burnout (SBU, 2014).

 Employment insecurity; Both symptoms of depression and emotional exhaustion relates to employment insecurity (SBU, 2014).

Another review concerning psychosocial work environments and stress-related disorders, conducted by Nieuwenhuijsen, Bruinvels and Frings-Dresen (2010) showed that there was strong evidence for similar psychosocial factors; high demands and low control, low support from both co-workers as well as supervisors and effort–reward imbalance. Besides these factors they also found low procedural as well as relational justice as strong factors predicting mental ill-health due to stress. Other reviews (e.g. Stansfeld & Candy, 2006; Netterstrom, Conrad, Bech, Fink, Olsen, Rugulies & Stansfeld, 2008) also state that mental ill-health could be developed due to adverse factors in the psychosocial work environment.

What is psychosocial work environment? Psychosocial work environment concerns the mutual effect between psychological and social factors at work. This interaction causes behavioral, psychological and physiological reactions in the individual (Theorell, 2012). “A satisfactory working environment is characterized, for example, by the possibility of influence, freedom of action and development, variety, co-operation and social contacts” (AFS 2001:1).

According to Sverke et al., (2016), psychosocial work environment consists of demands and resources, where resources has the ability to bring good health while high demands have the risk of bringing poor health. Factors that have the ability to cause stress, and thus poor health, are called “stress related hazards” and consists of; the job content, the workload and pace, the working hours, the amount of control over and participation in work, the status, salary and opportunities for career development, the role of the employee in the organization, the interpersonal relationships, the organizational culture, and, home-work conflict (adapted from Leka, Griffiths & Cox, 2003).

There has been an ongoing debate for a long time whether stress-related illnesses are a result from the environment or the individual (Karasek & Theorell, 1990). Due to a primary emphasis on the individual perspective, the focus is more on the symptoms instead of the causes. Easy “cures” developed for the individual has overthrown the more difficult or
complex work of changing the organization, thus creating a “blame the victim” mentality where the change must happen within the individual.

The psychosocial work environment and the “new ill-health”. The psychosocial working environment have deteriorated with a decrease in control and support, but an increase in demands (Statistiska Centralbyrå, 2001). Even if the physical strain has decreased in today’s working life, the psychological demands have increased (Allvin, Aronsson, Hagström, Johansson & Lindberg, 2006). This “new ill-health” are to a great extent caused by the conditions of the new type of work life we have today. According to Theorell (2012), there has been four big changes that have affected our psychosocial environment as well as the distribution of power in society; 1) During the antiquity it was the transition to the agricultural society from being nomads and hunters, 2) then there was the principle of bondage and feudalism during the Middle Ages, 3) the industrialism affected the distribution of power in the work life as well as isolated and monotonous work tasks, and, 4) today the work life is characterized by immensity and demand to be constantly pervious due to the development of the information technology and the globalization. Seen to these changes, our reactions due to stress is not as appropriate today as they were at one time because we don’t get the same amount of physical discharge, which leads to a constant inconsistency in recharging and discharging.

The forms of employment have changed as well, with a higher degree of temporarily employments and a decrease of permanent employments, which creates a sense of insecurity in the work life as a whole (Allvin et al., 2011). A feeling of belonging to the organization is often lacking in the modern work life (Allvin, Wiklund, Härenstam & Aronsson, 1999). There is also an increased degree of expectations aimed at us, due to the increasing demands of taking responsibility for one’s own work, competence and development which could be threatening to some individuals (Allvin et al., 2011). In the modern work life, where organizations are becoming more unstable and slimmed, the responsibility of the work is on the individual (Yrkesinspektionen, 2000). The work life today is arduous and our personal prerequisites has a bigger part in the increasingly individualized terms of employment (Allvin et al., 2011). The responsibility and consequences of the work are up the individual to carry, and at the same time the work life with its roles and relations are becoming increasingly ambiguous. The social contract between the society and the individual is being disintegrated due to the marketization of the work life, leaving the individual with a decreasing identification and motivation in his or her work. The lack of time frames also increases the demands of being in control of the work (Allvin et al., 1999). A lack of control could lead to uncompleted works tasks as well as deteriorated social relations at work. This new modern work life demands a lot of the individual; to get the job done, to be a loyal and reliable employee and colleague, to be a representative for the company, to be able to cope with new circumstances and to draw boundaries between the work and the private life. It could be hard to distinguish between the time “belonging” to the employer and one’s own time. There is an implicit demand to always be available, thus it could be hard to stop thinking about work and to relax be present in the private life. According to Allvin et al. (2011) the new work life with its decreasing framework results in a constantly high time pressure for the individual to both take responsibility and plan the work, but also to create the balance between work and private life.

Due to the independence associated with the modern work life it is important to have faith in one’s own abilities. A lack of faith could result in stress and a too heavy work load. By not being able to keep up with the work load or work pace, a feeling of being used can be developed. The feeling of not being or doing enough spills over from work to the individual as a person (Allvin et al., 1999). According to the participants in a study conducted by Allvin,
Aronsson, Hagström, Johansson, Lundberg and Skärstrand (1998), it is important to maintain the image of oneself as physical and psychologically healthy regardless of how much stress and demands one face. It is up to the individuals to construct their own life as well as their self-image. This demands a lot of their own personal abilities and thus a high amount of social support is needed. Because the boundless work lacks boundaries between the work life and the personal life, the consequence could easily be that the work life takes a too big part in the individual’s life. The social life and thus the social support decreases, which has a large effect on the psychological wellbeing.

The “new work life” has created “the new ill-health” due to the increasing demands with simultaneously decreasing boundaries. This causes strain because individuals try to fulfill the demands while feeling uncertain in their work life. Even if it is the conditions of today’s work life that causes the stress, it is still up to the individual to maintain and increase their employability by being responsible for the rationalization of his or her effort (Allvin et al., 2011).

Where lies the responsibility? Psychosocial hazards can be reduced at an organizational or an individual level, depending on if source is to be dealt with or if the stress is to be treated. These hazards are increasing and entails high costs both for the organizations; in the matter of economic costs for sick-leave, recruitment and loss of production, and for the individual; in the matter of both economic costs and loss of health and quality of life (Leka & Cox, 2010).

The employer has the responsibility to create and withhold a good working environment according to the Systematic Work Environment Management provisions (AFS 2001:1). Ill-health should be prevented by conducting, but also investigating and follow up, the work in a satisfactory way. The employer should assign other individuals in the organization with tasks that prevents ill-health, but the responsibility for the working environment is still on the employer. Occupational health service or corresponding service, should be contacted in situations where the employer can’t offer enough or the most suitable support.

Factors in the psychosocial work environment influences are what influences symptoms of depression and burnout the most (SBU, 2014), but these factors have traditionally been neglected (Houdmont & Leka, 2010). In 2015, the Swedish Work Environment Authority decided on new provisions regarding the organizational and social work environment (AFS 2015:4). These provisions, with the aim to prevent ill-health, entered into force on 31 March 2016 and covers several factors in the work life; workload, physical and psychological - there should be a balance between the resources and the demands, and a constant dialogue between employer and employees. The employees should have sufficient information concerning work tasks, expected results, how the works tasks should be conducted, prioritized work tasks, and where to turn to if need of support, working hours- risky working hours are shiftwork, as well as working long, partial or night shifts, working a lot of overtime, and the expectation to always be available due to the increasing opportunity to work more or less anywhere and anytime. Opportunities for recovery are of great importance and should be taken into careful consideration by the employer, and, victimization - a written policy that clarifies that victimization is not accepted at the work place is encouraged. The employer is responsible for paying attention to, manage and prevent victimization at the workplace.

The expectations for these regulations are a decreased rate of sick-leaves due to unhealthy working conditions. By providing the employers with clearer regulations along with concrete guidelines and information campaigns, the Swedish Work Environment Authority have hopes of increasing the health in organizations and thus supporting the health of the employees. Due to the changing work life and inconsistency in re- and discharging, the psychosocial work environment is of high importance (Theorell, 2012); we need to be able to work in an
environment that supports our wellbeing and that helps us to find balance in an increasingly boundless and demanding society.

Even though the employer has the legal responsibility for the work environment, the employee has an informal responsibility of managing his or her own work with its increasing demands and without showing any signs of stress; with an increasing work-family conflict and thus decreasing social support, (Allvin et al., 1998), the natural consequence is an increasing rate stress-related of sick-leave.

Work load, work ability and sickness; where do we draw the line? As mentioned earlier, work load is an important area of work life and a prominent risk factor of stress and ill-health. Our limits are being surpassed due to high demands in relation to lack of both resources and time (Leiter & Maslach, 2003). Depending on different situations at work and due to the area of work, the demands of work can vary (Jansson, Björklund, Perseius & Gunnarsson, 2015). Work ability is often brought up in relation to sickness (SOU 2009:89). To be able to receive sick pay the individual have to have lost a quarter of his or her work ability due to sickness according to the third chapter 7 § Lagen (1962: 381) om allmän försäkring, AFL (law of general insurance).

An aspect that is highlighted in some instances is that work ability is something relative. The same sickness or disability affects individuals in different ways, thus we have to consider the environment and the job assignments of the individual. This conforms to the situation where an employed individual is being in the early process of being granted sick pay. In this case it is easier to consider, not only the state of the individual, but also the environment and job assignments, and thus to adjust these aspects to help the individual s process of return-to-work. When the work ability of the individual is being tested against the regular labor market, the process is lacking the aspects of environment and job assignments (SOU 2009:89). Thus the work ability and resources of the individual is seen out of its context, possibly creating a sense of high demands and a low degree of control of the situation for the individual. Where do we draw the border between who is able to work and who is not?

According to Ihlebaek, Eriksen and Ursin (2002) there is not a clear border between sickness and common subjective health complaints. Subjective health complaints can be seen as a continuum and is experienced at some degree among 96 percent of the participants in the study. 80 percent of these subjective health complaints concerned pseudoneurological issues, which includes for example anxiety, depression, tiredness, sleep problems and dizziness. The border between these complaints and sickness is not clear, but the complaints should be taken serious due to the risk of more serious conditions.

