The Social Organization of Work Incapacity: Incapacities in the Swiss Social Insurance System and in the Workplace

Nadai, Eva; Gonon, Anna; Hübscher, Robin; John, Anna

The Social Organization of Work Incapacity. Incapacities in the Swiss Social Insurance System and in the Workplace

Eva Nadai, Anna Gonon, Robin Hübscher & Anna John *

Abstract: *»Die soziale Organisation von Arbeitsunfähigkeit. Arbeitsunfähigkeit in der Schweizer Sozialversicherung und am Arbeitsplatz«*. Work capacity as a precondition for productivity is a key concern of the welfare state and the economy. *In*capacity thus poses the problem of social protection for those deemed unproductive. Based on qualitative research on the employment of disabled people and low-skilled workers, this paper discusses the regulation of different kinds of work in/capacity in the Swiss welfare system and its consequences for the valorization of labor. With the example of disability insurance we show how employers engage in shaping welfare institutions, which then affect their evaluation of workers. On the firm level, social insurance and protective law, in conjunction with company forms, provide dispositives for defining in/capacity and testing the value of workers. They delimit a space for tolerating health-related incapacity and enable compromises between different quality conventions. When ill health and low skills cumulate, the existing social insurances do not offer sufficient protection.

Keywords: Work incapacity, welfare institutions, disability insurance, valorization of labor, low-skilled workers, economics of convention.

1. Introduction

The economic productivity of the population is a key concern of the welfare state. Policies concerning core welfare issues like health, unemployment, or education are inextricably linked to the goal of generating and maintaining

* Eva Nadai, University of Applied Sciences and Arts Northwestern Switzerland, School of Social Work, Riggenbachstrasse 16, 4600 Olten, Switzerland; eva.nadai@fhnw.ch.
Anna Gonon, University of Applied Sciences and Arts Northwestern Switzerland, School of Social Work, Riggenbachstrasse 16, 4600 Olten, Switzerland; anna.gonon@fhnw.ch.
Robin Hübscher, University of Applied Sciences and Arts Northwestern Switzerland, School of Social Work, Riggenbachstrasse 16, 4600 Olten, Switzerland; robin.huebscher@fhnw.ch.
Anna John, University of Applied Sciences and Arts Northwestern Switzerland, School of Social Work, Riggenbachstrasse 16, 4600 Olten, Switzerland; anna.john@fhnw.ch.

Historical Social Research 46 (2021) 1, 160-180 │ published by GESIS
DOI: 10.12759/hsr.46.2021.1.160-180

a productive workforce to foster the economic prosperity of the nation state. *Health* in terms of the physical, mental, and cognitive faculties of the person, in combination with acquired *competencies* (knowledge and skills), are crucial *preconditions of productivity*. Hence, from early on, social protection for those affected by health problems like accident, illness, and disability aimed at restoring work capacity and coupled welfare benefits with the compulsion to work (Baldwin 1990; Priestley 2010; Rose 2017; Tabin et al. 2013). Yet, the labor market inclusion of workers with limited work capacity is dependent on business enterprises who are the actual gatekeepers to employment. It is employers' preferences for the most productive workers, however, that generate the problem of labor market exclusion in the first place. People with disabilities face high barriers to the labor market (BFS 2017a; OECD 2010; Shaw et al. 2014). Likewise, limited work capacity due to the lack of competencies implies high risks of unemployment and precarity for workers without formal occupational qualifications (Gesthuizen et al. 2011; OECD 2019; Oesch 2010). The two categories actually overlap: on the one hand, people with disabilities have lower average levels of education (OECD 2010, 27-8); on the other hand, low-skilled workers are overrepresented among disability insurance beneficiaries (BFS 2017b).

This paper uses the framework of the economics of convention (in short, EC) to explore the social organization of *work in/capacity in the welfare system and in the economy*. By inserting a slash into the term "in/capacity," we want to emphasize the indeterminate nature of work capacity: neither its degree, nor causes, nor consequences are independent of the social, political, or economic context of its occurrence. In the welfare system and the economy alike, the boundaries between capacity and incapacity are flexible, negotiable, and often controversial (Garsten and Jacobsson 2013; Nadai et al. 2019; Probst et al. 2015; Rose 2017). Nevertheless, attributing causes for and determining degrees of work incapacity is crucial for the distribution of responsibilities between the welfare state, economic organizations, and the individual. As we will show with the example of the Swiss disability insurance, in the welfare system, health-related incapacity is a recognized risk covered by social insurances and entailing legal protection, whereas skills-related limited capacity remains primarily a personal responsibility.[1]

We analyze controversies about work in/capacity as "critical moments" of dissent, in which routines of coordination are disrupted and the need for justification arises (Boltanski and Thévenot 1999, 359). *Disputes* arise in two different, but interlinked domains. In the welfare system, the issue is

[1] Ewald (1993) points out that in the modern welfare state the actuarial concept of risk has replaced the moral concept of fault. Thus, compensation for work incapacity does not follow the logic of liability but of insurance technology. The causes of incapacity are only relevant insofar as social insurance is based on the principle of calculating specific risks.

whether work incapacity constitutes a legitimate social risk and how this risk should be covered. The establishment of disability insurance in Switzerland followed four decades of political controversies until it was finally implemented in 1960, and its later reforms were also contested (Canonica 2020; Fracheboud 2015; Germann 2008, 2010). In the economy, disputes refer to the productivity of workers and the consequences of incapacity: to what extent does an incapacity affect the productivity of the worker within a particular work organization and what are (legally and morally) legitimate responses to different kinds of diminished work capacity? In other words, assessing in/capacity in the workplace implies judgments about the value of labor. Although the "power of valorization" is primarily in the hands of business enterprises (Eymard-Duvernay 2012), we contend that employers' assessments of workers with incapacities are also shaped by welfare state institutions and laws that affect employers' calculations. At the same time, employers are not just a passive target group of social policy: they take an active part in political struggles over the institutional design of the social security system; thus, they contribute to shaping welfare institutions (Canonica 2020; Hacker and Pierson 2002; Leimgruber 2008; Paster 2012).

The analysis draws on data from two qualitative research projects on the employment of people with disabilities and on low skilled workers respectively. Section 3 sketches the status of work incapacity in the Swiss welfare system and examines the role of employers in the development of disability insurance. Sections 4 and 5 present our empirical findings on the handling of work in/capacity in businesses, with the latter taking a closer look at cumulated incapacities in the interaction of poor health and low skills. We start with the analytical framework and an overview on methods and data (section 2), and draw a few conclusions in section 6.

