DBS SCHOOL OF ARTS

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AN EXPLORATORY STUDY OF GRIEF IN THE WORKPLACE

WHAT DO EMPLOYERS NEED TO KNOW?

**THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS
FOR BA (HONS) COUNSELLING AND PSYCHOTHERAPY**

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Grief and pain are the price we humans have to pay for the love and total
commitment we have for another person
-       C. S. Lewis, *A Grief Observed*.

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Abstract

Despite the inevitability of death and the high probability that most, if not all of us, will experience a loss through the death of a close blood relation, spouse, partner, friend, neighbour or work colleague, a person's grief can often be overlooked, especially in the workplace. This study sets out to explore what grief entails and how the experiences of bereaved individuals in the workplace in relation to the supports they receive and their unique grief responses can help employers understand and support their employees better. It is suggested that when an organisation is aware of the impact of grief on employees and promotes a culture of sensitivity and understanding to those bereaved that it can help employees to better come to terms with their grief. Eighteen female and nine male employees within a national organisation who were bereaved and who returned to the workplace following their loss completed a bespoke questionnaire. The findings provide insight into their unique experiences of the loss of a loved one; the responses and supports of their colleagues, managers and the organisation; and their grief reactions. It explores the impact of their loss in relation to social, financial and domestic elements and discovers what helped most and what helped least in facilitating them to come to terms with their loss. It is intended that the research will bring awareness to organisations of the impact of grief on individuals, and to inform 'best practice' in policy development for organisations who wish to find more effective ways to support grieving employees.

CHAPTER ONE - INTRODUCTION

1.1   RATIONALE

It is likely that most of us will experience a major loss at some time in our life, however, we do not all grieve in the same way, with the same intensity nor for the same duration. How we generally cope with life's losses and disappointments, and how we experienced attachments and separations in our early years will impact on the nature of our grieving. The irretrievable loss of a loved one is the ultimate destruction of the attachment (Bowlby, 1977). Some people go through a normal grieving process, which can take about two years, while others experience complicated or pathological grief which may take many years or may never be resolved (Worden, 1983). Despite the fact that approximately 28,000 people die in Ireland each year representing approximately 0.70% of the population (CSO, 2006), little is spoken of how individuals experience their grief while in the workplace or what supports might be most helpful to them in coming to terms with their loss. How individuals experience their loss may be expressed "in many different forms in the workplace and can have deeply personal and wider impacts" (McGuinness, 2007). The primary rationale for doing this research is to highlight the impact of the death of a loved one on employees, and that a 'one fits all approach' to those bereaved may not be appropriate. "Many companies say that 'human resources' are their most important asset, however, what they fail to see is that if they say people are important, they really have to mean that individuals are important. And the more they can adjust their policies and loosely apply them so individuals get the benefit they need for the time they need, the better off they'll be" (Sunoo, 2002).

1.2   FOCUS OF THE STUDY

While much research has been conducted and much literature has been written about the impact of loss on survivors globally, little had been written in a nationally context which focuses on how grieving employees experience their return to work and how Irish organisations and others might benefit from this knowledge.

This study set out to explore the experience of those who returned to their workplace following the death of someone close to them. It looks at their grief reactions; their experience of returning to the workplace following their loss; what supports they are aware of and received from the organisation, their work colleagues and their manager; and what was most helpful and least helpful to them in coming to terms with their loss.

1.3   BENEFITS

The benefit of doing this research is that employees and employers alike will become aware of what their bereaved colleagues experience, what supports they need and how to they can help a person come to terms with their loss. Workers may think better of their organisation when it promotes a culture of sensitivity and understanding to those bereaved.

CHAPTER TWO - LITERATURE REVIEW

2.1   INTRODUCTION

The following section provides a summary of research and literature which is relevant to this topic. For the purpose of this study grief may be defined as "The psychological, behavioural, social and physical reactions to loss of something or someone that is closely tied to a person's identity (Casarett *et al*, 2001).

2.2   THE NORMAL GRIEVING PROCESS

Normal grieving is a long-term process which involves stages or *phases* which the mourner experiences, often in a non-sequential way (Kübler-Ross, 1969). Worden (1983) is not keen on the 'phased' approach, implying passivity i.e. something that the bereaved passes through. He proposes a more proactive approach, a 'task' approach, which he says is more useful in helping the person come to terms with their loss as it offers them hope that their suffering can end.

WORDEN'S FOUR TASKS OF MOURNING:

(1) To accept the reality of the loss (opposite is not believing): Accepting the fact that a loved one is dead and will never return is a difficult and essential aspect of the mourning process if one is to progress on the road to homeostasis. Many people will try to regain the departed loved one and/or believe that they will be re-united with them in an afterlife (spiritualism). Sometimes, the bereaved will believe that they've seen their loved one in others with similar characteristics. A sensation or smell may evoke a feeling of the loved one's presence. People may deny the facts, the meaning and the irreversibility of the loss (Dorpat, 1973). For example, a person may deny the impact that the loss has had on them by diminishing the qualities of the deceased

e.g. "he was a thorn in my mother's side". They may discard the deceased's belongings or selectively forget the deceased's face. In denying the facts of the loss, the bereaved may practise "mummification" by retaining all the deceased's belongings, sometimes in exactly the same way they were left by the deceased (Gorer, 1965). All of these events go someway to buffer the loss, but eventually reality must be accepted if the person is to recover. While it's quite normal to deny these aspects for a short period, it becomes a real problem if it continues indefinitely.

(2) To experience the pain of grief (opposite is not to feel): Feeling emotional and physical pain is an inevitable part of losing a loved one, though different people will experience different levels of pain. Some may deny the pain or avoid painful thoughts and/or reminders of the dead or may distract themselves by engaging in activities. They may be aware of others discomfort around the expression of strong emotions of despair thus denying themselves the experience of pain. Relations/friends may discourage (what they see as) prolonged crying or sadness and may be implicit or explicit in their disapproval. Gorer (1965) notes that society considers the distraction of the person from their grief to be a proper action of a friend. Bowlby (1980) says it is best to deal with the pain at the time of the loss when people are more supportive, than to return to it at a later stage.

(3) To adjust to an environment in which the deceased is missing (opposite is not adapting): Life without a husband of many years, for example, may mean the loss of a lover, bread-winner, companion, or whatever role that person played, and may not be apparent until some months after their death e.g. when an overdue bill arrives, or, the oil tank is empty. The mourner may have to develop skills to cope with new demands at a time when they're feeling quite vulnerable – this can cause resentment

towards the deceased. Others may feel empowered by rising to the challenge of new responsibilities which can help them to benefit in some way from the loss e.g. they may never have developed organisational or financial skills if their spouse was still alive (Worden, 1983).

(4) To withdraw emotional energy and reinvest it in another relationship (opposite is not loving): On the subject of mourning, Freud said that its function is "to detach the survivors' memories and hopes from the dead" (Freud, 1917, p.65). This doesn't mean forgetting the deceased or loving them less. The thought of becoming emotionally attached to someone new can be unwelcome or frightening as it could end in a further loss, or cause disharmony among children. Worden (1983) acknowledges that this task can be the most difficult for mourners to accomplish, with some becoming stuck at this stage. While most bereaved people do not need counselling to help them come to terms with their loss up to 20% may need some sort of counselling or therapy (Prigerson & Maciejewski, 2006). To the degree that Worden's four 'tasks' are not worked through you will find pathological grief.

2.3   PATHOLOGICAL GRIEF

When a person fails to experience a 'normal' grieving process, they may be said to experience 'complicated bereavement' or pathological grieving. In pathological grieving, the person's grief is so intense and overwhelming that they do not progress through the process to completion. Like normal grieving, pathological grieving is on a continuum with varying levels of intensity and duration. Malan (2001) acknowledges that the when the process goes wrong it is either because there is too much or too little reaction to the loss. His case *'The Nurse in Mourning'*, illustrates how with *too little* reaction the person's unresolved grief resulted in depression with which she presented four years after the death of her fiancé. She had previously lost

both parents and her grandmother and 'couldn't go through with it again' (2001, p. 139). Pincus (1974) asserts that those who experience insecurity in childhood attachments may have ambivalent feelings when their primary carer dies. This may lead to pathological grief.