Theoretical framework

The theoretical framework used in this study was concepts from three models; Conservation of Resources (COR), Effort-Reward Imbalance (ERI) and Job Demand-Control-Support (JDCS). The Effort-Reward Imbalance model and the Job Demand-Control-Support model could be seen as complementary models because they are measuring different work-related aspects as well as showing different effects seen to ill-health. (Tsutsumi & Kawakami, 2004). Both of these model has received a great amount of attention due to the robust evidence showing their ability to explain ill-health (Siegrist, Starke, Chandola, Godin, Marmot, Niedhammer & Peter, 2004).

Conservation of resources. In the literature of organizational behavior, the conservation of resources theory is a common theory and a central reference (Halbesleben, Neveu, Paustian-
The current study concerns the psychosocial work environment of the participants, along with the adverse experience the psychosocial work environment could involve. COR is thus a relevant theory, with concepts that could help bring insight to the result of this study. Due to this, the concepts resources and exhaustion, in the light of the COR-theory, were included in the current study.

Individuals aim to feel good, and thus actively strive to gather enough resources to not have experience any possible loss (Hobfoll, 1989). Circumstances in the environment often causes an individual to drain his or her resources. How great of a loss of resources is dependent upon the resources the individual has, as well as what kind of loss-controlling strategies the individual attempts. Resources can be found in the psychosocial work environment in the form of for example social support, organizational justice and possibilities to control the work. According to Mäkikangas, Bakker, Aunola and Demerouti (2010) an individual’s job resources declines if the individual experiences a high degree of exhaustion. Exhaustion thus has a negative relation to job resources. When seen to burnout, exhaustion is the stress dimension and a coping mechanism for dealing with the work overload (Leiter & Maslach, 2003). Exhaustion is seen as an active strategy to gain both cognitive and emotional distance from the work; exhaustion is thus not seen as something an individual solely experiences.

**Imbalance between effort and reward.** According to the Effort-Reward Imbalance (ERI) theory, work life is seen as an important domain in an individual’s social life. The core of this theory is that ill-health develops when the fundamental reciprocity is being infringed by not giving the employee enough reward in relation to the effort that are being demanded (Siegrist, 1996). This situation creates a strain reaction in the individual, which heightens the risk of illness (Siegrist et al., 2004). Strain reactions especially applies to overcommitted individuals, due to excessive efforts or self-exposure to high job demands. The current study had a general aim to investigate the social support given, as perceived by the participants, which could be seen as a part of the fundamental reciprocity. By giving their efforts to the employer, the participants should have been able to expect receiving support from the employer when needed. Thus, the concepts effort and reward seen in the light of the ERI-theory are of high relevance for the current study.

The negative relation between over commitment and mental ill-health was supported by a study conducted by da-Silva-Junior and Fischer (2014). Thus, effort itself is a psychosocial risk factor but the health risks are greatest with the presence of both personal and structural conditions. Effort-reward imbalance has longitudinal effects on both physical and mental health as well as on the work ability (Bethge & Radoschewski, 2012). Concerning long-term sick leave, it seems that the aspect of low rewards in the model is what has the largest impact (Nielsen, Madsen, Bülmann, Aust, Burr & Rugulies, 2013). According to Ndjaboué, Brisson, Vézina, Blanchette and Bourbonnais (2013), low work-related rewards are linked to sick absence due to mental health issues. To feel “locked-in” concerning a certain place of one’s work or in the occupation as a whole is linked to perceiving a high effort-reward imbalance, which in turn is linked to long-term sick-leave (Fahlén, Goine, Edlund, Arrelöv, Knutsson & Peter, 2009). A high degree of effort-reward imbalance increases both the frequency and the duration of sick leaves (Derycke, Vlerick, Van de Ven, Rots & Clays, 2013).

**Imbalance between control and demand.** When measuring conditions in the work environment, demand and control are the most typical aspects being measured according to Allebeck and Mastekaasa (2004). As stated earlier, demands are a hazardous for work related ill-health, according to Demerouti et al. (2001), and control as well as social support have a high impact in a work situation with high demands (Karasek, 1979). Concepts involved in the
JDSC model is thus of high relevance for the current study, namely the concepts demand and control, as well as social support.

To be in charge of one’s own situation is something very important for our wellbeing. This involves both unexpected as well as more common situations and has a close relation to experienced stress. We fight to maintain the control when faced with a risk of losing it, but when it is already lost we usually give up (Theorell, 2012). The Demand-Control Model (Karasek, 1979; Karasek & Theorell, 1990) displays four different situations with different extent of demands and possibilities of control; low demands and high control leads to a low job strain-situation, low demands and low control leads to a passive situation, high demands and low control leads to a high job strain-situation, and, high demands and high control leads to an active situation. The situation that entails the highest risk for ill-health is the tense situation, while the active situation is the most beneficial for our health (Karasek & Theorell, 1990). Depression is decreased by active jobs and the degree of satisfaction is higher in active jobs than passive. Therefore it is not the factor of demand that alone determines adverse effects (Karasek, 1979). According to a review conducted by Allebeck and Mastekaasa (2004) the aspect of control has a larger and more consistent effect in the matter of sickness absence, than the aspect of demand. The majority of the studies reviewed showed that there is an association between high control and low sickness absence. Two of the articles showed an association between higher demands and a lower sickness absence. That a higher sickness absence has a relation to low control is of moderate scientific evidence. According to Karasek and Theorell (1990) it is the interaction with a low degree of control that leads high demands to be a risk factor.

Demands can be psychological; a high workload or hard or complex tasks, emotional; the need to suppress emotions in work, cognitive; complex tasks or the need to focus or do tasks simultaneously, and quantitative; a high work load (Sverke et al., 2016). According to Karasek and Theorell (1990), social support increases the effects of the demand-control model, thus increasing the health risks of the high job strain-situation when combined with low social support, and increasing the beneficial effects of the active situation when combined with high social support. The ideal situation is characterized by high control, low demand and high social support, while the worst situation from a health perspective has low control, high demand and low social support. Situations where the individual experiences high demands and low control has a relation to burnout, an increased work-related psychological distress and well-being as well as a decreased job satisfaction, according to a review conducted by Van der Doef and Maes (1999). Social support was added as an aspect in the Job Demand-Control model by Johnson and Hall (1988), thus developing the Job Demand-Control-Support model which states that job-strain decreases with social support at work.

Social support. Social support consists of both emotional and instrumental support, that is emotional engagement from someone else as well as more material help (Sverke et al., 2016). Due to the lack of boundaries and certainty of the modern work life, the psychological security as well as the job security has decreased (Kahn, 2001). Social support from both supervisor and friends and family are important for preventing burnout (Woodhead, Northrop & Edelstein, 2016). A review conducted by Kouppala, Lamminpää, Liira and Vainio (2008) showed that leadership has an important impact on both sickness absence and work related well-being. Negative effects of work-family conflict decreases with supervisory support (Lizano, Hsiao, Mor Barak & Casper, 2014). Supervisory support seems to be more important for women, and family support more important for men when seen to burnout mediated through work interference with work (Blanch & Aluja, 2012). Social support can be seen as an account that helps the individual to cope with stressors (Thoits, 1995). Work pressure and work-home interference have been shown to have a reciprocal relation both short- and long-
term. Thus, a high work pressure increases the risk of work-home interference, while work-home interference increases the risk of high work pressure (Demerouti et al., 2004). This shows the importance of social support both at work and at home.

Concerning short-term sick leave, support from coworkers is the most important factor (Pettersson et al. 2005). Interpersonal relationships at work are important due to its preventative effect for mental ill-health, whereas work related conflicts worsens mental ill-health (Bültmann, Kant, van der Brandt & Kasl, 2002) and bullying increases the sickness absence (Suadicani, Olesen, Bonde & Gyntelberg, 2015). The social support an individual is perceiving in the present situation is depending on previous sickness absence; the higher level of absence, the lower support (Knapstad, Holmgren, Hensing, & Overland, 2014). Even if coworker-support is the most important, not experience the closest superior as trustworthy also increases the sickness absence (Suadicani et al., 2015). Concerning long-term sick-leave on the other hand, supportive leadership is an important preventative factor (Aagestad et al., 2014). To experience a low degree of justice in decision making processes at work is linked to a higher degree of sickness-absence, thus policies should pay attention to the decision making procedures to prevent ill-health. By being treated respectfully and sympathetically by their supervisors, employees will experience a high organizational justice (Kivimäki, Elovanio, Vahtera & Ferrie, 2003). This should be of extra importance due to the lack of sense of belonging many employees experience in today’s work life. Since one of the topics of the current study was to investigate the amount of social support provided during the process of stress-related sick leave, social support was a highly relevant concept to include. As stated earlier, this concept will be viewed in the light of the JDCS model as well as the previous research.

**Aim and Research questions**

There is a vast amount of research concerning sickness absence and working conditions (Allebeck & Mastekaasa, 2004). To my knowledge, there is a gap in the research of stress-related sick-leave concerning the responsibility and the psychological demands a sick-leave process applies to the individual. There are studies concerning for example how individuals on sick leave due to heart failure are being affected when rehabilitation professionals fail to take their responsibility (see Lindbäck & Nordgren, 2015) and how individuals on sick leave with the largest amount of responsibility for the home experience their situation (see Dellve & Ahlborg, 2012). In the moment of writing, no study that aimed to explain the experience of the responsibility applied to the individual due to stress-related sick leave could be found. Employers are responsible for making sure that the employees do not get sick because of the work environment. The responsibility for the sick leave are often being attributed to the individual though, due to the increasing boundless work lives as well as the view of stress related illnesses as something created or imagined by the individual. The aim with this study was to explore how the participants experienced their sick leave, in terms of where the responsibility of the sick-leave primarily was and how they experienced the support that was available for them. It aimed to gain an understanding concerning if it was an individual journey, where the individual had the primary responsibility, or was a joint effort between the individual, the employer and other instances. Another interesting topic was to explore whether the participants blamed themselves for getting sick, or if they had the understanding that the sick-leave was not due to a personal weakness, but to a poor psychosocial work environment. The overall aim is to investigate where the responsibility lies, if it is primarily the individuals to take on.
The scientific evidence regarding the negative influence that poor working environments have on mental ill-health, for example burnout and depression, is the ground of the present study, where the aim was to explore the phenomenon of sick-leave and what kind of support the individual got and would have wished for. The phenomenon of sick-leave will be explained in the light of the Conservation Of Resources theory, the Effort-Reward Imbalance model (Siegrist, 1996), and the Job Demand-Control-Support model (Karasek, 1979; Johnson & Hall, 1988; Karasek & Theorell, 1990). The research questions in this study was:

- What did the participants perceive as the reasons for their stress-related sick leave?
- How did the participants experience the responsibility of their sick-leave? Was it experienced as their own responsibility, or as a symptom of the psychosocial work environment?
- What kind of support did the participants receive? Was it sufficient or what kind of support did they miss/would have needed?
- What did the participants perceive as facilitating factors or needs in the process of recovery?