2. Analytic Framework and Methodology

As Polanyi (2001 [1944]) famously argued, labor is a "fictitious commodity" of a special moral quality, because it cannot be separated from its owner. Subjecting it to market mechanisms alone would damage the individual and society to the core. Polanyi and many others after him thus regard the welfare state as a counter-movement to unregulated market forces, which by themselves would violate normative standards of justice, equality, or security for those whose labor power is not in demand. This *moral quality of labor* becomes *manifest in the problem of work incapacity* which raises the question of justice for and solidarity with those who can neither contribute to economic productivity nor provide for themselves. Why should business enterprises employ workers whom they deem "unproductive," hence unprofitable? To what extent and in which ways should society support those

discarded by the labor market? Historically, severe illness and clearly visible disabilities represented the epitome of welfare deservingness because they signal unequivocally that the work incapacity is involuntary; solidarity is therefore justified (Castel 2003). Yet, normative notions of deservingness and political conceptions of appropriate forms of support for those unable to work are always controversial and change over time. Over the past decades, for example, disability pensions as an alternative livelihood to wage work became negatively connoted with social exclusion, while enabling impaired people's access to the labor market now represents the value of inclusion.

From the theoretical perspective of EC, values play a central role in political controversies about welfare institutions and policy change. Whereas much of social policy research locates values, norms, and morality outside or below of the processes of policy formation and tends to reduce them to interests and strategic means (Hansen 2019), EC treats values as endogenous to coordination. Values are constitutive for *conventions*, which equip actors with cultural resources to evaluate and justify welfare institutions and policies. As "orders of justification," conventions are inherently moral insofar they are based on coherent normative conceptions of the common good (Boltanski and Thévenot 2006). Thus, conventions provide actors with "a sense for correctness and justice"; in situations of disputes they enable them to ground their arguments in general principles (Diaz-Bone 2017a, 81). Unlike theoretical approaches that operate with the conception of mutually exclusive policy paradigms, regimes, public philosophies, and the like, EC emphasizes the coexistence of different conventions in any given context (Batifoulier, Da Silva, and Duchesne 2019; Hansen 2019; Nadai et al. 2019). This plurality of possible justifications forces actors to interpret situations, evaluate the adequacy of different conventions, and find compromises between them (Boltanski and Thévenot 1999). As Batifoulier et al. (2019, 264) therefore argue, "the notion of convention derives its substance from the existence of disagreements"; consequently, they regard the *development of social security institutions as a product of conflicts* between antagonistic political actors. In such conflicts, conventions serve as resources for criticizing competing justifications (ibid., 259; see also Boltanski and Chiapello 2005; Hansen 2019; Nadai and Canonica 2019).

Recent research points to the important role of *economic actors* such as employers, doctors, the private insurance industry, and others in struggles about welfare state development (Batifoulier 2014; Canonica 2020; Hacker and Pierson 2002; Leimgruber 2008; Paster 2012; Vahabi, Batifoulier, and Da Silva 2019). Historically, *employers* often pursued a "strategy of containment," opposing welfare state expansion and state interventions, to keep labor costs down and to prevent the presumed erosion of work ethic through social insurance (Paster 2012). In Switzerland, employer associations have traditionally been influential policy actors. On the one hand, they

are highly organized and coordinated; on the other hand, the liberal-corporatist economic model privileges private over state interventions (Nadai et al. 2019, 189). Employers generally preferred combinations of state and occupational forms of welfare.

On the company level, welfare institutions enter the "dispositives of valorization" (Eymard-Duvernay in Diaz-Bone 2017b, 91). Dispositives composed of material and immaterial forms provide a frame for comparing and ranking actors and objects – in this case for testing the quality of workers with incapacities. In their model of the employment of disabled people, Nadai, Gonon, and Rotzetter (2019, 73-91) identified a number of state and company forms (Thévenot 1984, 26,), which structure the evaluation of workers. State forms comprise disability insurance pensions and rehabilitation measures (e.g., direct and indirect financial subsidies, job placement) and protective laws for workers (e.g., legal periods of notice in case of sickness or of sick pay). Company forms include voluntary and mandatory occupational benefits, the material infrastructure of workplaces, the work organization, and performance management practices that define productivity standards and assess the individual workers against this yardstick. Taken together, these forms first construct work in/capacity and, second, affect the economic, legal, and moral costs of including or excluding workers who are classified as insufficiently productive within the firm-specific dispositive. It is important to note, however, that dispositives do not determine the evaluation but rather *delimit a space for negotiations* about appropriate responses to work in/capacity.

We regard the institutional regulations of the welfare state not only as constraint but also as the means through which "the values of society can become relevant in the actions of economic actors" (Beckert 2012, 255). This is evident in the study of Nadai et al. (2019), which found that employers consistently claimed a *moral responsibility* for workers with health problems but only within the limits of what they saw as economically feasible. Translated into the terminology of EC, this conception of limited responsibility represents a *compromise between different justifications* for the employment of incapacitated workers. While social responsibility points to the dimension of solidarity implied in the domestic and civic conventions, the argument of economic feasibility refers to the market and industrial conventions (for an overview of conventions, see Diaz-Bone 2018, 146-64). In the domestic world, the worth of a person depends on his or her position in hierarchies of super- and subordination, which generate mutual obligations: the "great" persons carry responsibilities for their dependents who owe them loyalty in turn (Boltanski and Thévenot 2006, 164-77). It is thus the employer who acquires worth by protecting incapacitated staff members. In a similar vein, the civic convention bestows worth on the employer who gives disabled people jobs, thus promoting the common good of social inclusion. In con-

trast, the market and industrial conventions actually evaluate workers in terms of their personal contribution to profitable production or their fit into an efficient coordination of production (Nadai et al. 2019, 15-8).

Empirically, the article is based on data from two research projects, funded by the Swiss National Science Foundation, on different categories of disadvantaged workers. The first, conducted 2014-2017, was an interdisciplinary study of the roles of disability insurance and employers with respect to the employment of people with disabilities (Nadai et al. 2019). It comprised a historical analysis of the implementation and development of the Swiss disability insurance from 1945 to 2008 (Canonica 2019, 2020) and an ethnographic study of the relations between disability insurance and employers (Nadai 2018; Nadai, Gonon, and Rotzetter 2018, 2019). The ethnography consisted of in-depth case studies in two disability insurance offices and two large firms, and interviews and observations in additional insurance offices and businesses; a total of 7 disability insurance offices and 35 companies were involved. The second study, still underway and conducted by the authors, analyzes the constitution of the employability of low-skilled workers from three perspectives: employers, workers, and labor market intermediaries. So far, the database consists of interviews with 27 employers, 39 low-skilled workers, and 10 private and public intermediaries. Firms and workers were sampled in five different industries with a high percentage of low-skilled jobs: construction, cleaning, manufacturing, restaurants/catering, and retailing.