Worden (1983) describes five determinants of pathological grief which can impact on its intensity, and the type and duration of the grief reaction, and which can help us to understand this phenomenon. They are relational, circumstantial, historical, personality and social factors. He also outlines four categories under which pathological grief reactions can be listed:

1. Chronic grief reactions**:** whereby grief continues for an excessive period of time without coming to a satisfactory conclusion. The bereaved is usually aware that they're having difficulty grieving; maybe years have passed and there seems no end to their mourning. They may seem stuck and not feel able to get on with their lives. The individual will need to determine what task(s) are unresolved and focus on their resolution.

2. Delayed grief reaction**:** where the reaction is suppressed and occurs sometime after the death. At the time of the death, the bereaved may have experienced some feelings that were inadequate to the loss and which required further expression. Following a subsequent loss the person may experience an excessive grief reaction which seems like an over-reaction to the current circumstance. The unexpressed intensity of feeling from the original loss may be expressed during subsequent personal losses, when observing another's grief, or hearing sad news. This reaction can happen when the bereaved has previously lost an earlier attachment figure (Bowlby, 1980). In 'two parts innocent, two parts wise', Jenny, was abandoned

twice by her biological mother – at birth and then again at age 35 (Orbach, 2001, p. 161). This new loss resulted in her awareness that she had not fully grieved for her adoptive parents. Orbach (2001) illustrates how grief gets 'reworked' throughout life. We feel the pain again at special times that used be shared with the deceased, like birthdays, anniversaries, or through music or smells, photos or places – all which can remind one of the deceased and can bring about feelings of loss time and time again.

3. Exaggerated grief reaction**:** where the bereaved is so overwhelmed by their grief reaction that they develop a psychiatric disorder, such as a phobia. The phobia may be associated with an ambivalent relationship with the deceased which led to feelings of guilt and a notion that they deserve to die. Temporary feelings of helplessness are normal in grief, but where the survivor believes that they cannot live without the other, feelings of despair can become intensified, irrational and persist for a long period.

4. Masked grief reaction**:** Deutsch (1937) suggests that when feelings sufficient to the loss are not expressed openly they may manifest themselves (be masked) in physical or psychiatric symptoms and /or maladaptive behaviours which the bereaved may perceive to be unrelated to their loss. She also asserts that when the individual's ego is underdeveloped they may use narcissistic self-protection mechanisms to avoid going through the grieving process. Bowlby (1980) believes that pathological mourning can be expressed though psychiatric illness such as hysteria, anxiety state and personality disorders and, that those who avoid grieving will eventually suffer some sort of depression.

As mentioned above, pathological grief reactions can manifest in various ways. In chronic grief the person is often aware that they are not moving on and may seek therapeutic or medical help, however, in other cases the person may be unaware that their grief is unresolved but may seek help due to physical and/or psychological symptoms. In the latter cases it can be more difficult for those close to the bereaved person to recognise that their symptoms are related to unresolved grief. While assessment and medical history gathering is a normal procedure in an initial visit to a doctor or occupational health worker, sometimes the impact of losses in the person's life can be overlooked or not sought (Worden, 1976). Malan (2001) declares that practitioners need to get the persons whole story to understand fully where their depression originated. Lazare, (1979) as cited in Worden, 1983) outlines a number of clues which may alert those close to the bereaved person to the possibility that they may be experiencing complicated grief reactions:

* When the person is unable to speak of the deceased, many years after the loss, without experiencing and expressing intense and fresh grief;

* When there appears to be an overreaction to a current or relatively minor situation.

* Where themes of loss are raised it is useful observe the persons behaviour, emotions and physiology;

* If the person is hoarding the deceased's belonging or keeps the environment the same as it was prior to the death;

* Manifestation of similar physical symptoms to the deceased's can indicate pathological grief. These may occur around the anniversary of the death of the loved one or when the person reaches the age at which the deceased died. Or they may develop a phobia of the illness which resulted in the loved one's death e.g. phobia of having a heart attack;

* Any radical changes the persons may make to their circumstances can indicate unresolved grief. They may distance themselves from family, friends and/or any social activities which the deceased may have engaged in;

* A person with a long suffered depression accompanied by constant low self-esteem and feelings of guilt or, experiencing false euphoria can be a clue to complicated grief;

* In an effort to keep the deceased 'alive' the person may feel a compulsion to imitate their behaviour, regardless of ability, even when a particular behaviour was previously rejected by the survivor. This form of identification with the deceased is another clue to unresolved grief and may be an effort on their part to may amends for rejecting the behaviour when the deceased was alive;

* An urge to be self-destructive, though often related to other difficulties, may also be an indication of unresolved grief;

* When the person experiences inexplicable sadness during times that used to be shared with their loved one i.e. birthdays, anniversaries, Christmas.

Knowing what the person experienced at the time of the loss and how they behaved can provide a clue to unresolved grief. For example, did they have a social support network? Did they attend the funeral and graveside? In addition to the above the bereaved may resort to the use of drugs or drink to numb the pain. This can also be an indicator of pathological grieving. In 'Fat is an issue', (Orbach, 2001) Edgar substitutes expression of grief for his father and grandmother by excessive eating which gives him a feeling of contentment – an emotional fullness. It was only when he talked openly about his feelings that he began to recognise the relationship between his overeating and his unresolved grief.

While many authors agree that people go back and forth in the grieving process they are divided on the subject of how long the mourning process will take. Worden (1983) believes it is complete when all the 'tasks' are accomplished and when the survivor can think of their loved one without intense pain, sobbing or physical tightness in their chest. It can take up to two years, he says, for people to come to terms with the impact of their loss. The physical, emotional, spiritual and psychological grief reactions that those bereaved experience may only surface many months following their loss. It is important that organisations are aware of this so that ongoing support can be made available and not just in the immediate weeks following the loss. Bowlby (1980) says that it is only when the final phase of restitution is complete that mourning is finished. Neither stress a definite duration for mourning as individuals have various coping skills, perceptions and healing process, however, Parkes (1972) noted that it takes up to four years for widows to reach stability in their lives. Gorer (1965) tells us that a reliable sign that the person is working through their grief is when they accept condolences gratefully. Gawain (1991) says that grief comes in waves that may come at less and less frequent intervals for many years. It is important to note that grief can result from any loss, not just death of a loved one, and while it is said that 'time is a great healer', not all people will recover with time alone.

2.4   GRIEF IN THE WORKPLACE

Charles-Edwards (2009), stresses the importance of the dynamic structure of the workplace to one's identity and survival, and asserts that work and the individual's personal life are intertwined. In an interview with 'Ann', she describes to him the impact on her career, the loss of relationships with her colleagues and the independent life she had built for herself, along with the loss of income and her

sense of competence. She experienced this even before the death of her son who was diagnosed with incurable cancer. In the initial stages of her bereavement and grief she did not have the energy to try to restore the losses related to her workplace let alone seek support in her grief. Charles-Edwards, says that, it is important for employees to seek support within the workplace, for example, counselling from the Employee Assistance Program, or to join a support group that will provide empathy and understanding during the grieving process. He stresses the importance of organisations recognising the signs when employees are under stress. Those bereaved may become quite volatile at the slightest frustration and become overwhelmed by work loads which previously caused no concern to them. Those who have not dealt with their grief, he says, will definitely have problems in work with colleagues and managers, for example, by being irritable, non-communicative, and unable to concentrate or to get motivated. Managers need to be sensitive to grieving employees and should promote an environment where people feel free to engage with one another in an open manner. He also suggests that organisations appoint a dedicated person that employees can go to in times of significant losses. In his book, which may be used as a reference guide for anyone in the workplace, Charles-Edwards presents some case studies which provide a broad overview of bereavement at work and a better understanding of how people cope with loss.