Method

Design

This study was conducted according to a qualitative design with a hermeneutical approach due to the use of theories when analyzing the gathered data (Maxwell, 2013). The hermeneutic circle was applied to the process of gaining a deeper understanding of how the participants experienced sick leave (Benton & Craib, 2011). The choice of conducting a qualitative study was based in the aim to understand how the participants was feeling and thinking about their condition and the meaning they ascribe to their work and its psychosocial environment. It was of importance to gain a perspective of the whole human being in the current study, thus the choice of conducting a qualitative, person-centered study was the most suitable (Holloway, 2005).

The purpose with the current study was to gain a deep understanding of how sick leave is experienced by individuals, what support they experienced during the process and where they experienced that the primary responsibility for the sick leave was, and to illuminate these experiences. The purpose was thus to address the nature of the lived experience (van Manen, 1997) of being on stress-related sick leave. The assumptions that the increasing rate of stress-related sick leaves are to a high degree due to increasing demands and effort and decreasing social support will be illuminated by the theoretical framework that constitutes of the Conservation of Resources theory (Hobfoll, 1989), the Effort-Reward Imbalance theory (Siegrist, 1996) and the Job Demand-Control-Support theory (Karasek, 1979; Karasek & Theorell, 1990; Johnson & Hall, 1988).

Sample and participants

The sample in the present study was elected by a purposive sampling and consisted of participants from self-help groups in two cities in Sweden via a center for self-help. The self-help groups are voluntarily groups organized by the County council, the Swedish Social Insurance Agency, the Church of Sweden and the City mission, where individuals have the
possibility to meet and discuss a shared situation. The participants in the current study attended self-help groups concerning stress. By employing a purposive sampling method, the researcher chooses participants based on the research questions (Bryman, 2011) and are thus able to get information suitable for answering the questions. The operation managers for the self-help groups informed the participants in the self-help groups of the study and then informed the researcher which of the participants that gave their consent to participate in the current study. The participants were contacted and a time for the interview was planned. Nine participants agreed to be a part of the current study. Of the nine participants, two were men and seven were women. The participants were between 34 and 69 years old. All of the participants were or had been on full-time sick leave due to work related stress. The duration of the sick leave varied between 8 months to seven years. Eight of the participants had been diagnosed with burnout and one participant with depression and anxiety. Four of the participants was currently on sick leave, one had retired, one had sick pay, one was on a year long notice of termination without having to work and one of the participants had returned to work as a self-employed in a family business where she could adjust the working hours depending on how she felt. Four of the participants planned to return to work, but only one to the same work place and no one to the same job assignments.

Material and data collection

A theoretical framework was used, consisting of concepts found in the Conservation of resources model, the Effort-Reward Imbalance model and the Job Demand-Control-Support model, to help capture the experience of sick leave. The concepts were resources, exhaustion, effort, reward, demand, control and support. All of these concepts, when found in the transcriptions, were interpreted in the light of the theoretical frameworks. A theoretical framework helps the understanding of the collected data by being able to fit it in to the theories adapted. Maxwell (2013) explains theory as “a coat closet” (p. 49); it gives an opportunity to “hang” the data into the theory, thus making it easier to understand. Theories could also be seen as “a spotlight” (p. 49) that draw attention to and explains the data. But because this is a qualitative study it is important to let the emphasis lie on the theories of the participants. The approach of the current study was hermeneutical, which is an interpretative approach that involves an attempt to understand the data by using the participants’ experiences as well as theories (Benton & Craib, 2011). Within the hermeneutic research the researcher strives to uncover the meaning in the studied phenomena by the interpretation of language, by revealing meaning through the participant’s ordinary language. The researcher is interested in how new meaning is developed through the “lived experience”, and by “embodied understanding” tries to capture the participant’s “being in the world” (Holloway, 2005). The source and object in this research the life worlds of the participants (Van Manen, 1997). The basis of hermeneutics according to Gadamer, described by Benton and Craib (2011), is that knowledge is gained when we reach an understanding of the history as well as the common aim in which we are a part. To be able to understand another person we have to merge our horizons; my view of the experience of sick leave will be different after my interviews with the participants due to a merging of our understandings of the concept, that is, a merging of our horizons. To understand something, we have to see to the whole as well as the parts, and being able to constantly move between the whole and the parts. This process is known as the “hermeneutic circle”. What is important though, is to apply a critical hermeneutics. Otherwise it is possible that the result is a “systematically distorted communication” (Benton & Craib, 2011, p. 117), that is, a misleading or mistaken view of the world. The starting point for understanding the participants is that the researcher uses his/her
own life experiences, the process begins from an ego-logical point of view (Van Manen, 1997).

The data was collected through semi structured interviews with the participants. It was the individual experience of sick-leave due to stress that was aim of the study and due to the hermeneutical approach, face-to-face interviews were conducted in all the interviews except one where, due to practical reasons, a telephone interview had to be conducted. The reason for face-to-face interviews is the aim to gain an understanding on both semantic and mantic levels, to develop the conversation, and to merge the participant’s and the researcher’s view; that is, participating in a hermeneutic conversation (Holloway, 2005). Both participant and researcher makes a joint effort to bring meaning to the themes that emerges through the interview with the research questions as a basis (Van Manen, 1997).

An interview guide was used (see Appendix A) during the interviews and acted as a support to gather information based from the aim of the current study. The interview guide used covered a larger area of issues, to be able to maintain an openness during the interview; to let the participant describe his or her experience, rather than using to specific and closed questions. In a semi-structured interview, the participants have the freedom to decide in which order the questions are being asked and to answer in a manner suitable to them, due to the flexibility of the process (Bryman, 2011). To maintain an open mind and flexibility during the data collection was important, so that nothing unexpected was missed (Holloway, 2005). The questions were kept open and concerned with the substance of sick leave in accordance to the hermeneutic interview (Van Manen, 1997). The aim of the current study was the basis for the question during the interviews that included background information and the three main areas of the study; the sick leave and the work, the social support from the employer before and during sick leave, and the meaning of the self-help group. Silence was the most common method to encourage the participants to proceed or by repeating the last sentence with a questioning tone. Because the aim was to gain insight in the concrete experience of stress-related sick leave, follow-up questions was used to turn the focus back to this discourse if the participants began apply generalizations about their experiences (Van Manen, 1997). Each interview was between thirty to forty-five minutes and was literally transcribed. In average, the transcriptions resulted in between five and six pages of text.

**Ethical considerations**

The present study was conducted according to the principles of ethical research practice (Swedish research council, 2011). The participants received written information about the study; the aim, the conduct and the terms of their participation. This information was also given orally at the time of the interview. The terms of the participation imply that; the participant participates in the study on a voluntary basis, the participants can end his or her participation at any time, their participation is confidential, and the data will only be used for a scientific purpose. The participants could not be identified in the report; no names or other specifically disclosing information are present, and the data was deleted after the analysis. The report includes quotes, but these are also handled in accordance with the obligation of confidentiality. All of the participants were asked if they accepted that the interview was recorded.
Quality criteria

By using quotations, the creditability of a study could be ensured (Austgard, 2012). Thus, quotations from the transcriptions of the interviews in the current study were used to reinforce the assumptions made in the results. Throughout the analysis, a process of foregrounding was also coefficient to avoid biases of the understanding of the texts (Austgard, 2012). Despite ensuring the creditability, foregrounding ensures the confirmability of the current study as well. By being aware of, and actively working with, prejudices and pre-understanding of the subject being studied, the analysis and result of the current study was not consciously affected by the researcher in any way. The pre-understanding was used as a guiding light in finding meaning as well as in reaching a deeper understanding of the themes. Foregrounding is described more in detail in the analysis section below.

To ensure transferability, “thick descriptions” was attempted throughout the method-, result- and discussion sections. The aim with this was to facilitate the readers’ assessment if the results of the current study are transferable to other environments. Lastly, by auditing the whole process of the current study the dependability of the study was ensured. This means that all phases of the research are made sure to be available for the reader, who thus is being able to assess the reliability of the study (Bryman, 2011).