3. Work Incapacity as a Social Risk in the Swiss Welfare System

Depending on causes and duration, health-related work incapacity falls into the jurisdiction of various social insurances. In Switzerland, long-term work incapacity is covered either by accident insurance, by disability insurance, or by occupational invalidity pension schemes. Furthermore, there is the sick pay insurance, provided by the employer, which is not mandatory but quite common in medium and large enterprises. Entitlements vary considerably between these insurances, but they all emphasize reintegration into the labor market. Accordingly, the Swiss disability insurance defines disability not in terms of functional health impairments per se, but with respect to *loss of earning capacity* (Tabin et al. 2016). The degree of disability is determined by the difference between the actual earnings before the onset of disability and hypothetical earnings in a job suited to a person's remaining work capacity. In this way, disability is in fact a function of the market value of the workers' capacities. Moreover, only medical causes constitute legiti-

mate determinants of earning incapacity, while possible social causes are ruled out (e.g., personal problems, lack of skills). Furthermore, pensions are subsidiary to occupational integration: they are only granted if earning capacity could not be restored sufficiently by prior rehabilitation measures.

Germann (2008) argues that this strong orientation to occupational integration was decisive for the political breakthrough of the long-delayed project to found a universal disability insurance in Switzerland, which was first proposed in 1919 but only realized in 1960. In the political debate, the difficulties of defining work incapacity and the concomitant risk of misuse were important arguments against the insurance (Canonica 2012). The project gained momentum in the mid-1950s when various political actors proposed a "combination solution": a model that blended medical and occupational rehabilitation with financial support, and state insurance with private initiative. For employer associations, who fiercely opposed disability insurance, the primacy of rehabilitation was a safeguard against high costs for social security. They regarded the introduction of a new social insurance as another step to "socialist state interventionism." Hence, they promoted the "*principle of voluntariness*," which left the employment of workers with incapacities to the discretion of businesses who would act out of a heartfelt sense of moral obligation (Canonica 2020). Their moralization strategy infused the concept of responsibility with notions of freedom and national distinction (Nadai and Canonica 2019). On the one hand, employers argued that the self-imposed responsibility was more humane than the bureaucratization of aid by state insurance, which would undermine the value of solidarity. As an act of "bourgeois charity" (Canonica 2019, 31), the social responsibility of employers was mainly anchored in the domestic convention, namely in the duties of care of the employer towards the members of the company community. On the other hand, in contrast to the quota systems of other European countries voluntariness guaranteed the freedom of contract of employers and workers alike: employers could select workers and the disabled could choose jobs without state interference. In this way, the liberal principle of voluntariness was morally superior to legal obligations and at the same time, it guaranteed market efficiency regarding the allocation of labor.

Employers were not alone in advocating voluntary responsibility: disability associations, political actors, and the emerging insurance administration all shared the belief in the model of voluntariness. The development of the Swiss disability insurance was as much shaped by an underlying *broad consensus* among diverse political actors as by conflict. Antagonistic political actors disagreed on the necessity of an insurance and on its design, but they agreed that the welfare state should not interfere in employment decisions of businesses by imposing employment quota or rehabilitation duties (Canonica 2019). This consensus was possible, because the model fit well into the liberal economic system of Switzerland. On the other hand, employers

proved what they preached: in the absence of a disability insurance until 1960, employers, disability associations and other civil society actors created a system of occupational integration comprising training, sheltered workshops, and employment opportunities in companies. Several large private and public enterprises also established special departments for disabled workers within their companies (Canonica 2020). This private system was successful in periods of economic expansion and labor shortage, when even disabled workers were in high demand. The consensus was called into question, however, with the onset of economic crises starting in the mid-1970s, when disabled people faced increasing difficulties in the labor market. The moralization strategy now exposed employers to *public criticism* (Nadai and Canonica 2019). They were accused of hypocrisy for neglecting the social responsibility they advocated so insistently, and calls for employment quota appeared in the political debate. Furthermore, expert groups proposed financial incentives for employers in disability insurance. Employers first rejected the introduction of market logic implied in financial incentives and held on to the principle of "moral self-regulation" (Canonica 2019, 56). Not before the turn of the century did they adopt justifications based on the market convention and move on to the "win-win" rhetoric of the corporate social responsibility discourse (Shamir 2008). Employers still propagated responsibility as morally just but also as economically sound because it preserved human capital and kept social security costs low.

In the end, employers could not prevent state disability insurance altogether but they succeeded in permanently warding off legally binding obligations towards workers with incapacities. Moreover, they profited from a state-subsidized rehabilitation sector to help them use the labor reserve of disabled people in times of labor shortage (Germann 2008, 196). Germann's observation pertaining to the 1960s still resonates today: the reforms of disability insurance in the first decade of the 21st century reinforced the support for employers with measures such as free work trials, temporary wage subsidies, experience-rated insurance premiums, counseling, job placement services, and an overall emphasis on employer orientation (Nadai 2018). In sum, *social protection in case of health-related work incapacity is firmly established in the welfare system*: disability entitles those affected to financial benefits, and medical and vocational rehabilitation measures. Apart from paying their share of insurance contributions, employers evaded further legal responsibilities. Yet, in their fight against state interventionism, they maneuvered themselves into assuming the *moral responsibility* engrained in the domestic convention: the obligation of the employer as head of the "company family" to protect workers with health impairments.

In contrast, employers do not claim a moral responsibility for *training low-skilled workers*, nor is there an individual right to vocational training in the social security system. Unemployment insurance covers the loss of job, but

there are no entitlements to measures that tackle one of the most important impediments to finding a new job, namely the lack of qualifications. To the contrary, there is some evidence that low-skilled workers are underrepresented in training programs (Bonoli and Liechti 2018). Measures for the unemployed are designed as "replacement investments" (Nadai and Canonica 2014, 355) that only aim at maintaining employability on a person's qualification level before the job loss instead of enabling formal training (see also section 5). Nevertheless, in the context of social investment policies, low education has become an important political concern too. Recently, the focus is on identifying and developing necessary skills to meet the challenges of demographic and technological change that lead to labor and skills shortage and skills mismatch (OECD 2016a, b). Adults lacking formal occupational qualification are a special target group because they are underrepresented in continuing education on or outside the job (OECD 2019; Wotschak and Solga 2014). In Switzerland, the education and training of this group has become a topic in different domains such as school-to-work transitions, social assistance, and adult education and training. For example, a federal program to promote vocational education and training (VET) for adults running from 2013-2017 considerably raised the number of adult VET graduates, albeit on a very modest level (SBFI n.d.). In 2017, the State Secretariat for Education, Research and Innovation launched a program to promote "basic competencies in the workplace" by funding tailor-made short training courses for low-skilled workers. The funds amount to subsidies for training costs thus following a similar logic as the financial incentives of disability insurance by (indirectly) lowering labor costs. Yet, the workers themselves do not have a right to get funding for education and training to maintain or to enhance their employability.