Hazen, (2009) describes approaches that psychologists and social scientists take to understand the grieving process from the mourners view point. She notes that most people return to work only a few days after a major loss and attempt to perform as effectively as they had done before the loss. She observes how organisations

respond to grieving employees and how colleagues and managers collude in the denial of grief. She also indicates how work itself can help a person recover from their loss and suggests ways in which managers may respond to grieving employees, especially when the organisations policies and procedures support them in doing so. The emotions and symptoms of grief response can significantly impact a person's ability to function. However, while the impact of grief on the individual and the family has been well researched, she notes that little is known about how grief affects the workplace. She finds this ironic given that most people tend to spend as much, if not more time, at work with their colleagues than at home with their family. Dyer (2009) notes that co-workers often become like extended family and when a colleague experiences the death of a loved one or a significant loss, that grief can have a major impact on the workplace environment. A bereaved employee who feels that they are supported in the workplace will be better able to cope with that loss than one who feels unsupported by co-workers and management.

James & Friedman (2003) say that grief is hidden in the workplace, buried behind stress and even substance abuse and obesity. They assert also that among the consequences of grief, other than financial losses, is difficulty in concentration, errors in judgment, injuries, and accidents. The effects of grief, they say, can be unfortunately misunderstood by others. Eyetsemitan (1998) notes that difficulty in concentrating and making decisions, along with preoccupation and mental lapses are common reactions to grief. Some people though may withdraw from social interaction, while others might engage in what colleagues or managers might consider inappropriate behaviour for the workplace, such as displays of crying or

irritability. Naierman (1996) found death of a family member to be one of the most common reasons affecting an individual's work performance.

Grover (2007) considers the effect of patients' deaths on nurses who may experience a sense of meaningless, or heightened or hidden feelings of grief. If nurses, who are grieving for lost patients, do not received support in the workplace they may burn-out, or may leave the workplace or the profession altogether. When supported in time-sensitive and helpful ways, she says, they share a culture of self-care which promotes a range of interpersonal functioning, wellness and resilience. They are also less inclined to leave the workplace or profession, or to burn-out. Grover supports the establishment of the Staff Bereavement and Resiliency Program (SBRP) in Cancer Institutes which promotes a supportive work culture for nurses who experience loss of adult and paediatric cancer patients.

David Russo, Vice President of the Society for Human Resource Management, in an interview with Sunoo (2002), said that in his experience, people are uncomfortable when colleagues are either close to death themselves or have experienced a significant loss. He observed that close relationships often became strained when a colleague was near to death - they had a hard time visiting them in hospital; or if bereaved, they just didn't know what to say to help the person. He also found that organisations ignore the fact that personal and working life is intertwined and want to keep them separate. To acknowledge their closeness may create a responsibility on the part of the employer to treat an employee as an individual, he says. It would also create accountability for the employer to have empathy, not sympathy for the

grieving person. People in work also expect the bereaved person to be back to *normal* very quickly. They may enquire about your welfare after the death of your father and hand you a project at the same time, as if to say you should be over it now that a week has passed.

According to Sunoo & Solomon (1996), experiencing grief can provide and an intense opportunity for suffering and learning. During this period many individuals begin to re-evaluate their values and beliefs, and question the meaning of life and the purpose of work. Human Resource managers need to rethink their approach to bereaved employees so that their employees' lives can evolve through their grief and not be annihilated by it. A survey of human resources managers, found that 88% of respondents said that they or a colleague recently faced, or anticipate facing, the loss of a loved one; and 74% acknowledged they were self-conscious about what to do for the bereaved or were at a loss for words. They acknowledge that Human Resources is not always to blame. Because grief is often hidden as a result of a change in the bereaved state of mind it can be difficult to detect e.g. they may have become dependent on sedatives or tranquilizers; or they may seem to be functioning while underneath they are falling apart (Sunoo & Solomon, 1996).

Over the past ten years Ireland has become a more multi-cultural country with approximately 10% of its population made up of non-Irish nationals (Crowe and Hogan, 2007). Therefore, it is important to note how people from different cultures experience grief so that those involved in support services within organisations can offer support relevant to individual needs.

2.5   THE FINANCIAL COST OF GRIEF

The cost associated with inappropriate or inadequate responses from employers to bereaved employees may be quite significant. Employers need to be aware that absenteeism or conflict may surface later and not seem related to the loss. Some employees return to work too soon in an effort to cope with their grief but this can be counterproductive for both them and their employer (Naierman, 1996). James & Friedman (2003) conducted a survey over several decades with more than 25,000 people who participated in their 'Grief Recovery' workshops. They estimated that hidden grief costs U.S. companies up to $75.1 billion annually. The Irish Hospice Foundation, in a survey conducted in 2002 with 34 organisations, found that 44% (15) of organisations surveyed observed an increase in sick leave of employees following bereavement. Over 7% of employees were affected by the loss of someone close and the average numbers of day's sick leave per employee was almost 8 days. The cost of employee absenteeism in Ireland, mainly through short term absences for minor illnesses (such as colds and flu) has been estimated at €1.5 billion in 2002 (Coughlan, 2004). According to Naierman (1996) if the response from an employer is inappropriate or inadequate the cost of employee grief can be quite significant.

CHAPTER THREE - RESEARCH DESIGN AND METHODOLOGY

3.1   RESEARCH DESIGN AND METHODOLOGY

The research design was in the form of a bespoke self-report questionnaire informed by previous research on the grieving process (Worden, 1983; McGuinness, 2007). Most questions were open-ended, allowing for participants to elaborate on their answers without limitation so as to give them latitude to speak their mind, for example, about supports or lack of supports in the workplace. Some other questions were closed or more specific so that comparative data could be gathered in relation to, for example, individuals' grief reactions.

The bespoke questionnaire was designed by the researcher and piloted with twenty fellow students. Feedback was received from all and relevant suggestions where incorporated into the final questionnaire. For example, one student suggested that instead of asking respondents their age, that it might be best to categorise the age groups e.g. 18–24; 25–34, as some respondents may not wish to express their exact age; while another suggested the inclusion of "difficulty making decision" in the 'Grief Reactions' table.

While self-report bias is a consideration, self-report questionnaire measures have a long and established reliability and validity in the field of research (Howard, 1994). In an effort to reduce self-report bias the researcher allowed for the anonymous return of questionnaires.

The researcher's initial intention was to forward a 'research email' and the questionnaire to 'all email users group' requesting any employee who had returned to work following a bereavement to consider participating in the study. However, a chance meeting with a recently bereaved colleague who was still quite visibly upset made a re-think to the approach necessary. It was decided that it would be best to talk to individuals first before sending the email 'cold', given the sensitive nature of the research, and only to send it to people who had been bereaved (as opposed to all employees). A 'script' was prepared to ensure a consistency of approach and content, and to reduce response bias. The experience was on occasion upsetting for the researcher and respondents as some were still quite emotionally raw following their loss. The intensity of the respondents' emotions did not necessarily correlate with the length of time since their loss.

An email (see Appendix B) was sent 'blind cc' to potential participants so that the identity of each participant was not known to the other. They were given a one week period in which to answer the questionnaire should they decide to do so. The researcher wanted to allow respondents enough time make that decision and to complete the questionnaire without feeling under pressure. She also did not wish to leave the period of time too long in case respondents forgot to complete it. When all questionnaires had been completed the researcher spent approximately twenty hours extracting the results and combining them in a table so that interpretation and analysis of the findings could be made. All information provided by the respondents was used and categorised under headings similar to those in the questionnaire such

as, 'The impact of the loss' and 'Additional factors contributing to the loss' amongst others.