Data processing and analysis

The data was transcribed then analyzed thematically according to van Manen’s so called “selective or highlighting approach” (1997). This approach involves that the researcher searches for sentences and phrases that leaps out from the text or are possibly thematic for the experience, and captures phrases and sentences that holds on to the found themes; conducts a thematic analysis. When finding the themes, the researcher distinguishes between essential and incidental themes, and interprets and explains the themes found in the transcriptions. To bring insight to the experience of stress-related sick leave an attempted to reflect, clarify and make the meaning of sick leave visible was conducted. The themes in the analysis act as guiding lights when looking at the meaning of the participants’ experiences. When conducting a hermeneutical study, it is important to include the process of “the hermeneutical circle” in the analysis of the transcriptions. This means moving back and forth between the parts and the whole of the texts in a dialectic movement (Austgard, 2012). When finding a phrase or sentence that leaped out of the text of one transcription, a movement to the entirety of the text was conducted. This enabled the process of seeing if the particular phrase or sentence belonged to a theme forming among the different transcriptions. This process back and forth among the parts of one transcription, to the entirety of the texts continued through the whole process of analysis. Besides being a process of dialectical movement concerning the transcriptions, it is also a process of going back and forth between the transcriptions and the pre-understanding of the researcher, a concept called the “merging of horizons” (Austgard, 2012). This means that a conversation is taking place between the transcriptions and the pre-understanding of the researcher. An important aspect of this, to avoid bias, is for the researcher to be aware of his or her own prejudices. This is described as ”foregrounding” and continues throughout the whole process of analysis. The hermeneutical approach concerns a dialogue between the researcher and the data, thus it is of high importance to be aware of the pre-understanding one has as a researcher. The pre-understanding of the researcher should guide the search for meaning in the transcriptions and merge with the new understanding that arises, but not cloud the interpretations of these meanings or the understanding. Besides being a process of dialectical movement concerning the transcriptions, it is also a process of going back and forth between the transcriptions and the pre-understanding of the researcher, a concept called the “merging of horizons” (Austgard, 2012). This means that a conversation is taking place between the transcriptions and the pre-understanding of the researcher. An important aspect of this, to avoid bias, is for the researcher to be aware of his or her own prejudices. This is described as “foregrounding” and continues throughout the whole process of analysis. The hermeneutical approach concerns a dialogue between the researcher and the data, thus it is of high importance to be aware of the pre-understanding one has as a researcher. The pre-understanding of the researcher should guide the search for meaning in the transcriptions and merge with the new understanding that arises, but not cloud the interpretations of these meanings or the understanding. Except moving back and forth between the parts and the whole of the texts, a constant movement
between the data and the pre-understanding of the researcher, as well as the previous research was conducted. Thus, the findings in the current study was a result of the merging of what was expressed by the participants and the pre-understanding of the researcher, in the light of previous research and theoretical framework.

The analysis was based on the research questions of the current study; perceived causes of the sick leave, perceived responsibility for the sick leave, perceived social support, and, facilitating factors for returning to work after stress-related sick leave. All of the themes that emerged from the four research questions, were analyzed in the light of the concepts found in the Conservation Of Resources theory, Effort-Reward Imbalance theory, and the Job Demand- Control- Support theory as well as the previous research.

The first research question; Perceived causes of the sick leave, investigated the participants experience of the reasons for their sick leave. This topic resulted in five themes; low rewards, high demands, low control, lack of social support, and, denial of symptoms of stress.

The second research question; Perceived responsibility for the sick leave, investigated who the participants experienced had the primary responsibility for both them getting sick and for the rehabilitation process. This topic resulted in two themes; the responsibility of the participant and the responsibility of the employer.

The third research question; Perceived social support, investigated the amount of the kind of social support the participants received before and during their sick leave. This topic resulted in three themes; supervisory support, social support from colleagues, and, social support from other stakeholders.

The fourth, and final, research question; Facilitating factors for returning to work after a stress-related sick leave, investigated what the participants experienced that they needed for alleviating the recovery process from the stress-related sickness and the process of returning to work. This topic resulted in; the need of changing profession/job assignments, the need of understanding and social support, the need of time and space and the self-help group.

In all of the four research questions (perceived causes of the sick leave, perceived responsibility for the sick leave, perceived social support and facilitating factors for returning to work after stress-related sick leave) the transcriptions of the interviews were thoroughly processed to find similarities in the experiences between the participants, as well as deviating experiences concerning the themes. Quotations from the transcribed interviews were declared in the result to visualize the experiences of the participants. The interviews were conducted in Swedish to facilitate the participants’ ability to share their experiences. The quotations were rigorously translated from Swedish to English by the researcher.

Table 1 on the next page describes a comprehensive overview of the analysis.
Table 1
Comprehensive overview of the analysis; “x” indicates that the theme was present in the interview with that particular participant.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Participant 1</th>
<th>Participant 2</th>
<th>Participant 3</th>
<th>Participant 4</th>
<th>Participant 5</th>
<th>Participant 6</th>
<th>Participant 7</th>
<th>Participant 8</th>
<th>Participant 9</th>
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<td>Causes of sick leave</td>
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<td>High demands</td>
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<td>Low control</td>
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<td>Lack of social support</td>
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<td>Insufficient recovery</td>
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<td>Denial of symptoms</td>
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<td>From other institutions</td>
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Results

The participants’ perspectives of their stress-related sick leave have a lot of themes in common concerning the causes, the responsibility and their needs in their rehabilitation process. Some differences occur, but the general experience of stress-related sick leave among the participants in the current study has a high degree of similarities. Concerning the self-help groups, a high degree of consensus regarding how the participants have been helped by their participation emerged.

Causes of stress-related sick-leave

The perceived causes of the sick leave had a lot in common among the participants; six of the participants experienced low rewards, eight of the nine participants experienced high demands, eight of the participants experienced low control, six of the participants experienced insufficient recovery, all of the participants experienced low social support in some way, and seven of the participants experienced that they denied their stress-related symptoms. These sub themes are closely related and affecting each other.

Low rewards. Six of the nine participants expressed not feeling rewarded for the efforts they put in to their work. Theses participants had a very high work load, a stressful work
situation and were more or less omitted to themselves, without any supervisory support. When asked if she felt she got rewarded for her efforts at work, one participant answered:

_On the contrary. On the contrary. It was so much of “you have to”, “you should”._

The participants expressed working even harder because of the lack of rewards, which increased the work related stress. The majority of the participants had high demands on themselves of doing a good job, without receiving rewards of some kind, they felt a need to work even harder, thus increased the pressure on themselves.

_High demands._ High demands at work was a theme that eight of the nine participants confirmed. They expressed a stressful work situation with a high work load and often a lot of overtime. They had not the time to plan their work and the working hours were not enough to manage all the work tasks, thus resulting in a high amount of overtime. The time and energy they put in to their work was too much, with consequences to their own health as well as their private lives because of the overtime and exhaustion the work situation caused. Some of the participants expressed trying to save the situation they felt they could not manage by working even harder and longer hours.

Many of the participants describe themselves as very ambitious individuals that puts a lot of demands on themselves. As described earlier, they wanted to do a good job and most of the participants also had a great interest in their job.

_It’s kind of hard to know who is forcing the demands. But they weren’t late to take advantage of me being ambitious and able._

_Low control._ An experience of not being in control of the work situation was common among the participants. A common reason for this experience among the participants was an organizational change at the work place. Examples that emerged during the analysis was being transferred to another location, getting a new manager and a reorganization in the shift work. These three examples describe organizational changes made outside the participants control and making the work situation worse in different ways. The participants described themselves as satisfied with their work situation before these organizational changes, outside their control, occurred.

Too high work load and not being able to prioritize the work tasks was other reasons for experiencing low control at work.

_Meetings that were decided over my head, that you were to have some individual that were having a meeting and it could and it could be the same day. Now you have to drop everything, now you have to go to that meeting […] I had to drop everything and go._

One of the participants were bullied by her manager, which led to a feeling of low control and this loss of control was one of the main factors for the stress-related sick leave.

_Insufficient recovery._ Seven of the participants brought up not getting enough time and space for recovery. They had a high work load and high demands at work and with insufficient recovery they never had the chance to build up their energy.

The work place often implicitly and/or explicitly pressured the participant to return to work even though the participant was on vacation or even on sick leave. One participant shared that
she was back to her work only a month after suffering from a serious illness and the manager thought she should resign because she had been absent.

The participants often expressed that they were ambitious and wanted to control their work, thus working too much and taking on too much responsibility.

*I worked a lot. [...] when I hit the wall... I know they called from work after a month and asked when I was coming back. I said I didn’t know. Then they had to hire three people to do my job.*

Many of the participants talks about having too much around them outside the work as well, which created a situation where they could never relax and recover. Examples that arose in the interviews were for examples family crises of different kinds and renovations of the house, which resulted in too high demands, emotionally and/or physically in combination with insufficient recovery.

*Lack of social support.* Some of the participants initially expressed receiving social support at their work, but as the interviews progressed a lack of social support was detected in all nine interviews. The majority of the participants blamed themselves for getting sick to various degrees, but also mentioned that the social support was lacking. For some of the participants the lacking social support was due to not having a manager close by in their work situation, while others worked close to a manager, but did not receive any support in their stressful work situation. An experience of not being seen or attended to and left on their own with too much to handle was common in this theme.

*I know that I signaled to my employer and said that I.. am tired, I’m exhausted, I can’t cope. But, it didn’t help that much. They didn’t really want to understand.*

*Denial of symptoms of stress.* A common theme when exploring the cause of the sick leave was a denial of the symptoms for a long time. The participants often blamed themselves for hiding the symptoms of stress due to their own personality trait of not wanting to complain and to be there for others. Often, there was someone else in the participants’ surrounding that finally more or less made them get help for their symptoms.

The participants they kept on working after visiting the health care, because the doctors could not find anything that was medically wrong with them. The participants felt that something was wrong, but did not know that it was the stressful work situation that made them sick and thus denied the symptoms. The result of this situation was that the participants did not know what to do. They felt sick, but nothing was wrong and they did not want to complain or feel disloyal towards their colleagues.

* [...] it was really hard to get help. You didn’t know where to turn to. Because the doctors couldn’t find anything wrong with you [...] it’s all in here apparently (the head).*

*Perceived responsibility for the stress-related sick-leave*

The responsibility for the sick leave was a complex issue. Many of the participants expressed a loyalty towards their employer, not wanting to lay too much of the responsibility on them and instead they often blamed themselves. Even though they implicitly expressed that the employer could have been taking more responsibility. Only one of the participants expressed
explicitly that he or she had the primary responsibility, but the majority blamed themselves to a high degree for their sick leave. Six of the participants expressed that the employer had the primary responsibility, even though a large amount of these participants simultaneously laid a high degree of the responsibility on themselves. Four participants expressed that other involved institutions, primarily the health care, the Swedish Insurance Agency and the Employment Office, had the primary responsibility. Since it was less than half of the participants that stated that other involved institutions had the primary responsibility, in comparison to the other two themes it was not sufficient to form a category. Thus, this research question was divided into two themes; the responsibility of the participant and the responsibility of the employer.

The responsibility of the participant. The majority of the participants logically recognized that the primary responsibility for their stress-related sick leave was on the employer, even so they often blamed their selves for caring too much or taking on too much responsibility and thus thought of themselves as the primarily responsible for the stress-related sick leave.