Welfare state sponsoring of education and training programs to enhance the quality of low-skilled workers amounts to a *weak societal responsibility*. However, unlike in the case of health-related work incapacity, welfare state intervention is not legitimized with reference to values such as social inclusion or justice. Rather, justifications draw on the market convention and the industrial conventions: upskilling is necessary for the competitiveness of economies, businesses, and workers themselves because a mismatch between technological progress and obsolete or lacking skills will hamper productivity. Moreover, the upskilling discourse does not attribute special responsibilities to employers: it may be *unwise but not immoral* if businesses do not invest in the productive capacities of low-skilled workers. Ultimately, it falls to the "entrepreneurial" individual to anticipate and adapt to the ever-changing demands of the labor market or else face the consequences like unemployment and poverty (Bröckling 2016).

4. "We're Not a Sheltered Workshop" – In/Capacity in the Workplace

In the workplace, incapacity is a contested issue too. Disputes regard individual productivity, which affects the valorization of workers. While social insurance regulations demand precise definition and assessment of the causes and degree of incapacity, for employers the impact on work coordination matters more than the kind of incapacity. For example, Mr. Hofmann,[2] a supervisor of a small team in a large company, describes his team in the following way:

> I have Mr. Hong who doesn't know the languages, he doesn't bring 100 percent. […] And Ms. Amato, due to her age, problems with the computer, she also has periods of sick leave, she's very introverted. […] I have to accept this person, but I will never be able to give her other assignments. Then I have Mr. Hasler who doesn't fully perform. This means, the whole performance level drops in this group.

Incapacities related to lacking language and computer skills, character traits, age, health problems like Mr. Hasler's cardiac infarctions, sickness absences, and undefined performance problems seem to blur in this citation. For the supervisor, the nature of an incapacity is not relevant, rather the performance level of the whole team. In the workplace, health-related incapacity is not measured against the yardstick of a strict definition, but in relation to the exigencies of production, which in turn depend on the *forms* of work organization and *productivity standards*. Here are a few examples of how employers described health-related incapacities in our sample:

1) An overweight employee cannot work standing at the customer desk.
2) A mechanic with a learning disability needs "specia" working hours.
3) A clerk with a mental illness works slowly and makes mistakes as soon as he gets under pressure.

The extent to which deviations from production standards, mistakes, or slow working are perceived as relevant incapacities depends on the *degree of standardization* and the *interdependency* of work procedures. The "task" is a "key form" of the Taylorist work organization (Thévenot 1984, 16). Standardized tasks enable coordination, but also presuppose standard ideal workers (Foster and Wass 2013) with "intact interchangeable bodies" (Rose 2017, 12). Work in/capacity is thus relative to the definition of *job profiles*. In the case of the overweight employee in example 1 (above), the job profile had been changed after a reorganization. Employees now had to switch between different tasks and physical locations. Not being able to work standing had

[2] All subsequent names are pseudonyms.

never been a problem before, but became a relevant incapacity with the new job profile. Expectations about employees' capacities can also be manifest in the *material forms* of the workplace. In example 1, counters are designed in a manner that does not allow employees to sit. In this way, the material design of the workplace contributes to the constitution of incapacity. Furthermore, depending on the *interdependency* of work procedures, individual deviations from production standards are more or less relevant. The mechanic in example 2 can work the "special hours" he "needs" because he is in maintenance and his work has no direct impact on the pace and quantity of production. In contrast, the clerk in example 3 has to deliver his work in time and without mistakes because the next work steps depend on it. His mistakes and slow pace cause trouble for his colleagues, which in turn "increases the pressure for all," as his supervisor said. Moreover, health problems often lead to sickness absences. Not constituting an incapacity per se, frequent absences interfere with the coordination of production, as Mr. Hofmann, the supervisor cited above, mentions. Whether they are perceived as production-relevant deficits depends on the company's forms of handling sickness absences, e.g., the regulation of the recruitment of temporary help. As these examples show, the constitution of *health-related* work incapacity is conditional on a worker's *fit into work organization* rather than lacking bodily or cognitive capacities per se (Nadai, Gonon, and Rotzetter 2019, 149-54).

Besides health-related performance problems, Mr. Hofmann, mentions lacking language and computer skills as relevant incapacities. In political discourses, the *lack of (formal) skills* tends to be treated as an *incapacity* constituting a *deficit in employability* just like health impairments. Physical abilities are said to become obsolete while higher-level cognitive skills such as information-processing, written and oral expression, digital literacy, and the like will become more important (OECD 2016, 2019). The employers of our sample do not share this view with regard to the low-skilled jobs in their companies. Physical capacity is still crucial (see section 5) and the cognitive abilities of low-skilled workers are rated as sufficient in their jobs. The lack of qualification only turns into problematic incompetence at the blurred boundary between unskilled and skilled work, namely when companies promote unqualified workers to qualified positions because of skills shortage in the higher-level occupation. In the jobs carved out for low-skilled workers, however, lack of qualification is not an individual deficit in the same way health-related work incapacity is. Instead, productivity is secured by formatting tasks and tools (Thévenot 1984), and precisely the deficit in formal qualification allows employers to use low-skilled workers as cheap labor (Atzmüller et al. 2015; Demazière and Marchal 2018). While disabled workers are regarded as "cogs that block the machine," as an HR manager stated, low-skilled workers keep the machine running at a profitable price.

The ways in which employers handle employees' in/capacities depend on *company and welfare state forms*. As discussed in section 3, employers have long propagated their social responsibility as an argument against the establishment of a social insurance. The idea of the "domestic" responsibility of the firm towards its staff is still present today but it mostly pertains to *job retention* and it is limited in time (Nadai, Gonon, and Rotzetter 2019). Its duration is defined by two formats: the legal periods of notice in case of sickness and the duration of sick pay, which both vary with seniority. In contrast, civic responsibility pertains to the recruitment of new employees with known disabilities, which is seen as "giving someone a chance." The majority of companies in our sample try to retain disabled or ill employees, but do not hire them. Retention is conditional on the possibilities of re-establishing the fit between a disabled worker and work coordination, for example, on the extent to which periods of limited performance can be bridged (financially and with additional staff), as well as on the availability of jobs that are compatible with a worker's health condition.