3.2   RESEARCH SAMPLE

The final sample size for this study was twenty seven participants of whom eighteen were female and nine were male employees. All work within the same national organisation and returned to the workplace following a bereavement of a close relative. They were selected through a process of convenience sampling initially which led to snowball sampling. Thirty seven people were approached altogether with ten (27%) deciding to opt out. Following the chance meeting with the initial respondent who had been bereaved, a snowball approach ensued whereby each person spoken to then directed the researcher to another colleague whom they were aware had also been bereaved.

3.3   ETHICAL CONSIDERATIONS

Consideration is given to the ethical principles which underpin Dublin Business School's 'Ethical guidelines for research with human participants and procedures for ethical approval' (2007); and the codes of practice for counselling and psychotherapy in Ireland (IACP, 1991, 1998, and 2005). How one should *act* is at the heart of ethics (Graham, 2004).

3.3.1   Fidelity

Fidelity means honouring the trust that the person has placed on the research by keeping promises made. All respondents' identities are concealed for the purpose of this research and all respondents were assured of confidentiality prior to their participation through face to face and in written communications, as follows: "The information you provide is confidential and no personal details about any individual will be shared with this or any other organisation" (see Appendices A and B). Where emails were sent the 'blind cc' function was used so that respondents were not aware of other participants.

3.3.2   Non-Maleficence

Non-maleficence refers to the prevention of harm to others. The researcher endeavoured to diminish any harm that may be caused to the respondent. Where the participant became upset during our discussion about the intended research or during completion of the questionnaire the researcher was mindful to spend time with them and to offer follow up support. Following completion of the questionnaire all participants (whether they completed the questionnaire or not) were further offered support and were provided with information regarding bereavement counselling (see Appendix C).

3.3.3   Beneficence

Beneficence refers to acting in the best interest of the person. There were no personal constraints evident in the respondents that would lead the researcher to question their capacity for autonomy. When personal support was offered, the researcher felt confident that her competence, training and experience would equip her to be of some benefit to the respondents should they take up on the offer of support. She endeavoured to work within the limits of her competence and to refer the person on should they require support outside of her limitation.

3.3.4   Autonomy

Autonomy refers to respecting the person's right to self-governance, to freely participate on a voluntary basis and to choose what course of action they wish to take. Respondents were informed that they were under no obligation to participate in the research and that could opt out at any time without having to let the researcher know.

3.3.5   Justice

Justice means ensuring that people are treated fairly and impartially. All respondents were treated fairly and no preferential treatment was given to one person over another. Each person's rights and dignity was respected and none were discriminated against in any way.

3.3.6 Safety

The safety of the respondents was considered at all times along with the safety of the researcher. The research subject is close to the heart of those bereaved, especially those whose loss is recent and where grief has not yet been resolved. Support was offered to all respondents and the researcher availed of personal therapy when her own feelings regarding the experience of loss arose.

CHAPTER FOUR – RESULTS

4.1 THE RESPONDENTS

Of the thirty-seven bereaved people approached, twenty seven (73%) employees completed the bespoke questionnaire. This group was composed of eighteen female (67%) and nine male (33%) employees, all working in the same national organisation, who returned to the workplace following their loss. The age range for both males and females was between 18 and 65, with the majority of females (56%) in the 36-45 age range and the majority of males (44%) in the 46-55 age range. See Table 1. Except for one female who had just over one year's service, the length of service for female respondents ranged between ten and thirty-three years. The length of service for male respondents ranged from twenty to thirty-five years. See Table 2. The relationship of the bereaved to the deceased were mostly 'very close' (67%) with none reported as 'distant' or 'hostile'. The majority (59%) reported the circumstances of the death of their loved one as 'following an illness', such as cancer and pneumonia, while the remainder (41%) reported the death as sudden e.g. suicide, car accident, miscarriage, cancer and brain haemorrhage. For six respondents (22%), their loss occurred within the past year; for ten respondents (37%) the loss occurred within the previous two to five years; and, for the remainder (41%) the loss occurred more than five years ago.

Table 1: Respondents' Profile - Age Range

% of male and female respondents	Age range	18-24	25-35	36-45	46-55	Over 55
60%					♀	
50%					♂	
40%				♂		
30%				♀		♂
20%						
10%						♀
5%		♀	♀			

Key: Female ♀ / Male ♂

Table 2: Respondents' Profile – Length of Service

% of male and female respondents	Years of Service	1	10	20	30	>30
> 30%						♂♀
25%			♀		♂	
15%				♂		
10%					♀	
5%		♀		♀		

Key: Female ♀ / Male ♂

4.2   THE IMPACT OF THE LOSS

Respondents were asked about the impact of the loss on financial, social, domestic and work aspects of their lives. Some reported a 'devastating' or 'dramatic' impact on all aspects of their life. Where the death was sudden the bereaved had no time to prepare and found that their world was "turned upside down". One respondent reported that "the most important person in my life at the time had died".

4.2.1   Financial Impact

In terms of financial impact, some reported experiencing difficulty as they needed to reduce their paid working hours to assist in the care of the deceased's children or had increased childcare costs as a result of the loss e.g. the deceased had previously been their child minder. Others had relied on the deceased to manage household budgets, bank accounts and bill payments and found that they had to learn new skills to cope with this new role. For some, the loss of the additional income to the household impacted on their domestic and social life.

4.2.2   Social Impact

In terms of social impact, some respondents reported having little or no social life following the loss. The person whom they had socialised mostly with they said was now gone and others seemed uncomfortable around them when they became emotional. Some said that they did not want to talk others about the loss, whether in work or out socially, as they felt overwhelmed by

the thoughts of their loved one not being around. A reliance on medication, an increased intake of alcohol and/or drugs was reported by some in an effort to "numb" their pain or to help them sleep, and/or cope with anxiety and loneliness.

4.2.3   Domestic Impact

On the domestic scene, some respondents were left as the sole 'bread winner' and could not afford to provide the same things that their children had been used to. Added to the child's loss of parent they also experienced a loss of treats or social activities. As the sole parent the respondent also felt that they had to hide their own grief from their children. Some children of a deceased parent found that the family became less close as a result, reporting that "the one who kept the family together was gone" or "the head of the house was gone and there was no one to take his place". Despite months or years since their loss, some reported that it "hadn't really hit me yet." Some respondents were worried about how their surviving parent would cope with the loss and began to spend more time with them or were preoccupied by them. This added to pressure in their own family especially where a partner was not supportive. Others found that the responsibility to look after their surviving parent and/or the deceased parent's affairs was left to them alone.

4.2.4 Work Impact

The return to work posed much stress for some as they felt they "couldn't function properly" or "just couldn't concentrate". Increased insomnia and fatigue added to their stress and at times they felt confused. Routine became 'haphazard' for some as they struggled to make decisions about even the menial of tasks. Recent promotions or job change resulting in a change of environment, of work colleagues and manager, and a steep learning curve caused huge anxiety and stress for some respondents, along with a lack of support from new work colleagues who did not know them well. Some found themselves overwhelmed by work demands which they would have previously managed well. Expectations by managers to perform "as normal" added greatly to their distress. While some brought this to the attention of their managers, others experienced increased anxiety because of what they perceived as a lack of or diminished competence. Despite some managers being told of performance difficulties, some respondents said that they experienced little or no change in their expectations, along with a lack of empathy. Many female respondents reported that they were unable to stop crying in work which added embarrassment to their anxiety.

4.3 ADDITIONAL FACTORS CONTRIBUTING TO THE LOSS

Respondents were asked if there were any additional factors which contributed to their experience at the time of the loss such as, other significant loss, stress, relationship problems, work problems, alcohol/drug issues etc. While 33% of respondents reported no other additional factors, the remaining 67% reported various factors which impacted significantly. These included the recent arrival of a new baby; previous miscarriage; unsupportive spouse, siblings and/or work environment; being pregnant at the time of the loss; second parent to die within a short period; increased responsibilities at work and at home; dependency on drugs, medication and alcohol; and being the only person left to deal with the deceased's affairs.