_But it was probably I who made the demands higher than they should have needed to be. Because I have always wanted to be.. good, or what to say. So I have probably put a lot of it on myself._

Many of the participants explained that they had a hard time accepting that they had to allow themselves to relax and regain their energy. Some of the participants tried to return to work, despite their illness and even despite the advices from physician, employment office and/or the Swedish insurance agency. This ended with the participants “hitting the wall” again and getting even more sick. The participants often blamed themselves for this, for trying too hard before they were ready. But also, many of the participants still lived in denial of their ill-health at that point, and thus thought they could manage returning to work. To pressure themselves to return to work as soon as possible, to feel stressed out by not being able to work, to not realizing the extent of their sickness and to burden themselves with guilt was very common among the participants.

[..] they put me on sick leave for exhaustion and then I went to the library to borrow books. Because now I was going to help myself. Then it was, has been a long way, where I sort of fought a lot with “I’m going back, I’m going back, I have to get well, I have to get a grip”

Concerning the rehabilitation process, it was something the participants conducted more or less by themselves. Some of the participants got help from other involved institutions, the employment office, insurance agency and health care, with connections to different rehabilitation groups, therapists and the like.

The responsibility of the employer. Many of the participants experienced that they had the main responsibility for their sick-leave and that they felt abandoned by their employer. The rehabilitation process was something they had to plan and conduct themselves.

Many of the participants felt abandoned by their employer, both by a lacking social support and a lacking support concerning their rehabilitation. The general experience was that the participants had to take care of everything concerning their sick leave by themselves.
I have not gotten any help from the company largely what so ever. During the time. I got to manage that myself. [..]

Some of the participants expressed that they thought that their employer had done their best in the situation, but that they had not experienced a lot of support at all. Even if the participants logically knew and could accept that the employer is the one primarily responsible for the amount of stress and the psychosocial environment at work, the majority still blamed themselves for getting sick.

But I have always been like this, I don’t know. You are who you are, it.. [...] I think it would have happened to me anyway, sooner or later [...] And it’s really me who have wanted everything, it’s not them who have.. [...] I didn’t want any help. So it was really me who created this partly myself too, so it’s not the employers fault.. maybe they should have said stop a bit more, but it’s not them who have made.. no it’s me myself.

Many of the participants did not want to talk badly about their employers, rather they defended them. But as the interviews progressed and we talked about social support and their rehabilitation process, the participants started to realize that they had not been given the support and help that they had the right to. A reoccurring sub theme is that the employer should have help the participants to limit themselves and their work. The employer should have told them “stop”.

The majority of the participants gave a dejected impression when talking about the responsibility taken by the employer when the participants got sick. They expressed not receiving the social support they would have needed, instead they were more or less left alone with their stress-related ill-health. They sometimes heard from their work, but often it was to know when the participant would be back at work. The emotional support given were more or less non-existing among the participants.

When talking about their rehabilitation, a few of the participants mention getting help from the employer with adjusting their job assignments to match their work ability and some mention that they have tried and/or have planned occupational rehabilitation. Before and during the sick leave the majority of the participants seemed to be on their own, both concerning getting help for their symptoms and for rehabilitation for returning to work.

The majority of the participants expressed that it was not solely the work situation that made them sick. Rather they expressed it as a total of both work-related stress and stress associated with their personal life. One of the participants expressed her thoughts around this issue concerning the responsibility of the employer in the following way:

[...] I think the work life is only a part of life. A manager should also see to this, is it really work that burns you out or is it the total? Because it’s also like this today, when we’re supposed to be the perfect parents and everything else. I mean there aren’t enough hours. So maybe it isn’t work, it’s maybe the total.

Perceived social support

The participants experienced a lack of understanding, both from manager and colleagues, as well as from family and friends. The most important work related social support according to the result of the current study was supervisory support. Besides supervisory support, social
support from colleagues and social support from other involved institutions was the themes emerging from this research question.

**Supervisory support.** Many of the participants expressed a lack of support and understanding from their managers. Many of the participants expressed that managers and HR-departments did not have enough empathy and understanding for human beings, thus not being able to offer the right kind of support.

To have a manager close by was one aspect that many of the participants brought up during the interviews. Some of the participants had managers that worked at another geographically location and expressed a discontent with not having their manager at their work place. Without a manager close by, no one was there to make sure that the participants were feeling good or how the participant were managing their situation.

*Then they had a construction that they would have a.. manager for all the administrators that worked in a certain region, that were located in Stockholm and that was an impossible situation, it didn’t last very long. To have it like that. Because she didn’t have the opportunity to.. if you say, have good contact with all of us who were located at maybe ten different locations.*

Even if the manager was geographically close, other aspects of the participants work, for example working hours, could influence the amount of support the participant received. By not working the same working hours as the managers, the employees naturally do not get enough contact and support because they do not meet as often as they would need.

Supervisory support was generally view as the most important work related social support by the majority of the participants.

* [...] a managers is supposed to see everyone. And is the one who should both.. spur and hold your hand when needed. And is the one who should make sure that everyone is feeling as good as possible.*

A common statement concerning what support the participants would have wished for was that they would have wanted the employer to help them limit their selves and told them to slow down, because they had difficulties to limit themselves in their work. That the help and support from the employer came too late was another common statement. If the employer had paid more attention to the participant and thus seen the symptoms the participant had, the probability for the participant getting sick might could have decreased. Since the psychosocial environment is the employer’s responsibility, every individual should be offered enough social support and help when needed.

**Social support from colleagues.** Even if the majority of the participants expressed that social support from a manager was most important, social support from colleagues was also of high importance. One of the participants was being bullied by the manager and expressed that social support from colleagues was the most important support. She would have wished for more social support from her colleagues to help her manage the situation, but expressed feeling disappointed because her colleagues did not support her in telling the employer to stop the bullying.

When feeling stressed at the work place it was important to have someone to talk to. Because of various reasons discussed in the previous section the manager was not always the
first choice to address, thus the colleagues should have been the second choice when in need of social support. No one of the participants expressed that they received social support by their colleagues.

There were no one who saw me. I stopped eating lunch for example, because I didn’t have the time. And when I came to, for example coffee break, then everyone was done. So everyone stood up and went back, because they were done with their coffee break. So I didn’t have anyone to talk to [...].

Social support from other involved institutions. Some of the participants expressed that they got help and support from their case worker at the employment office and insurance agency, while other expressed a disappointment concerning the handling of their situation. In some of the interviews, a feeling of not receiving understanding emerged and being pressured to return to work. Most of the participants thought that they had gotten good help though, both instrumental and emotional. The participants in one of the self-help groups had been participating in another rehabilitation group for burnout before they started the self-help group together, and it was the employment office that helped the participants get in contact with the rehabilitation group for burnout. Concerning emotional support, some of the participants expressed being supported by their case worker and that they felt that the case worker genuinely cared for them, while other expressed only meeting pressure and disbelief instead of support which resulted in an increased stress and anxiety.

The most common view of the social insurance agency was that they got good help, but that they are aware that they wanted them to return to work as soon as possible. Some of the participants had the resources to be able to handle this situation, while others got hurt in this process.

It’s sort of a pressure just to be.. involved in the social insurance agency.

Many of the participants expresses gratitude toward their physicians, for observing their stress-related illness despite not finding anything medically wrong, for taking them seriously and by offering social support.

I have also been on a lot of blood testing, but the physician can’t find anything wrong with me. There is nothing. Because you think that something is wrong with you [...] It’s terrible. Horrible. So you want to find something wrong [...] there wasn’t anything wrong, it’s all gone now. So it was just the body who.. maybe makes the human being sick so you will stay home. I don’t know. It’s the natural I suppose. But when you don’t know, you get really scared.

Another aspect of the health care providing social support and that were appreciated by the participants were offering contacts to therapists which many participants expressed had been very helpful.

Facilitating factors for returning to work after a stress-related sick leave

There were five major themes emerging concerning what the participants needed/would have wished for and what factors have facilitated their recovery during their process of stress-related sick leave; change in profession or job assignments, clearer boundaries, social support and understanding, time and space, and the self-help group. The need for
social support and the self-help group were needs that all nine participants expressed having. Eight participants expressed needing clearer boundaries, both in their future work as well as in their personal lives. Five participants expressed needing to change job or at least job assignments. This need had to do both with an increased need of work-family balance as well as a need of less challenging work tasks. Six participants talked about needing time and space to recover.

The need for changing profession/job assignments. The majority of the participants expressed that they would not be able to return to the same job assignments or role as they had when they got sick. Many of the participants expressed that they knew they would be sick again if the returned to the same occupation they had been in before the sick leave. Some of the participants had a managerial role themselves and expressed not wanting to go back to being responsible for other individuals again, that it was too demanding.

Something that emerged when talking about changing profession or job assignments was the boundary between work and private life. To have a clearer boundary between work and private life was something important for the participants in their future work life, to avoid getting sick again.

 [...] now I need a job, preferably with a punch clock. That I check in and the time I go out and then I go home. It’s sort of the work is work and home is home.

Clear boundaries. This theme is both related to the former theme because many of the participants expressed a need for a job with clearer boundaries between work and private life, but when talking about boundaries they also expressed a need of clearer boundaries in general. The participants expressed a need for learning to set boundaries for themselves, to learn to say no and to respect their own needs and wants. One of the participants had to take a lot of responsibility for her own as well as her colleagues, which led to a very high work load. When talking about her rehabilitation process and planned return to work she talked about the need for boundaries.

But that I should learn to set boundaries. And to think “what is good for me?”
And what is mine, this, possibly new job, that I will get, I will have to know what is mine, that I should do. That others don’t just “well now you have to do this and now you have to do this. It doesn’t work.”

By having more clear boundaries and thus being able to plan one’s own work, the sense of control in work also increases. In turn, this could decrease the work related stress the participant earlier experienced.

Another participant that talked about the importance of boundaries applied it to the personal dimension, by explaining that he had to respect her own needs and thus needed to be surrounded by people who could accept that. Many of the participants expressed being very careful with who they socialized with due to their ill-health.

The need for understanding and social support. All of the nine participants expressed a need for understanding and social support in their rehabilitation process. After they gained understanding for themselves and their situation, many of the participants expressed that they had to be around people that understood them and accepted their
situation and condition. For a lot of the participants, the self-help group had become the primary source of social support.