The continuation of employment is the subject of *disputes* between different actors in the company and (sometimes) welfare state representatives. The example of Ms. Lang, a warehouse worker, who cannot lift more than 5kg due to a shoulder injury, illustrates this. Here is a fieldnotes-based reconstruction of a discussion between her supervisor, an HR manager, and two representatives of accident and disability insurance:

> The insurance representatives ask about the possibilities of extending Ms. Lang's contract. The supervisor says that Ms. Lang cannot stay permanently in the light job where she is working now because the company uses it as temporary job for employees with impairments. The HR manager adds that Ms. Lang cannot work in the cold storage either, because she is not able to "work overhead."[3] The accident insurance representative suggests adapting work procedures in the cold storage to Ms. Lang's impairment. The supervisor explains that working "overhead" is necessary in order to guarantee productivity. Instead, he proposes that Ms. Lang reduces her working hours. The disability insurance representative then offers wage subsidies to compensate for training costs, if Ms. Lang changes to a more appropriate workplace in the warehouse. The HR manager replies that it depends on Ms. Lang's capacity to lift more than 5kg.
>
> Ms. Lang's supervisor states that the company is "patient" with impaired employees as long as reintegration seems realistic. Yet, he and the HR manager reject suggestions of workplace adjustments, arguing that they are not compatible with the firm's standards of work coordination.

A minority of the companies in our sample have invested in forms facilitating vocational rehabilitation, for instance cost centers for the adjustment of job profiles or special workplaces adapted to common impairments. Even if

[3] She cannot pick products from shelves over her head.

there is an infrastructure of "niche" workplaces, they are rarely used as permanent positions and incumbents are expected to return to a normal workplace after rehabilitation. Furthermore, social insurance forms facilitate the retention of sick employees. *Wage subsidies* by disability insurance, as offered in the example of Ms. Lang, compensate for the lower productivity during rehabilitation or retraining in a new task. Yet, as the subsidies are *temporary*, retention is only possible if the workers meet the performance standards after the subsidies expire. In most cases of incapacity by health impairment, adjustments do not involve substantial alterations of the standards within the given job and work organization and they are seen as exceptions. The phrase "we're not a sheltered workshop," often used by managers, expresses the limits of employers' felt sense of responsibility well. Rather than adjusting job profiles to the workers' needs, workers are adjusted to the existing jobs. The reduction of working hours that should allow for more recovery time, as suggested by Ms. Lang's supervisor, is the most common adjustment in our data. This goes at the expense of the worker who earns less.

5. Too Sick to Work in Low Skilled Jobs

As mentioned before, employers still hold on to the idea of their moral duty of care which, however, must not go beyond the "hard facts of economic reality" (Nadai et al. 2018, 419). In the end, work incapacity is only tolerated inasmuch as the worker is still productive to a certain degree and productivity losses are compensated for by social insurance. Both conditions make low-skilled workers who become incapacitated by illness, disability, or age very vulnerable.

In low-skilled jobs, *the healthy body is a worker's main capital* because these mostly manual jobs are physically more demanding than higher-skilled jobs. Physical capacity in terms of strength, stamina, and dexterity is therefore a crucial asset for workers and of paramount importance in recruitment (Hassler et al. 2019; Tranchant 2018; Abel et al. 2014). The workers' bodies are subject to informal visual inspections and in some jobs to formal tests. Recruiters judge the quality of an applicant also by bodily features such as build, height, robustness, and an overall appearance of fitness. In the construction industry, for example, delicate hands indicate that one is literally not built to work on a construction site. Generally, the hands of a manual worker must testify that he or she is "industrious." Moreover, health and fitness are the objects of mandatory medical assessments. Labor law requires that workers performing regularly detrimental or hazardous work during nighttime are tested periodically for their ability to cope with nightshifts. In some industries, the law prescribes additional medical exam-

inations, e.g., for intestinal parasites in the food industry. Failing such tests disqualifies the worker for the respective jobs; especially incapacity for nightshifts may lead to dismissal if the production model of the firm rests on shiftwork.

In general, the willingness of employers to accommodate employees with health impairments is rather limited (see section 4). In the case of low-skilled workers, the most common *adjustments* like changing job profiles or reducing working time are *not feasible*. Inasmuch as job profiles are already very restricted, the tasks cannot be simplified anymore and low wages preclude part-time work with its concomitant income loss. Likewise, reallocation within the firm is often not an option because most low-skilled jobs are physically demanding. Those aspects of a job, which strain the body the most, are also the hardest to change, as the manager of a food processing plant with a moist and cold climate explained: "The problem is, it is always a bit the same. The temperatures are the same … in another production site the problem is the same in the end." Transfers to non-manual jobs mostly require retraining and formal qualification. Apart from the time, effort, and self-confidence needed for undergoing adult vocational training, low-skilled workers are *disadvantaged in the welfare system* in terms of financing further education. In the logic of disability insurance, retraining must lead to an "approximately equivalent" occupation – thus a client working in a low-skilled job will not receive training qualifying him or her for a higher-skilled occupation. Furthermore, the client must "objectively and subjectively be able to pass occupational training" (BSV 2019, 38).[4] Moreover, if he or she can retain the job or find a new one without further training there is no entitlement to respective benefits (ibid., 39). These requirements make it unlikely that low-skilled incapacitated workers get insurance funding for occupational training beyond short courses. Neither do the interviewed employers see it as their responsibility to invest in training such workers for higher-skilled jobs. In cases of minor health impairments or age-related deteriorating work capacity, supervisors sometimes find *informal solutions*. Some do so by balancing strengths and weaknesses of individual workers within the team like this supervisor of assembly line workers has stated: "Older employees are sometimes not as fast as younger employees. So for each shift I need a mix of younger and older people." Others relieve workers with impairments from certain tasks, for example assigning heavy lifting to the healthier team members.

Despite having similar effects on productivity, *age-related and health-related diminished capacity* is regarded differently. In the construction industry, there is more tolerance for age-related decline in productivity than for con-

[4] Lack of proficiency in the local language is certainly one of the obstacles to occupational training: migrants are overrepresented among low-skilled workers (BFS 2019).

straints resulting from health problems. This is institutionalized in the collective bargaining agreement of the construction industry, which acknowledges the hard working conditions and allows for early retirement at the age of 60 (instead of the regular retirement age of 65). The agreement thus provides both employers and workers with a format to deal with incapacity below the threshold of an insured disability. In firms with company forms focused on health, employers feel more responsible for health problems than for age-related reduced limited productivity, as the HR manager of a supermarket chain says:

> Well, health is something one cannot control. It is what it is. We have a very good case management, with which we accompany and support these people, always with the aim that they can be integrated again in the work process. [...] Productivity depending on age, that's relatively hard... [...] We are in a meritocratic society and have corresponding requirements, which one has to fulfill and when someone cannot do it anymore, the question really is: how do you handle this?