4.4 RESPONDENTS EXPERIENCE ON RETURN TO WORK

Respondents were asked to comment on their experience of support or lack of support from colleagues, managers and the organisation on their return to the workplace.

4.4.1 Acknowledgement Of The Loss

Most respondents' loss was acknowledged on their return to the workplace mainly by their office colleagues and local manager who offered words of comfort despite their obvious discomfort. Colleagues required regularly at the outset as to how some individuals were coping with their loss, while other colleagues continued to enquire many months after the death. Some

respondents were initially offered help with their work, however as weeks went by, and the full impact of their loss was realised, offers of help and enquiries about how they were coping lessened. Even though some respondents thought that others noticed their low mood, they reported that "no one said anything". For some, only work colleagues attended the funeral but "nobody else from the organisation" came. Those bereaved most appreciated work colleagues attending the funeral and still hold that as a good memory. One respondent reported that their loss was not acknowledged at all by colleagues, no support was offered and no one enquired as to how they were.

4.4.2   Colleagues' Support

Most people found their work colleagues very supportive and understanding as many attended the funeral; listened to them when they needed to talk; shared similar experiences of loss and respected their decision when they did not want to talk about their loss. While some found colleagues who worked in certain administrative roles to be very helpful, others felt that colleagues outside their work area put pressure on them to deliver things that were delayed due their absence.

4.4.3 Managers' Support

Eighteen (67%) respondents found their immediate manager to be supportive to varying degrees. Support included acknowledgment of their loss; listening to and/or giving advice; offers to pace their re-adjustment to the workplace by a reduction of workload, by flexible working arrangements or by taking time off, if needed. Some managers provided time off to the person prior to and following the death; others regularly checked in to see how the person was coping over a period of weeks.

Of the nine (33%) respondents who found their manager to be unsupportive, the lack of support ranged from their failure to acknowledge the loss to making unreasonable demands on the person to bring backlogs of work up to date. Some had a change of manager at the time who was either unaware of their loss or who chose not to mention it.

When asked how they would have liked their manager to respond other than having their loss acknowledged, participants favoured a transition period to allow them re-adjust to the workplace following their loss. This would include:

- a lighter work load for a short period of time;
- delegation of the backlog of work to others or provide additional help from other team members;
- shorter or more flexible working arrangements;

* less demands being made of them;

* that manager would not expect them to work "as normal".

4.4.4   Other supports within the organisation

The organisation has an Occupational Health department which provides services and support in relation to a broad range of issues such as mental health and stress, family, marital, bereavement, alcohol, drugs or substance abuse, financial, legal, retirement and other concerns. Nine (33%) respondents said that they were not aware of any support services in the organisation, while fifteen (56%) knew they existed but did not seek support from them. The remaining three (11%) were aware of the services on offer and sought support. They found the support helpful in that they were listened to and advised to take care of themselves.

4.5   WHAT THE ORGANISATION COULD DO BETTER

While those who sought support from the Occupational Health department acknowledge that the staff there are "very good", most respondents say that the organisation could do better in providing support for bereaved employees. They outlined a number of things that the organisation could do:

* to promote/highlight their support services more clearly and frequently, possibly through regular poster campaigns;

* to provide in-house bereavement counselling services for those who need them, or to provide information about external services;

- to have an officially designated person to 'offer' support to those bereaved, rather than them having to seek it at a time when they are vulnerable, bewildered and emotional;

- to become aware of employees who have been bereaved; to acknowledge their loss; and to provide support and sympathy on behalf of the organisation;

- to educate employees about the symptoms of grief reactions; what to expect; help them to put things into perspective;

- just to have someone who knows about grief that you could talk to;

- increased bereavement leave on the death of a parent, or if an employee really needs it, without having to take sick leave or annual leave;

- to show more consideration and compassion by checking to see if an employee has been bereaved in the recent past before dispatching 'LAMP' (Local Attendance Management Process) letters; not to be so officious;

- for the local manager to approach the person on their return to work and set up a meeting with Occupational Health, if needed;

- to discreetly offer support initially and to follow up occasionally afterwards;

- to offer support for those coping with terminally ill relatives by being flexible around attendance when the person cannot afford unpaid leave;

- to facilitate employees who genuinely request time off to deal with the impact of their loss and all it entails (social, financial, work, domestic, emotional etc.); reduced hours or a gradual return to work;

- to set up a support group for those bereaved.

The most recurrent suggestions was for the organisation to become aware of their bereaved employees; to acknowledge their loss; to *offer* support to them in a timely, sympathetic and facilitative way and not expect them to seek out the services at a time when they are vulnerable and are not sure what they need.

4.6   LEAVE TYPES TAKEN FOLLOWING BEREAVEMENT

The organisation allows for up to five days bereavement leave (B/L) with pay depending on the individual circumstances of the bereaved employee (e.g. travel, making funeral arrangements) along with other types of unpaid leave for domestic reasons. Four (15%) respondents took three days bereavement leave only; ten (37%) took annual leave (A/L) ranging from two to ten days; in addition to bereavement leave, two (7%) took unpaid leave ranging from two weeks to six months; and eleven (41%) took sick leave (S/L) ranging from two days to six weeks (See Table 3). The total number of sick days taken was 228 – an average of 21 days per person. Some people who were absent for extended periods of time received informal contact from their colleagues and managers as to their wellbeing; others were contacted "to establish return to work, not as support". Reasons for sick leave included colds, chest infection, stress/under pressure, grief, asthma and exhaustion.

Table 3: Leave types taken following the bereavement

Pie chart showing:
- B/L only, 15%
- B/L and Annual Leave, 37%
- B/L and unpaid Leave, 7%
- B/L and Sick Leave, 41%
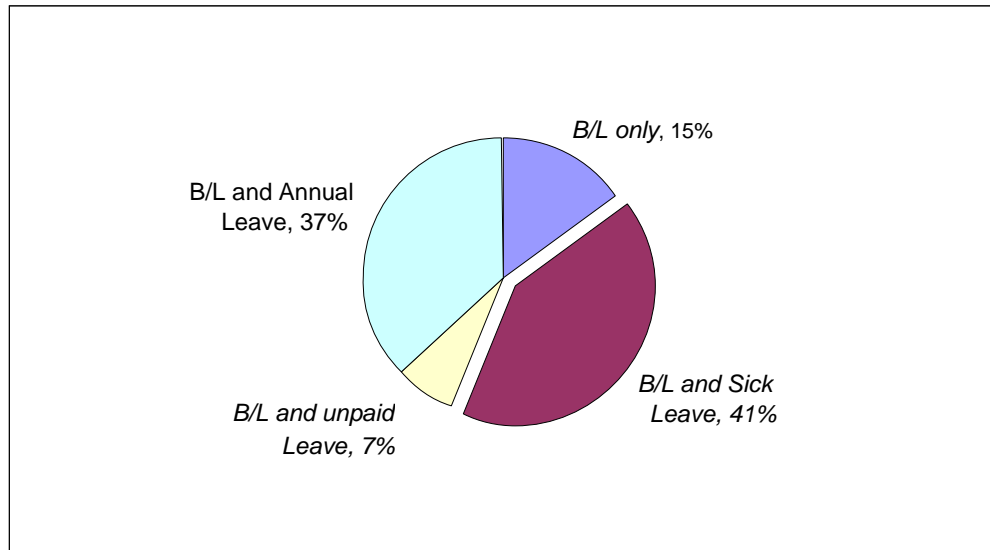
4.7 EXPERIENCE OF COUNSELLING RELATED TO THE LOSS

Eleven (41%) respondents engaged in counselling/bereavement group following their loss. Five (19%) of those engaged in counselling/bereavement group as the need arouse while six (22%) went for specific periods of time ranging from two weeks to two years. All found the experience effective as it helped them to make sense of things; provided opportunities to meet new friends who had experienced similar loss; and they felt it best to talk to someone "who doesn't give advice" or "expect anything from you".