*We have really, yes we can’t do without each other. So often in evaluations and so on I answer that, with the risk of placing those near and dear, they few I have, on second place I say that the self-help group have been life live number one. And of course it’s because this, to be able to be together with the ones who knows what you are talking about.*

The participants brought up that they can feel more “normal” in the self-help group. They describe it as not having to explain their behavior, because the other participants understand their situation and how they are feeling. Another important aspect in the self-help group is that every participant gets the opportunity to talk by taking a round holding an object. The one holding the object is the one speaking and the other participants are listening. There is a great sense of respect and empathy permeating these groups, something many of the participants in the current study have expressed as a lacking factor in their sick leave process. One of the participants said that she thought relatives to an individual on stress-related sick leave should get more tools in handling the situation and how to treat the individual.

* [...] let the one who is exhausted be. Let them lie in the couch and just relax, that it’s quite, don’t go on trips and don’t bring over people, instead let the one exhausted be. That’s what we need. And it doesn’t mean that you are lazy, it’s that you don’t have energy in the body. The whole body resists.*

*The need for time and space. Many of the participants expressed a need to be allowed to rehabilitate in their own pace. They felt pressured to return to work before they were ready, and thus got sick immediately after trying to go back to work.*

*The only thing I want is somehow that those who have not been burnt out, who sits and takes these decisions on how this is supposed to be handled... That they understand that it takes time. Because we have been going on for a number of years to get to this situation we are in today. [...] When people are home three weeks or three months, maybe half a year or a year. And then you are back. And because you are not back on your feet properly, the the next bang will be harder than the previous. And then they have to be at home again. Instead of one made the right thing from the beginning.*

The most important for individuals that suffers from stress-related illness according to the participants is to be left alone. They need time and space to recover and to rebuild themselves. Pressure from other people, work and/or other involved institutions results in anxiety and more stress. The results of the current study showed that individuals on stress-related sick leave denies their symptoms and pressures themselves until it is physically impossible for them to pressure themselves any more.

*I [...] have been allowed to do what I have wanted and that I have been able to. And not pressured myself and, or been pressured by.. someone. So it’s sort of the best that.. that has been. That I have been left alone and been able to rebuild myself from scratch [...].*
To feel stressed by being on sick leave and not being able to work, was a common theme among the participants. They felt a pressure to return to work as soon as possible. According to the participants this pressure was in some cases imposed by managers and colleagues and in other cases imposed by themselves. One of the participants blamed himself for being taking on too much responsibility.

*I have always cared about others, always been there. [...] I have always been like that. When someone has called me, I have helped them. [...] Have I had a day off from work and they have called, well then I have been back there.*

When talking about this issue of blaming oneself for taking on too much responsibility, the participant seemed to discover that when being in the situation the he only saw his own responsibility for being there for the work. When looking back he could see the situation in a new light.

*So, actually, they call and give me bad conscience so I’ll go back, [...] If they had ordered me to come in, then I had, then they had to had paid me a higher salary. Instead, you call and tell that it is chaos. “it’s ok, you have vacation”. [...] That is things you notice afterwards. When you were in it, you never thought about it. You just did.*

This high pressure to take responsibility for their work leads to a lack of time and space to recover. Many of the participants did not have the chance to take enough time off to really get the chance to recover. Some felt pressure to return to work from the employer or colleagues, other started projects outside of work, for example renovation of the house, which led to insufficient recovery. Some of the participants also shared having a stressful family situation which drained them of energy.

With this pressure to return to work came a denial of the stress-related illness. The majority of the participants felt that they had to return to work as soon as possible, some because they did not really understand or accept that they were sick, and others because they felt responsible for taking care of their work place and thus ignored their symptoms.

*For every one that said “this takes time”, [...] This was not supposed to take time. Because I was supposed to do right by me. And start working again. But, well, I think it took about a year to understand that this takes time.*

Concerning the self-help groups, it seemed like meeting other individuals in similar situation helped the participants to accept that the recovery takes time and that they have to accept this fact, but that they at the same time are not alone in this process. By meeting others in the similar situation, the participants could increase their self-awareness and understanding for themselves.

Even if many of the participants put the pressure of returning to work on themselves, pressure from both employer and other involved institutions, especially the employment office and the Swedish insurance agency, was common experiences.

*Then he (the employment officer) said “You can start with writing down the work places you are going to meet”. So (the other participant in the group) said that “I am sick. I am on sick leave”. “Yes, but now we have to move forward. What did you have in mind?”.*
Something that many of the participants expressed was that they did not get enough time to recover before the got pressured to occupational rehabilitation. The sick leave was divided up in too short episodes which led to not being able to relax and recover. Both before and after having meetings with the physician, employment office or Swedish insurance agency regarding the sick leave resulted in an increased stress and anxiety. Before the meeting because the participants did not feel ready to return to work, and after because they felt bad about themselves for not being able to manage. Those of the participants in the current study who planned to start occupational rehabilitation in a near future were still positive and hopeful that they would manage to return to work. But some of the participants knew that they would never be able to return to work. These participants gave a quite despondently impression, but expressed at the same time that they were relieved.

*The self-help group.* All of the participants expressed a lot of gratitude towards the self-help group, primarily for the social support it provided, but also because it helped them in the process of gaining understanding for themselves, their needs and their rehabilitation process, as well as for the motivation it provided by the participants sharing their experiences and coping strategies.

>[...]it became [...]life line number one for me, the self-help group.

This quote summed up what the majority of the participants expressed concerning the self-help groups. For them, it had been essential for their recovery. Especially the aspects of belonging to a group where other people understood you, your ill-health and your behavior, thus they could be themselves and they could feel “normal”. The participants expressed that they have had a hard time understanding why, and accepting that this have happened to them. At first almost all of the participants denied their symptoms and when they finally turned to the health care to figure out what was happening to them, nothing was found to be medically wrong. This resulted in a long process of accepting the situation and understanding how they could handle it.

>It has mainly helped me to.. helped me to understand why things have happened, why I react the way I do to a lot of thing, how I should.. relate.

The majority of the participants expressed that that have come to understand that they need clearer boundaries and that the need to learn to say no. They have come to an understanding of what situations drains them of energy and how they can handle these situations. Many of the participants had a process of one to two years before they accepted that they were sick and that they couldn’t pressure themselves as hard as they had done before the sick leave. Besides a lack of understanding of themselves, many of the participants experienced a lack of understanding from their environment, both personal and work-related.

>In some way you believe that you have lost your mind when you lose your memory, sometimes you are so clumsy that you sort of tip everything or stumble on a glossy floor [...]you can reflect your self in others.

By participating in the self-help group, the participants experienced a greater sense of understanding from the other participants and the self-help group has in a way become a substitute for the lacking work related social support the participants experienced.

Another reoccurring sub theme was that the self-help group helped the participant create a boundary between their sick leave and their personal life. The self-help group
allowed them unlimited space to process and talk about their stress and ill-health, giving them the space to relate to friends and family more freely. The participants expressed not wanting to burden their friends and family with their ill-health, thus the self-help group provided a great way to be able to ventilate. They also expressed not having to think about what they say or that they have to explain their situation. The other participants in the self-help group understood, which meant a lot to the participants in order for them to find their way back to a well functioning everyday.

Besides the social support, the self-help group acted as an inspiration and a support for problem-solving abilities among the participants. By sharing their coping strategies, other participants got motivated to try the strategies themselves. They met once a week and talked about how they felt, how the previous week had been and what goals they had for the week to come. By doing this they got the chance to ventilate what had been though the previous week and support each other in this process, as well as motivate each other to take a step, small or big, to a better health.

**Discussion**

The aim of the current study was to explore how the participants had experienced their sick leave process; what the participants perceived as causes for their stress-related sick leave, who had the primary responsibility for the participant getting sick, as well as for the rehabilitation process, how their participation in the self-help group concerning stress have helped them in their rehabilitation process, and what they perceive as facilitating factors for returning to work after their sick leave. As the title reveals, the current study intended to examine if the participants perceived that they got the support that they needed to manage their situation at work, and that the employer is obliged to provide; or did the participants rather perceive that the sick leave process was an individual project?

Nine interviews with a hermeneutical approach were conducted with participants from two self-help groups concerning stress. The four research questions were the foundation of the analysis, out of which several themes arose. The result indicates a high degree of similarities concerning what the participants perceive as the causes for their sick leave, (low rewards, high demands, low control, low social support, insufficient recovery and denial of symptoms of stress) who had the primary responsibility for the sick leave (the participant) and the rehabilitation (in most cases the participants), and the factors that could help facilitate the rehabilitation process (changing profession/job assignments, boundaries, understanding and support, time and space and the self-help group). As the result clearly have shown, the majority of the participants experienced their process of sick leave as an individual project due to insufficient support from employer and by having to take on too much responsibility for the sick leave. Many of the participants also blamed themselves for getting sick.

The first research question; causes of stress-related sick leave, addressed what the participants perceived as possible causes for their stress-related sick leave. During the analysis six themes arose: low rewards, high demands, low control, lack of social support, insufficient recovery and denial of symptoms of stress. This result is in accordance with existing research about causes to sick leave, for example the review conducted by Nieuwenhuijzen et al. (2010) that stated high demands, low control, low social support (from coworker and supervisors) and effort-reward imbalance as common causes.

The current study shows that insufficient recovery is another cause, as well as denying one’s symptoms. Due to the insufficient degree of recovery, the participants did not get the chance to gather the resources needed in their work situation (see Hobfoll, 1989). To deny the symptoms is not a cause per se, but an important aspect of the reason to the participants’
stress-related illness. Denial was the participants’ loss-controlling strategy (Hobfoll, 1989). By not paying attention to the symptoms, they hoped that they would disappear. Even if the participants took the symptoms seriously, they did not know where to turn to for help or they did not receive the help needed. If they had gotten help to manage the stress or improve the psychosocial work environment, it is possible that the symptoms had decreased. By denying the ill-health and not asking for help or not being listened to probably increased the stress, and thus worsened their ill-health. The low degree of job resources (eg. low social support, low degree of control and organizational justice) resulted in exhaustion among the participants, in accordance with Leiter and Maslach (2003).