In his contradictory statement, the manager blends notions of *deservingness and manageability*. In the case of ill health, the person is not responsible for his or her situation; at the same time, the problem of sickness is manageable by respective management forms. Yet in a meritocratic society, performance pressures are inescapable, hence age cannot be a legitimate justification for insufficient performance; moreover, for management there are no forms to control the adverse effects of age on productivity. Implicitly, illness here appears as short-term and reversible while age-related decline is inevitable and constitutes a long-term burden for the company. To "handle" it creates a dilemma between the moral responsibility of the employer for often-longtime older employees and the cost-benefit calculation of the "hard facts of economic reality."

Sociological research depicts the "economic reality" of low-skilled workers as characterized by precarious employment and *replaceability* (see section 1). When low skills and health-related work incapacity cumulate, workers are even more at risk. First, there are few alternative job options when the body does not function fully anymore. Second, the widespread fixed-term contracts and temporary employment in this labor market segment offer less protection against quick dismissal in case of work incapacity.[5] More than half of the workers of our interview sample worked in fixed-term or temporary employment at some stage of their career, the majority of them repeatedly or for prolonged periods. Paradoxically, state forms like *legal and social insurance regulations* meant to protect workers sometimes even have *exclusionary side effects*. On the one hand, the medical tests mentioned above may bar workers from certain jobs although they are not actually sick. On

[5] The legal period of notice in case of sickness does not apply to fixed-term employment.

the other hand, entitlements to social security benefits and legal protection require medical objectification of health impairments. Work incapacity must be categorized, quantified, and certified by medical professionals to be acknowledged as real and severe enough to warrant social protection. Yet labelled as sick or disabled, the workers cannot grit their teeth in order to keep up employment. Ms. Jäger, for example, loses her job in a restaurant due to a slipped disk. After a few months she gets the job back only to have a relapse after a short while. The sick pay insurance grants benefits again but with the reservation that she must not work anymore in restaurants, retailing, or any other job which involves "running around, lifting too much or sitting too much." In other words, the protective regulation excludes her from many of the jobs available to low-skilled workers – jobs, in which a functioning body is a non-negotiable prerequisite. The so-called "light" jobs with "alternating" tasks that insurances prescribe in such cases are hard to get without retraining, which is however mostly inaccessible to low-skilled workers. Loss of work capacity can thus constitute a *turning point leading to or accelerating exclusion* from the labor market (see also Remillon 2019). In our sample, at the time of the interview, six of the 39 low-skilled workers were unemployed due to severe health problems; another six of the currently employed interviewees had experienced breaks in their employment trajectories because of health problems in the past.

6. Conclusions

Work capacity is a key issue, both in the welfare system and the economy. On the one hand, it is a precondition of economic productivity; on the other hand, it raises problems of social protection and moral responsibility for those whose work capacity is limited. This paper has analyzed the social organization of work in/capacity as the result of the *interaction between welfare state institutions and economic actors*. The contrast between health- and skills-related incapacity served to highlight the contextual and historical nature of in/capacity. While health-related incapacity has been established as a legitimate social risk, incapacity related to lacking skills is still treated as an individual responsibility. The regulation of health-related incapacity was analyzed with the example of the Swiss disability insurance, tracing the present design of the institution back to the historical struggles around its implementation. Employers were influential actors in these conflicts: following a strategy of welfare state containment, employer associations managed to establish the notion of a voluntary social responsibility for workers with health impairments, anchored in the domestic convention, and thereby evaded employment quota and legal rehabilitation duties. Another important historical legacy is the emphasis on vocational rehabilitation, ex-

pressed in disability insurance's motto "rehabilitation before pensions." The emphasis on occupational integration constitutes a strong legitimation for the insurance: labor market participation is justified in the terms of the social inclusion of the disabled and at the same time with promoting economic productivity, thus with references to the civic convention and the market convention.

While employers have contributed to the design of social protection, welfare institutions in turn have an impact on the *dispositives of the valorization of labor*, which add to the constitution of work in/capacity in the first place. In order to control access to welfare benefits, social insurance regulations demand precise definition and assessment of the causes and degree of incapacity. In contrast, business actors do not neatly distinguish between different categories of in/capacity in the practical valorization of labor. For employers, the relevant issue is the *fit* of the worker into a company's coordination of production and on his or her contribution to productivity. In the economy, the limits of in/capacity are flexible. They depend on the dispositives of valorization, comprising company forms such as the job structure, the material infrastructure of workplaces, and state forms such as legal regulations and social insurance forms. The concrete *dispositives affect the economic, legal, and moral costs of the (non-)employment of incapacitated workers*. Moreover, they enable and stabilize the compromises between "social responsibility," anchored in the domestic convention, and "economic reality," i.e., an evaluation based on profit and efficiency, anchored in the market convention and industrial convention.

In contrast, there is no equivalent social protection for workers with skills-related incapacities. In political discourses, the lack of (formal) skills tends to be treated as a deficit in employability just like health impairments are. Yet, employers do not regard low skills as a dysfunctional incapacity in respective jobs. Rather the lack of formalized skills justifies low wages, thus making low-skilled workers profitable labor. However, *when the two categories of work incapacity cumulate* – when ill health joins low skills – the *use of these workers is definitely jeopardized*. The problem of sick low-skilled workers exacerbates the tension between the self-interest of businesses to exclude unproductive workers and the moral problem of injustice by violating the value of social inclusion. Failing productivity standards in manual jobs where physical fitness is more important than cognitive skills, incapacitated low-skilled workers become unattractive for employers in terms of the market and the industrial convention. At the same time, they are often in precarious employment, which does not offer social protection as welfare state forms that could back up domestic responsibility. Consequently, the responsibility for the most vulnerable category of workers falls to the welfare state: low-skilled workers with health impairments have to depend on social insurance or social assistance and they are confronted with the risk of social

exclusion. To date, the Swiss welfare system does not provide for the specific risk of low skills. However, the lack of qualification has become an urgent topic in political discourses about impending skills shortage and skills mismatch, accompanied by increasing state efforts to invest in the education of low-skilled workers – from enhancing basic skills to adult vocational training. In the long run, this might alter the way in which work incapacity is socially organized.

References

Abel, Jörg, Hartmut Hirsch-Kreinsen, and Peter Ittermann. 2014. *Einfacharbeit in der Industrie. Strukturen, Verbreitung und Perspektiven*. Berlin: edition sigma.

Atzmüller, Roland, Stefanie Hürtgen, and Manfred Krenn. 2015. *Die zeitgemäße Arbeitskraft. Qualifiziert, aktiviert, polarisiert*. Weinheim/Basel: Beltz Juventa.