4.8   WHAT WAS MOST AND LEAST HELPFUL IN COMING TO TERMS WITH THE LOSS

Respondents were asked what they found most and least helpful in coming to terms

with their loss within and/or outside their workplace. The things which the

respondents reported as **most** helpful are:

*   being able to talk about the experience to friends and workmates

*   support from other family members

*   keeping busy

*   getting back to normal routine as soon as possible

*   having some time off before returning to work

*   counselling

*   the passage of time

*   returning to work when ready

*   having a previous experience of loss

*   talking to others with similar experiences.

The things which the respondents reported as **least** helpful are:

*   people expecting you to just get on with life regardless

*   feeling that they were expected to perform as if nothing had happened

*   loss not being acknowledged

*   people making trite comments (e.g. "she's in a better place"; "you wouldn't want him back"; "her suffering's over")

*   recent move to a new work area; not knowing anyone; no support; learning curve

- unsupportive family members

- coming back to work, being too busy

- lack of sympathy/compassion in the workplace

- finding it difficult to grieve.

4.9   GRIEF REACTIONS

While we do not all grieve in the same way, with the same intensity nor for the same duration of time there are a number of common reactions to loss which people experience physically, emotionally, psychologically and spiritually as part of their grieving process (Worden, 1983). Respondents were asked to convey their individual grief reactions under those four headings. The results are outlined in Tables 4 to 7 below.
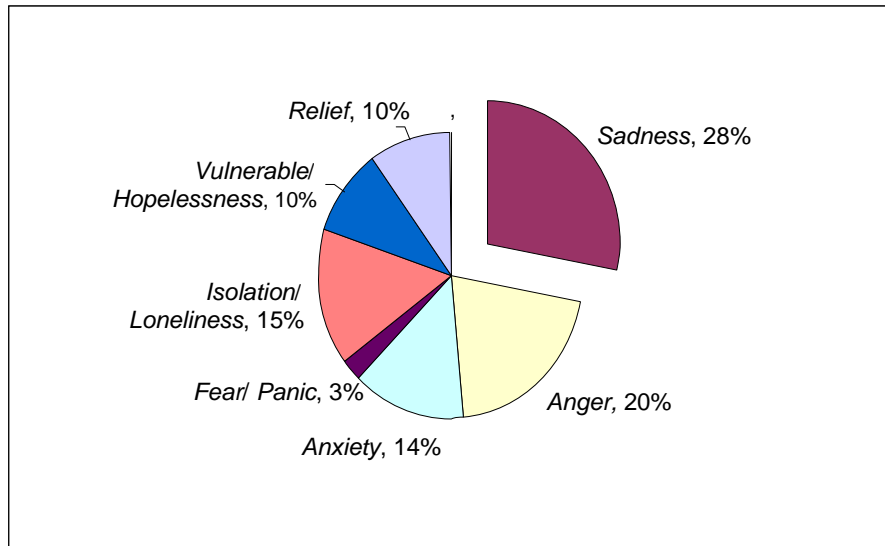
Table 4: Physical grief reactions
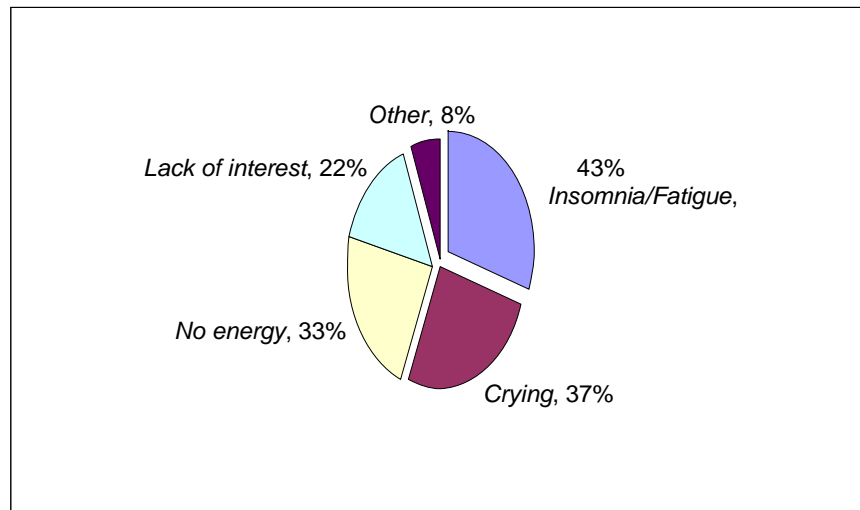
Note: 'Other' includes shortness of breath; headache; nausea; body aches; loss/increase in appetite.

The physical reaction experienced by most respondents was 'insomnia/fatigue' followed by 'crying'; and 'no energy'.

Table 5: Emotional grief reactions

The emotional reaction experienced by most respondents was 'sadness' followed by 'anger' and 'isolation/loneliness'.

Table 6: Psychological grief reactions
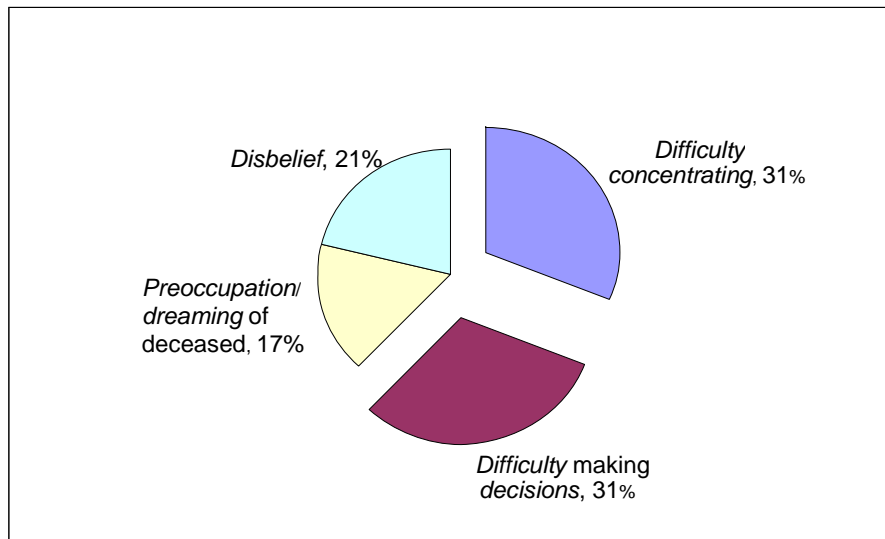
The psychological reaction experienced by most respondents was 'difficulty concentrating' and 'difficulty making decisions', followed by 'disbelief' and 'preoccupation / dreaming of the deceased'.