Low rewards conformed to the Effort-Reward Imbalance model (Siegrist, 1996). Six of the participants expressed not being rewarded enough for the efforts they put into their work. A high amount of effort was demanded by the participants by the employer, thus creating an imbalance in the reciprocity when the participants did not get enough rewards of some kind. The strain this imbalance caused, could have increased the risk of stress-related illness among the participants in accordance to Siegrist, Starke, Chandola, Godin, Marmot, Niedhammer and Peter (2004). According to da-Silva-Junior and Fischer (2004) mental ill-health and overcommitted individuals correlate negatively, which could be seen in the current study. Many of the participants were highly committed and did put a lot of effort into their work, without getting any reward in return. The participants conveyed a feeling of disappointment and abandonment when discussing this matter. When not being rewarded for their high efforts, the participants expressed not being seen and valued at their work place.

High demands and low control conformed to the Job Demand-Control model (Karasek, 1979; Karasek & Theorell, 1990), where a high degree of demands combined with a low degree of control, the so called high strain situation, increases the risk of ill-health (Karasek and Theorell, 1990). Eight of the participants experienced high demands and eight participants experienced low control, and seven participants experienced both high demands and low control. The aspect of low control was often caused by some kind of change in the work situation, for example a change of location, getting a different manager or a change of working hours. The change causes a decreased sense of control resulting in a job dissatisfaction and an increased stress. The high demands were in most cases what Sverke et al. (2016) called psychological and quantitative demands, that is hard or complex tasks and a high workload. In all of the nine interviews a low social support could be detected, which, according to Johnson and Hall (1988), increases the high job strain situation.

Many of the participants expressed low social support from friends and family as well as from supervisor, which heightens the risk of burnout (Woodhead et al., 2016). When talking about the organizational changes where the participants experienced a loss of control, they also expressed a lack of supervisory support in this process, and in line with what Kouppala et al. (2008) showed, leadership has a large impact on work-related wellbeing and thus this was an important aspect of the participants’ stress-related ill-health. This is also in line with Aagestas, Johannessen, Tynes, Gravseth and Sterud (2014), that supportive leadership in an important aspect for preventing long-term sick leave. Concerning the organizational changes that led to a loss of control, an association to organizational justice can be made. Since sickness absence has a relation to the degree of justice in organizational decisions (Kivimäki, Elovaainio, Vahtera & Ferrie, 2003), it is possible that the participants lack of participation in the decision making processes caused a sense of organizational justice, thus the work-related wellbeing decreased. Many of the participants expressed a change in the quality of leadership and social support as a result of the organizational changes. The decreased social support was due to an increased geographically distance to the manager, an increased work load and area of responsibility of the manager, or due to getting a different manager.
A lack of recovery that was caused by shiftwork, a high amount of overtime or that the participant was expected to always be available was common among the participants. Even if the employer has a responsibility to make sure that the employees have the opportunity to appropriate recover (AFS 2015:4), seven of nine participants experienced a lack of recovery. Due to the high demands, the participants probably had a high need for recovery (Sluiter, de Croon, Meijman & Frings-Dressen, 2003). When not given the opportunity to proper recovery, the risk of reactions to the work related stress increased in accordance with Demerouti et al. (2001). The majority of participants also portrayed their work situation as having low resources at their work in combination with high demands, which is the worst situation possible when seen to the risk of burnout. Besides having a stressful work situation, many of the participant had high demands at home as well. Some of the participants expressed a strained family situation, others had projects going on (for instance, renovation of the house). These joint situations resulted in a lack of recovery in both work and private sphere, which eventually led to exhaustion. Whether the strained family situation was a result of the participant’s stressful work situation was not discussed during the interviews. It seemed like family was a big source of social support for some of the participants, while it for some of the participants was a source of stress due to their exhaustion. Exhaustion, according to Leiter and Maslach (2003), leads to a cognitive and emotional distance to one’s work, as a strategy of saving one’s resources. It would be conceivably that the same applies to the private life as well, and that the different reactions to the participants’ family lives depends on the strategy used to handle the exhaustion. This would be an interesting topic for further research.

Regarding the fact that some of the participants started projects at home at the same time as their stressful work situation, could be a coincidence or a strategy of denying the adverse work situation. By occupying oneself with renovating the house, they did not have the time to reflect upon their situation at work, or the symptoms of stress that arose. This would also be an interesting topic for further research.

A common coping mechanism among the participants was to deny the symptoms of stress. By doing so, the stress-related symptoms grew until they one day were too much to handle. All of the participants expressed that they one day “fell” or “hit the wall” without any specific precipitating event. By denying their symptoms they were not open for possible support that possibly were offered. The participants tried to work as hard as they had done before the symptoms arose, or even harder, even if their resources started to drain. The informal responsibility of the employee concerning the high demands and hiding any signs of stress (Allvin et al., 1998) was a common theme among the participants in the current study. Social support can act as a buffer towards stress (Thoits, 1995), but since the participants experienced a lack of social support, the decreased resources along with the high demands led to a decreased resilience to the stress they faced. According to the Conservation of Resources theory (Hobfoll, 1989) the strategies the individual uses for controlling the loss of resources, as well as environment around the individual, is important for how much resources the individual is losing. To deny the symptoms of stress was not a particularly good strategy, because the participants kept losing their resources without having the opportunity to gather new due to lack of recovery, low control, high demands and low rewards. This situation resulted in exhaustion, which in turn decreased their job resources (Mäkikangas et al., 2010).

The second research question; perceived responsibility for the sick leave, aimed to investigate where the participants experienced that the primary responsibility for them getting sick, as well the responsibility for their rehabilitation back to work, lied. Two themes concerning who has the primary responsibility arose during the analysis; the participant and the employer.

Concerning the theme of the participants as having the primary responsibility, similarities with denying the symptoms of stress could be seen. Despite the increasing demands for
managing the own work along with the decreasing social support there is an implicit expectancy for not showing that stress affects you (Allvin et al., 1998), which was clear among the participants. They felt that they have to take the responsibility for their work situation, often by denying their symptoms of stress and keep working hard or even harder. This could have to do with the increased individualized employment today (Allvin, Aronsson, Hagström, Johansson & Lindberg, 2011). It could be seen among the participants in the current study that they transferred the feeling of not being able to manage their work to themselves, as not being good enough as an individual, which is in line with the study conducted by Allvin et al. (1999). It seemed that the participants did not want to admit to themselves or anyone else that they could not manage, and it could implicitly be understood by what they said during the interviews that they felt bad about not being able to manage. A common view was that the blame was upon them, and not upon the work situation or the employer. Many of the participants did not have a manager close by, or did not feel listened to when trying to express how they felt. The majority of the participants knew that the employer had the responsibility for the working environment and for preventing ill-health (AFS 2001: 1), but they still blamed themselves for getting sick to a high degree.

The majority of the participants that expressed that the employer had the primary responsibility, still found a way to lay some or all of the responsibility on themselves. One quite common explanation was that the manager was not located close by. Even if that is the case, the employer still is responsible to provide support through, for example occupational health service. It could be possible that it is the sense of a lack of belong of the modern work life (Allvin et al., 1999) that causes the participants to act overly loyal to their employees. It could be seen that the work life of many of the participants had a too great part of their lives according to the boundless work that is common today.

To conclude, even those of the participants who were aware that the employer had the primary responsibility, still blamed themselves to some degree for getting sick due to a stressful work situation. Explicitly, they expressed that the employer had the primary responsibility, but implicitly they blamed themselves.

The third research question; Perceived social support, aimed to gain insight in the amount of social support the participants perceived that they were offered at their work place, both from colleagues and managers. Other involved institutions, such as the health care, the employment office and the Swedish Insurance Agency, was also common theme when discussing the social support. Thus, during the analysis three themes emerged; supervisory support, social support from colleagues and social support from other involved institutions.

The majority of participants expressed that supervisory support was the most important social support, and all of the participants also expressed a lack of social support from their employer. This is in line with Aagestad et al. (2014) that stated that a supportive leadership is the most important aspect for preventing long-term sick leave. In line with Allvin et al. (1998) the participants in the current study would have needed a high amount of social support due to the high demands the faced in their work.

Not one of the participants expressed receiving support from their colleagues either. In most of the interviews the supervisory support was in focus and experienced as the most important form of support, even if many of the participants expressed that support from colleagues were important as well. To be able to talk to one’s colleagues about the work related stress, could possibly have been an alleviating factor for the participants. Especially for those who did not experience sufficient supervisory support. Social support from colleagues might could have acted as a substitute for the lacking supervisory support. When the participants did not get sufficient social support from either managers or colleagues, they often expressed a sense of abandonment during the interviews. To feel all alone in a stressful
situation, most likely increased the perceived stress among these participants. As stated earlier, social support has a buffering effect against stressful events (Thoits, 1995). Many of the participants also mentioned receiving insufficient social support from their family and friends, especially during their stress-related sick leave. Even if the supervisory support is the most preventative aspect, the support from friends and family are important too (Woodhead et al., 2016). It was quite common that the participants went through changes in their personal lives in adherence to the sick leave. If this was a coincidence or a consequence of the sick leave process is hard to comment about. But in accordance to Allvin et al. (1999) it is hard to draw the boundary between work and private life, which could have a negative impact on one’s family life. A higher degree of supervisory support could possibly have decreased the negative effects caused by work-family conflict (Liziano, Hsiao, Mor Barak & Casper, 2014).

Concerning social support from other involved institutions, many of the participants had positive experiences and expressed that they had gotten good help and been listened to. Both instrumental and emotional support (Sverke et al., 2016) were identified in their statements. They received instrumental support for example due to the suggestions of rehabilitations groups from the case workers at the employment center and insurance agency, and emotional support due to the engagement and empathy given by the case workers. Some of the participants did not experience any social support from other involved institutions though. Rather they experienced not being listened to or understood, instead they felt a constant pressure of returning to work even if they were not ready. Thus, other involved institutions have a large impact on the process of stress-related sick leave. The way that these institutions meet the individual and the way they handle their situation is of great importance for the individual suffering from stress-related ill-health. These individuals need to be met with respect and sensitivity. They have often been far too hard on themselves for a long time, and thus needs a large amount of kindness. Often, they need to learn to respect their own boundaries, thus it is important for all involved parties not to pressure them too hard. An individual who is suffering from burnout, probably have been pressuring him- or herself during a long period of time. It has to be noted, and respected, that the recovery will take time.