Baldwin, Peter. 1990. *The politics of social solidarity: Class bases of the European welfare state, 1875-1975*. Cambridge: Cambridge University Press.

Batifoulier, Philippe. 2011. Valeurs et conventions: une économie politique de la santé. In *Santé et politiques sociales: entre efficacité et justice*, ed. Batifoulier, Philippe, Anne Buttard and Jean-Paul Domin, 30-42. Paris: Editions ESKA.

Batifoulier, Philippe. 2014. *Capital santé. Quand le patient devient client*. Paris: La Découverte.

Batifoulier, Philippe, Nicolas Da Silva, and Victor Duchesne. 2019. The dynamics of conventions: The case of the French social security system. *Historical Social Research* 44 (1): 258-284. doi: 10.12759/hsr.44.2019.1.258-284.

Beckert, Jens. 2012. Die sittliche Einbettung der Wirtschaft. Von der Effizienz- und Differenzierungstheorie zu einer Theorie wirtschaftlicher Felder. *Berliner Journal für Soziologie* 22 (2): 247-266.

BFS (Bundesamt für Statistik). Gleichstellung von Menschen mit Behinderung: Erwerbstätigkeit: Erwerbsbeteiligung. https://www.bfs.admin.ch/bfs/de/home/statistiken/wirtschaftliche-soziale-situation-bevoelkerung/gleichstellung-menschen-behinderungen/erwerbstaetigkeit/erwerbsbeteiligung.html (Accessed November 5, 2019).

BFS (Bundesamt für Statistik). Bildungsstand von Menschen mit und ohne Behinderung, 2015. https://www.bfs.admin.ch/bfs/de/home/statistiken/kataloge-datenbanken/grafiken.assetdetail.3962003.html (Accessed November 5, 2019).

BFS (Bundesamt für Statistik). Sozioprofessionelle Kategorien nach Geschlecht, Nationalität, Altersgruppen, Familientyp. https://www.bfs.admin.ch/bfs/de/home/statistiken/kataloge-datenbanken/tabellen.assetdetail.10567889.html (Accessed November 14, 2019).

Boltanski, Luc, and Ève Chiapello. 2005. *The new spirit of capitalism*. London: Verso.

Boltanski, Luc, and Laurent Thévenot. 1999. The sociology of critical capacity. *European Journal of Social Theory* 2 (3): 359-377.

Boltanski, Luc, and Laurent Thévenot. 2006. *On justification. Economies of worth*. Princeton: Princeton University Press.

Bonoli, Giuliano, and Fabienne Liechti. 2018. Good intentions and Matthew effects: Access biases in participation in active labour market policies. *Journal of European Public Policy* 25 (6): 894-911.
Bröckling, Ulrich. 2016. *The entrepreneurial self. Fabricating a new type of subject*. Los Angeles: Sage.
BSV (Bundesamt für Sozialversicherungen). Legal basis & legislation. Invalidity insurance benefits. https://www.bsv.admin.ch/bsv/en/home/social-insurance/iv/grundlagen-gesetze/leistungen-iv.html (Accessed November 5, 2019).
Canonica, Alan. 2012. Missbrauch und Reform. Dimensionen und Funktionen der Missbrauchsdebatten in der Invalidenversicherung. *Schweizerische Zeitschrift für Soziale Arbeit* 13 (2): 24-37.
Canonica, Alan. 2019. Das Konzept der „Freiwilligkeit'. In *Werten und Verwerten. Konventionen der Beschäftigung von Menschen mit Behinderungen* in Wirtschaft und Wohlfahrtstaat, Nadai, Eva, Alan Canonica, Anna Gonon, Fabienne Rotzetter, and Martin Lengwiler, 23-70. Wiesbaden: Springer VS.
Canonica, Alan. 2020. *Beeinträchtigte Arbeitskraft. Konventionen der beruflichen Eingliederung zwischen Invalidenversicherung und Wirtschaft (1945-2008)*. Zürich: Chronos.
Castel, Robert. 2003. *From manual workers to wage laborers. Transformation of the social question*. New Brunswick/London: Transaction Publishers.
Demazière, Didier and Emanuelle Marchal. 2018. La fabrication du travail non qualifié. AAnalyser les obstacles à la valorisation. Travail et emploi 155-156 (3): 5-30.
Diaz-Bone, Rainer. 2017a. Discourses, conventions, and critique. Perspectives of the institutionalist approach of the economics of convention. *Historical Social Research* 42 (3): 79-96. doi: 10.12759/hsr.42.2017.3.79-96.
Diaz-Bone, Rainer. 2017b. Dispositive der Ökonomie. Konventionen-theoretische Perspektiven auf Institutionen und Instrumentierungen der ökonomischen Koordination. In *Dispositiv und Ökonomie. Diskurs- und dispositivanalytische Perspektiven auf Märkte und Organisationen*, eds. Diaz-Bone, Rainer and Ronald Hartz, 83-111. Wiesbaden: Springer VS.
Diaz-Bone, Rainer. 2018. *Die „Economie des conventions". Grundlagen und Entwicklungen der neuen französischen Wirtschaftssoziologie*. 2. Auflage. Wiesbaden: Springer VS.
Eymard-Duvernay, François, ed. 2012. *Epreuves d'évaluation et chômage*. Toulouse: Octarès Editions.
Foster, Deborah, and Victoria Wass. 2013. Disability in the labour market: An exploration of concepts of the ideal worker and organisational fit that disadvantage employees with impairments. *Sociology* 47 (4): 705-721.
Fracheboud, Virginie. 2015. *L'introduction de l'assurance invalidité en Suisse, 1944-1960: tensions au coeur de l'État social*. Lausanne: Editions Antipodes.
Garsten, Christina, and Kerstin Jacobsson. 2013. Sorting people in and out: The plasticity of the categories of employability, work capacity and disability as technologies of government. *ephemera: theory & politics in organization* 13 (4): 825-850.
Germann, Urs. 2008. „Eingliederung vor Rente". Behindertenpolitische Weichenstellungen und die Einführung der schweizerischen Invalidenversicherung. *Schweizerische Zeitschrift für Geschichte* 58 (2): 178-197.
Germann, Urs. 2010. Integration durch Arbeit. Behindertenpolitik und die Entwicklung des schweizerischen Sozialstaats 1900-1960. In *Disability history.*