Table 7: Spiritual grief reactions
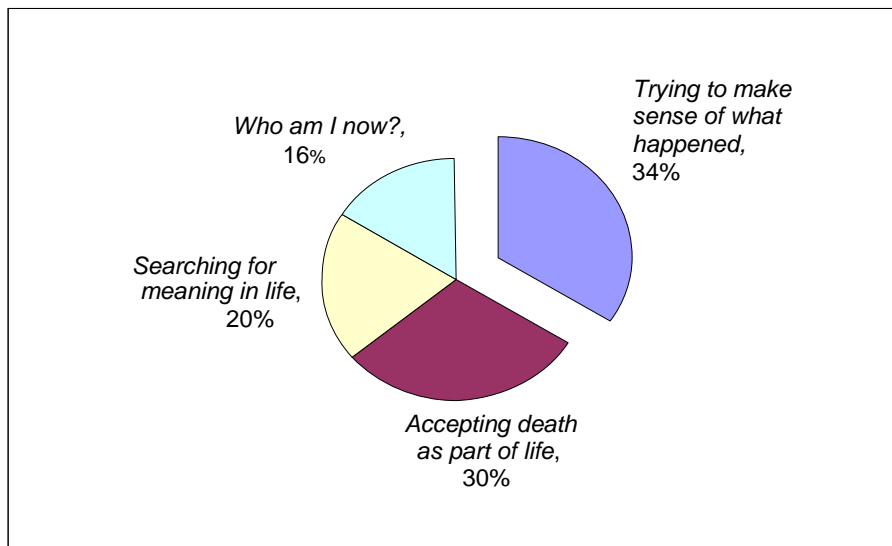
The spiritual reaction experienced by most respondents was 'trying to make sense of what happened' followed by 'accepting death as part of life' and 'searching for meaning in life'.

When asked which grief reaction was experienced mostly, 33% of respondents cited 'sadness', followed closely (30%) by 'loneliness and isolation'. Twenty-five (96%) respondents said that they still experience grief to some extent, some even fifteen years after the death of their loved one.

CHAPTER FIVE: ANALYSIS AND DISCUSSION

5.1   INTRODUCTION

This study set out to explore what grief entails and how the experiences of bereaved individuals in the workplace can help employers understand and support their employees better in coming to terms with their grief. What follows is an analysis of the findings as they relate to the objective of the study and relevant literature. Some findings will be incorporated under the one heading while others will be discussed independently.

5.2   THE IMPACT OF THE LOSS AND ADDITIONAL CONTRIBUTORY FACTORS

The impact of the loss in terms of financial, social, domestic and work areas was captured along with additional contributory factors. What is clear from the findings is that an impact in one area can impact on another and may have consequences for the workplace. For example, where a parent who died had previously looked after the respondent's childcare responsibilities (domestic), the respondent was now faced with either increased childcare costs (financial) or seeking reduced working hours (work). Some respondents were faced with the need to learn new skills to manage household budgets, bank accounts and bill payments where the deceased had previously managed these. Where respondents who commenced in a new role within an organisation were on a steep learning curve, the additional pressure to develop new financial skills was anxiety provoking. Some respondents developed an

increased reliance on medication to help them sleep, or an increased intake of alcohol and drugs to help numb the pain and cope with anxiety and loneliness. Respondents reported struggling to perform in work in the same way that they had prior to the bereavement due to increased fatigue, and having difficulty concentrating and making decisions about "even the menial tasks". One respondent said that she just "couldn't function properly". On top of this they experienced increase anxiety because of what they perceived as a diminished competence. McGuinness (2007) found that 94% of companies surveyed believed an employee's work performance may be affected by bereavement.

Sunoo (2002) found that organisations ignore the fact that personal and working life is intertwined. They want to keep them separate so that they can disregard any responsibility to treat an employee as an individual or to have empathy, not sympathy for the grieving person. It is important for organisations to know that aspects outside of the workplace can impact on the bereaved employees experience in work. Organisations could consciously endeavour to alleviate some of the distress that their employees experience by being mindful of these aspects. Charles-Edwards (2009), asserts that work and the individual's personal life are intertwined.

5.3 RESPONDENTS EXPERIENCE ON RETURN TO WORK AND WHAT THE ORGANISATION COULD DO BETTER.

All respondents reported that it was important to them that their loss was acknowledged by colleagues and local managers and that their attendance at the funeral was really appreciated. It was noted that there was no 'official' acknowledgement from the organisation, though. "One of the most helpful things we can do for a bereaved employee is to acknowledge their loss" (McGuinness, 2007, p.17). There might be many reasons why a manager does not acknowledge an employee's loss e.g. discomfort, not aware of impact of loss, or insensitivity, however, even a learned response in such situations such as "I'm sorry to hear of the death of your father" could be supportive. In a recent study of thirty-four organisations, 'knowing what to say' was found to be the most challenging aspect of dealing with employee bereavement (McGuinness, 2007).

Once the initial period following the loss had passed enquiries about how the person was coping lessened despite them only beginning to experience the full impact of the loss some weeks or even months later.

> While it is important to support people around the immediate time of the loss, it can often be some time later (6 – 24 months) before the full impact of the loss begins to sink in and some of what we know to be normal feelings, behaviours and reactions come to the surface (McGuinness, 2007, p. 17).

A simple note in a colleague's or manager's diary to check in on the person every now and then could be useful. While it might not be feasible to have an official representative from the company attend all funerals, it is quite feasible for a

designated person from the organisation to acknowledge their loss and offer support. Andrew Blair, HR Director, Bank of Ireland Security Services believes that the employee's manager is in the best position to gauge the situation and to make sure that the individual has the appropriate support. The manager, he says, will usually know the individual fairly well and be aware of the circumstances (McGuinness, 2007).

While most respondents found their immediate work colleagues and local managers to be very supportive and understanding, others felt pressurised by their manager and some workers from other areas, to bring a backlog of work speedily up to date. It is quite insensitive for any manager to have a bereaved employee face a large workload or backlog on their return to work or to place unreasonable demands on them to perform 'as normal'. According to Kodanaz (2010, p. 2) "eliminating the pressure to perform is one way of demonstrating support for a grieving employee". It is clear from the respondents that they all need some sort of support relevant to their individual needs to help them cope with the impact of their loss e.g. a transition period to allow them re-adjust to the workplace; an enquiry as to their wellbeing; help with their workload. Dyer (2009) notes that bereaved employees who feel supported in the workplace will cope better with their loss than one who feels unsupported by co-workers and management.

While the organisation does have an Occupational Health department which provides support in relation to bereavement (and other issues) only three (11%) respondents sought their support. One of the most recurrent suggestions was for the

organisation to *offer* support to bereaved employees in a timely, sympathetic and facilitative way and not expect them to seek out the services at a time when they are vulnerable and are not sure what they need. Respondents also suggested that the Occupational Health department highlight their services more explicitly and regularly. According to McGuinness (2007), occupational health personnel can also be a support to managers of bereaved employee as they are experienced in dealing with such situations and can help the manager ascertain if the employee needs specialised help.

Along with recommending that Occupation Health *offer* support, the most recurrent suggestions was for the organisation to become aware of their bereaved employees; to acknowledge their loss; to be sympathetic and to desist from making unreasonable demands on them. Some respondents said it would be helpful if employees were educated in relation to grief reactions so that managers and colleagues are aware of what a bereaved employee might experience. They also felt that a counselling service or support group, where they could talk about their experience, would help them come to terms with their loss. While up to 20% of people may need counselling or psychotherapy following their loss, the majority will need emotional and practical support only (Prigerson and Maciejewski, 2006).

5.4   LEAVE TYPES TAKEN FOLLOWING BEREAVEMENT

While the organisation allows for up to five days bereavement leave with pay, it is clear from the findings that the majority of respondents i.e. twenty-three (93%) needed a longer period of time off work to deal with the consequences of their loss. The additional type of leave taken by the majority of respondents was sick leave ranging from two days to six weeks, and with ailments such as cold, chest infection, stress/under pressure, grief, asthma and exhaustion. The total number of sick days taken was 228 – an average of 21 days per person, at an approximate cost of €23,000 to the organisation. This trend supports that found by The Irish Hospice Foundation (IHF) workplace survey (2002) where 44% (15) of organisations surveyed observed an increase in sick leave of employees following bereavement. However, the average number of day's sick leave per employee was significantly less (8 days) in the IHF survey compared to this current research (21 days). According to McGuinness (2007) when organisations proactively support bereaved employees the result may be a reduction of sick leave, a more speedy return to productivity and subsequent savings.