The fourth research question; Facilitating factors for returning to work, addressed what factors the participants expressed they needed to ease their process of returning to work. During the analysis five themes arose; the need of changing profession or job assignments, the need of boundaries, the need of social support, the need of time and space and the self-help group. When expressing the need of time and space to recover, many of the participants talked about that they felt pressure to return to work, which represented a sub theme to the need of time and space.

The majority of the participants expressed the need to change job or at least their job assignments. They wanted less complex work tasks and less responsibility. Those who had worked as managers did not want to go back to having responsibility for other individuals. They expressed that it had been too hard for them due to the high degree of empathy they possessed. Another common statement was to go back to a job with more boundaries between work and private life. The work-life balance was a common thread throughout this study, concerning both the cause of the sick leave and during the sick leave, as well as the process of returning to the work life. The participants in the current study had a high degree of engagement in their work as a common theme. This, in combination with the adverse psychosocial work environment, led to stress-related ill-health. When returning to work, these individuals need clearer boundaries and less responsibility. They expressed not being able and/or willing to pressure themselves as they had done before the sick leave.
Except from more clear boundaries when talking about work tasks, the participants also expressed a need of clearer boundaries overall. They expressed a need to learn to say no, as well as to listen to and respect their own needs and wants. For far too long they had put other peoples’ needs before their own and thus neglected themselves.

The lack of social support was an important aspect in the cause of the sick leave, and was thus something that all of the participants expressed a need for. Many of the participants expressed that they did not know where they would have been, if they had not participated in the self-help group. Except from a lacking social support at work, many of the participants also experienced a lack of social support in the private sphere as well. They felt not being understood and thus they did not feel “normal”. Overall, an experience of insufficient degree of understanding for stress-related illness was expressed.

Another very important aspect is time and space to recover in their own pace. Many of the participants had felt forced to try to return to work to soon and thus “hit the wall” again shortly after. To feel pressured to return to work as soon as possible was a very stressful situation for a lot of the participants, and as a consequence it worsened their ill-health. Still, the majority of the participants had an understanding for this pressure to return to work as soon as possible, especially from the Swedish insurance agency. Those of the participants who did not planned to return to work stated that the best part was that they got to be left alone and did not have to deal with the pressure of returning to work, instead they could relax and focus on rebuilding their energy.

The self-help group is one important source to social support and all of the participants expressed a great gratitude towards the self-help group. The participants had experienced a lack of understanding, both work related and non-work related. In the self-help group they were given the opportunity to relate to individuals who understood them and the process they were going through. They did not have to explain their behavior and why they had to abstain from most social activities for example. Many of the participants expressed that they got the chance to feel “normal” when participating in the self-help group. Due to the lack of social support from work and often the private sphere as well, the self-help group acted as a substitute for the social support the participants were lacking in both work life and private life. A comment often received was to “shape up” and the like, which according to the participants is among the worst you can say to an individual on stress-related sick leave. The self-help groups are permeated by respect and openness, aspects very important to the participants. The participants also motivated each other by both sharing their coping strategies and supporting each other in their strategies for recovery. It seemed like the most positive aspect of the self-help groups was that it provided a feeling of not being alone.

Conclusion

The result of this study shows that the causes of stress-related sick leave was low rewards, high demands, low control, lack of social support, insufficient recovery and denial of symptoms of stress. The responsibility for the psychosocial work environment and the amount of work related stress were on the participants’ shoulders at a far too high degree and the social support was a scarce commodity. Even if the participants logically knew that the employer is responsible, they still took on too much responsibility and defended their employer. The majority of the participants expressed the need of clear boundaries between work and private life, due to a too high impact of the work life that spills over to their private life. The social support was insufficient both at work and in their private lives. Facilitating factors for returning to work was the need of changing profession or job assignments, the need of boundaries, the need of social support, the need of time and space and the self-help
group. Today, stress-related sick leave seems to be an individual project where the primary responsibility for getting sick as well as returning to work is on the individual.

**Methodical discussion**

Since the current study aimed to gain insight to how the participants’ experienced, and how their lives got affected by, the stress-related sick leave, a hermeneutical approach was the most suitable choice of method. Another reason this method was suitable was because this study also aimed to bridge the gap between existing theories and the participants’ experiences. Due to ethical considerations the participants are not described further than by gender and occupation. This is to not risk breaking the demand of confidentiality.

The interviews were semi-structured and thus provided a framework without being overly restrictive. The interview guide helped to remain focus on the topics that were to be investigated, without losing the openness to the unexpected in the participants’ lived experience of being on stress-related sick leave. The questions were open to avoid directing and limiting the participants in their answers. Not many questions were asked during the interviews, rather the participants were given the space to share their experience with guidance from the interview guide. In accordance with the hermeneutical approach of interviewing, silence was used to give the participants time and space to reflect upon their experiences and deepen their answers.

**Limitations.** Hermeneutic phenomenology states that an experience can not be understood outside the researcher (Henriksson & Friesen, 2012), that is, the researcher can not and should not be entirely objective. This fact could lead to a deeper understanding for the subject studied, but could also be the disadvantage with this approach because of the validity threat. There could be other interpretations that would be more accurate and data could have been selectively ignored to fit in to the interpretation due to the pre understanding (Maxwell, 2013). On the other hand, it is difficult to be entirely objective regardless of the method used, with this approach the researcher is more open with the embracing of the pre understanding. The researcher takes advantage of the pre understanding as a way of making sense and create meaning of the data. To decrease the threats to the validity in the current study, quotations were used when describing the results, all phases of the research were reported and made available to the reader, thick descriptions were used and the intention of not consciously attempting to affect the results was assured (see Quality criteria). Thus, the creditability, dependability, transferability and conformability could be ensured in the current study.

A threat to the validity concerning the self-help groups could be social desirability. The interviews were conducted in the same premises as the self-help groups, thus the participants could possibly have felt a need to talk well about the group. Another threat could be the time frame provided to conduct the study, which resulted in a quite low number of participants. With more time, more interviews could have been conducted and thus the external validity could have been increased further. Due to the carefully conducted transcriptions, the process was very time consuming and thus the time for analyzing the texts were restricted. With more time for the study, more time could have been dedicated for the analysis of the data. This could thus possibly have resulted in a deeper, more comprehensive analysis. However, a satisfactory analysis and result was conducted within the timeframe provided.

**Strengths.** Due to the different genders, ages and occupations of the participants, the result is possibly generalizable to other populations as well, the current study could thus be said to have external validity. The only thing the participants had in common, besides stress-related sick leave, was the self-help groups. Even if the time was limited I consider the amount of data to be satisfactory to be able to answer the research questions and fulfil the aim of the
study. The internal validity has been considered throughout the whole process of analysis, through careful transcriptions of the interviews and a high degree of self-reflection concerning the interpretation of the data.

Since the goal with the hermeneutical approach is to bring meaning to the participants’ lived experience, the current study could be ascribed to have value in the understanding of the increased number of stress-related illness, as well as in the understanding of the responsibility for psychosocial work environment. The results of the current study show that employees take on too much responsibility when getting ill due to a poor psychosocial work environment and lack of social support from the employer. Thus, this study is an important contribution in the process of making employers more aware of the importance of their leadership, when it comes to giving social support and taking responsibility for the psychosocial work environment to prevent stress-related ill-health and also for the process of returning to work after being on stress-related sick leave.

Suggestions for further research

The psychosocial work environment needs to be improved in the majority of occupations and the responsibility have clearer boundaries so that the employees don’t take on too much responsibility and blame themselves for not feeling good at their work. This study aimed to investigate the participants lived experiences of being on stress-related sick leave, thus a qualitative study with a hermeneutic approach was the most suiting. It would be interesting to conduct a mixed methods-study concerning the subject, to get a broader view as well as the depth of the experiences.

The current study aimed to elucidate the process of stress-related sick leave and the process of rehabilitation from the view of the employee. It would also be interesting to explore the view of the employer concerning stress-related sick leave. To get insight in their situation concerning the demand to create and withhold a good psychosocial environment to make sure that no employee gets sick. It would be of great value to be able to compare the views of employers and employees, to get an insight in how they differ and what similarities that exists.

It would also be of interest to further investigate why the participants in the current study felt the need to protect their employer and rather blame themselves for getting sick due to the work environment. To see what underlying process that have an impact on the employees in this disowned responsibility.

As stated in the discussion, it would be of interest to explore the different effects a stress-related sick leave has on the participants’ family lives. Why some find a great social support in the family, while others do not. It would also be of interest to further investigate the reason that some individuals start large projects at home, despite having a stressful situation at work. If it has to do with some specific personality traits, or if it is a coping mechanism.
Reference list


Appendix A

Interview guide
(Translated from Swedish)

Background questions
- Age
- Currently on sick leave?
  - If not: back on same work place? Same role?
- Occupation?
- Reason for sick leave?
- Extent of sick leave (100%?)
- Length of sick leave?

The sick leave and the work

How was your work situation before the sick leave?

Were you feeling ill a long period of time before the sick leave?

How was your situation and how did you manage it?

What do you perceive as the reasons for your sick leave?
  • Where do you experience that the responsibility laid?
  • What do you perceive caused your sick leave?
  • How was the psycho social work environment?
  • How were the demands of your work?
    o Freedom?
    o Time pressure?
  • Do you experience that you were rewarded enough for the work you did?
    o In what way were you rewarded/what kind of rewards would you have wished for?

Support from employer before sick leave and during sick leave for return to work

What do you experience that the employer has done to alleviate or adjust the work?

How do you experience that the employer has been a support or not, and in which ways?
  • Perceived support from manager/Perceived support from colleagues?
    o Which were most important?
    o What was lacking?
The self-help group

How is it that you are participating in this self-help group?
  o Did you apply by your self?

Do you perceive being helped by participating in the group?
  o In what way/what kind of help?

Do you perceive your self as closer to returning to work?
  o In what way?