Konstruktionen von Behinderung in der Geschichte, eds. Bösl, Elsbeth, Anne Klein and Anne Waldschmidt, 151-168. Bielefeld: transcript Verlag.
Gesthuizen, Maurice, Heike Solga, and Ralf Künster. 2011. Context matters: Economic marginalization of low-educated workers in cross-national perspective. *European Sociological Review* 27 (2): 264-280.
Hacker, Jacob S., and Paul Pierson. 2002. Business power and social policy: employers and the formation of the American welfare state. *Politics & Society* 30 (2): 277-325.
Hansen, Magnus Paulsen. 2019. *The moral economy of activation*. Bristol: Policy Press.
Hassler, Benedikt, Lea Widmer, Thomas Geisen, Nathalie Amstutz, Nico Scheidegger, and Nadine Wenger. 2019. Arbeitsplätze ohne formale Qualifikationsanforderungen in der Schweiz. Rekrutierungsstrategien von Unternehmen und deren sozialpolitische Bedeutung. *Zeitschrift für Sozialreform* 65 (2): 147-174.
Leimgruber, Matthieu. 2008. *Solidarity without the State? Business and the shaping of the Swiss welfare state, 1890-2000*. Cambridge: Cambridge University Press.
Nadai, Eva. 2018. Marketing without moralising. Service orientation and employer relations in the Swiss disability insurance. In *The transformation of work in welfare state organizations: New public management and the institutional siffusion of ideas*, ed. Sowa, Frank, Ronald Staples and Stefan Zapfel, 147-163. London: Routledge.
Nadai, Eva, and Alan Canonica. 2014. Gleichstellung am Rand des Arbeitsmarkts? Sozialinvestitionen und Verwirklichungschancen aus einer Genderperspektive. *Schweizerische Zeitschrift für Soziologie* 40 (2): 349-364.
Nadai, Eva, and Alan Canonica. 2019. The Moralization of Labor. Establishing the Social Responsibility of Employers for Disabled Workers. In *The contested morality of markets*, ed. Schiller-Merkens, Simone and Philip Balsiger, 87-106. Bingley: Emerald.
Nadai, Eva, Alan Canonica, Anna Gonon, Fabienne Rotzetter, and Martin Lengwiler. 2019. *Werten und Verwerten. Konventionen der Beschäftigung von Menschen mit Behinderungen in Wirtschaft und Wohlfahrtstaat*. Wiesbaden: Springer VS.
Nadai, Eva, Anna Gonon, and Fabienne Rotzetter. 2018. Costs, risks and responsibility. Negotiating the value of disabled workers between disability insurance and employers. *Swiss Journal of Sociology* 44 (3): 405-422.
Nadai, Eva, Anna Gonon, and Fabienne Rotzetter. 2019. Soziale Verantwortung in den Grenzen ökonomischer Realität. In *Werten und Verwerten. Konventionen der Beschäftigung von Menschen mit Behinderungen in Wirtschaft und Wohlfahrtstaat*, Nadai, Eva, Alan Canonica, Anna Gonon, Fabienne Rotzetter, and Martin Lengwiler, 71-198. Wiesbaden: Springer VS.
OECD. 2010. *Sickness, disability and work: Breaking the barriers*. Paris: OECD publishing.
OECD. 2016. *Getting skills right: Assessing and anticipating changing skill needs*. Paris: OECD Publishing.
OECD. 2019. *The future of work: OECD employment outlook 2019*. Paris: OECD Publishing.
Oesch, Daniel. 2010. What explains high unemployment among low-skilled workers? Evidence from 21 OECD countries. *European Journal of Industrial Relations* 16 (1): 39-55.

Paster, Thomas. 2012. *The role of business in the development of the welfare state and labor markets in Germany: Containing social reforms*. London: Routledge.
Polanyi, Karl. 2001 [1944]. *The Great Transformation*. Second ed. Boston Beacon Press.
Priestley, Mark. 2010. Disability. In *The Oxford handbook of the welfare state*, ed. Castles, Francis G., Stephan Leibfried, Jane Lewis, Herbert Obinger and Christopher Pierson, 406-419. Oxford: Oxford University Press.
Remillon, Delphine. 2019. Unemployment and turning points in careers. A conventionalist analysis. *Historical Social Research* 44 (1): 92-118. doi: 10.12759/hsr.44.2019.1.92-118.
Rose, Sarah F. 2017. *No right to be idle: The invention of disability, 1840s-1930s*. Carolina: UNC Press Books.
Salais, Robert. 2001. *A presentation of the French 'Economie des conventions'. Application to labour issues. Work seminar of the ESCR-Center of Business Research at the University of Cambridge, March 2001*. https://halshs.archives-ouvertes.fr/halshs-00430648 (Accessed November 5, 2019).
Shamir, Ronen. 2008. The age of responsibilization: On market-embedded morality. *Economy and society* 37 (1): 1-19.
Shaw, Lynn, Lubna Daraz, Mary Beth Bezzina, Amy Patel, and Gillian Gorfine. 2014. Examining macro and meso level barriers to hiring persons with disabilities: A scoping review. In *Environmental contexts and disability* ed. Altman, Barbara M. and Sharon N. Barnartt, 185-210. Bingley: Emerald.
Staatssekretariat für Bildung, Forschung und Innovation. Projekt „Berufsabschluss und Berufswechsel für Erwachsene'. https://www.sbfi.admin.ch/sbfi/de/home/bildung/berufsbildungssteuerung-und--politik/projekte-und-initiativen/berufsabschluss-und-berufswechsel-fuer-erwachsene/projekt--berufsabschluss-und-berufswechsel-fuer-erwachsene-.html (Accessed November 5, 2019).
Tabin, Jean-Pierre, Monika Piecek-Riondel, Céline Perrin, and Isabelle Probst. 2016. L'invalidité comme catégorie administrative. *Revue suisse de pédagogie spécialisée* 3): 13-19.
Tabin, Jean-Pierre, Isabelle Probst, George Waardenburg, Dolores Angela Castelli Dransart, Geneviève Pasche, and Claudio Bolzman. 2013. Decommodification and welfare state: The case of workplace accident victims. *Swiss Journal of Sociology* 39 (1): 129-146.
Thévenot, Laurent. 1984. Rules and implements: Investment in forms. *Social Science Information* 23 (1): 1-45.
Tranchant, Lucas. 2018. L'intérim de masse comme vecteur de disqualification professionnelle. Le cas des emplois ouvriers de la logistique. *Travail et emploi* 155-156 (3):115-140.
Vahabi, Mehrdad, Philippe Batifoulier, and Nicolas Da Silva. 2019. A theory of predatory welfare state and citizen welfare: The French case. *Public Choice*. doi: 10.1007/s11127-019-00660-0 (online first, published 28 March).
Wotschack, Philip, and Heike Solga. 2014. Betriebliche Weiterbildung für benachteiligte Gruppen. Förderliche Bedingungskonstellationen aus institutionentheoretischer Sicht. *Berliner Journal für Soziologie* 24 (3): 367–395.

Historical Social Research

All articles published in HSR Special Issue 46 (2021) 1: Conventions, Health and Society.