While not all respondents cited specific reasons for taking sick leave, some cited 'stress' and 'feeling under pressure'. Charles-Edwards (2005) highlights the importance for organisations to recognise the signs when employees are under stress. The organisation may benefit by taking on board those suggestions by respondents which they say would alleviate pressure on them e.g. delegation of workloads, clearance of backlogs before their return, and not having expectations

that they perform 'as normal'. Taylor and Weiss (1972) found that stress and exhaustion on the job can induce turnover in employees. Maxim and Mackavery (2005) conclude from their study that when employees received empathy and special treatment at times of loss that they tend to show their appreciation by hard work and loyalty to their employer.

McGuinness (2007) found that 62% of companies surveyed believed that there may be health and safety implications for employees who are bereaved. Under the Safety, Health and Welfare at Work Acts, 1989-2005, every employer has a duty "to ensure, so far as is reasonably practicable, the safety, health and welfare at work of all his employees" (1989, 6.1). Employers have a 'duty of care' to employees and can be held liable for "mental injury caused as a result of stress at work" (Dunne, 2005, p. 503).

5.5   EXPERIENCE OF COUNSELLING RELATED TO THE LOSS

Given that eleven (41%) respondents engaged in counselling/bereavement group following their loss and found the experience effective, it might be useful for the organisation to consider providing in-house counselling or support groups for bereaved employees as suggested by respondents. Charles-Edwards (2005) asserts that it is important for employees to seek support within the workplace or to join a support group that will provide empathy and understanding during the grieving process.

5.6   WHAT WAS MOST AND LEAST HELPFUL IN COMING TO TERMS WITH THE LOSS

The most helpful experiences in coming to terms with their loss were external to the workplace, with support from family members, friends and neighbours being cited as the most helpful. Having time off before their return to work was also helpful. Within the workplace, getting back to normal routine, keeping busy and talking about the experience to workmates (especially those with a similar experience) and occupational health specialists also helped.

The least helpful aspects were related to the workplace where respondents reported that they were expected to perform 'as normal' or as if 'nothing had happened' and 'to get on with life regardless'. According to Russo, people in work expect the bereaved person to be back to *normal* very quickly (Sunoo, 2002). Rowling (1995) also found that managers expect bereaved employees to continue to act in an appropriately professional manner regardless of their responses to grief.

5.7   GRIEF REACTIONS

For employers it important to be aware of the reactions to grief that their employees experience so that, along with compliance to their 'duty of care' under legislation, they can support them at a very difficult time. This research showed that the most common grief reactions experienced were   insomnia/fatigue (43%); no energy (33%); sadness (28%) and difficulty concentrating and making decisions, (62%). Martin Mc Cormack, Head of Social Work, Beaumont Hospital notes that Health and safety regulations concerning the work environment are important in that the employee may be exhausted coming into work. This is extremely important especially where employees operate machinery as they may be putting themselves or others at risk (McGuinness, 2007).

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.1   LIMITATIONS OF THE STUDY

While the study set out to explore what grief entails and how the experiences of bereaved individuals in the workplace can help employers understand and support their employees better in coming to terms with their grief, it cannot claim that the sample is representative of the population of the organisation. However, there is no doubt in the researcher's mind that the findings are fully reflective of the respondents' experience and deserve to be taken as somewhat representative of the broader population. The sample are employees working in sedentary roles where 'risk' to self and others due to fatigue may be minimal as opposed to those who work in roles that involve use of machinery, lifting and driving.

6.2   RECOMMENTATIONS FOR FURTHER RESEARCH

In order to draw broader conclusions it is necessary to:

(a) explore the differences between males and females experiences and responses to grief in the workplace ;

(b) explore how employees from different cultures experience grief;

(c) examine levels of risk due to fatigue and difficulty concentrating in sedentary and active roles, following bereavement;

(d) compare and contrast similar industries in different cultures; and,

(e) conduct longitudinal studies within organisations who have bereavement policies which incorporate suggestions/recommendations similar to those outlined by these respondents, to establish their effectiveness.

6.3   RESEARCH CONCLUSIONS

There are a number of key findings which this research highlights. The first key finding is the need for this organisation to be more proactive in its response to bereaved employees by actively *offering* support services to them rather than waiting for employees to seek them. Another finding suggests that while the organisation does provide occupational health services and compassionate leave to employees, there is a need to develop new approaches to communicating them to employees.

It is also clear from the findings that those bereaved experience high levels of fatigue and have difficulty concentrating and making decisions. In addition to this they experience stress and anxiety about managers' expectations of them at a time when they perceive their competence to be diminished. The organisation needs to explore this phenomenon to ensure that no employee is put at risk physically or psychologically.

A forth key finding is the increase in sick leave following bereavement. While it is unclear if there is a correlation between sick leave and perceived lack of support within the organisation, it does highlight the fact that some bereaved employees require more time off following the bereavement to cope with their loss.

Other findings highlight the importance of:

*   Developing a bereavement policy;

- Acknowledgement of the bereaved person's loss, not only by colleagues but *officially* by the organisation;

- Recognising that the full impact of their grief may only hit them some weeks or months after the loss and that they may need some support at this time;

- Educating managers about the impact of grief on employees so that they may be more empathic and supportive;

- Occupational health, employee assistance programme, designated supportive person and/or counselling services within the organisation.

6.4   IMPLICATIONS FOR COUNSELLING AND PSYCHOTHERAPY

What the findings of this research highlight is that although those who are bereaved experience some common grief reactions they do not all grieve in the same way, with the same intensity nor for the same duration. It is important for practitioners in the field of counselling and psychotherapy not to make assumptions about an individual's capacity to cope with disappointments, separation and loss. They need to be aware of what lies beneath the individual's coping mechanisms. An exploration of their early attachment experience and how they relate in their current relationships will provide some insight, for example, insecure attachments may result in the individual having ambivalent feelings when a parent dies. Attachment styles of both client and therapist may also impact on the therapeutic relationship in the transference and countertransferences.

How an individual perceives their environment may not necessarily be the reality therefore challenging their perceptions may be an important task for the

practitioner. She also needs to be alert to the signs of pathological grief where, for example, there may be too much or too little reaction to the loss or, the grief may be masked by physical symptoms.

Practitioners who provide counselling services within an organisation may be faced with ethical dilemmas in terms of who their loyalty is to – the employee seeking counselling or the employer, who may be seeking 'results'. She will need to reflect on this, discuss it in supervision, make a decision, and communicate it clearly to those concerned.

6.5   CONCLUSION

This study set out to explore what grief entails and how the experiences of bereaved individuals in the workplace in relation to the supports they receive and their unique grief responses can help employers understand and support their employees better. The findings present an insight to these experiences and provide some valuable information that may be useful to organisations and to practitioners in the field of counselling and psychotherapy.

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Appendix A: - Script for approaching potential participants

"Hi, I'm doing a research project as part of my final year in Dublin Business School and am asking people who have returned to this workplace following a bereavement to partake in the study. I'm not sure if this is relevant to you, but if it's not you may know of a work colleague in that situation who might be agreeable to participate. [If it is relevant to them, go on to say] The study involves answering a questionnaire about your experience of the loss; your experience of returning to the workplace following that loss; what support you received from the organisation, your work colleagues and manager; and what was most helpful and least helpful to you. The information you give is completely confidential and no details of any individual will be given to anyone or any organisation; the organisation will be referred to as a 'national organisation'; you may remain anonymous by completing the questionnaire and returning it in the post, as you don't need to put your name on it. I would be very grateful if you do participate, but even so, even if you do begin to participate, you can opt out at any time without any obligation. Would you like me to email the questionnaire to you?"

Appendix B: - Email letter to potential participants

Dear Colleague

Following our recent conversation, I am writing to ask you if you would consider participating in a small research project that I'm doing for my final year in Dublin Business School, where I'm completing a BA in Counselling and Psychotherapy. This involves completing the brief questionnaire attached on the subject of:

"Grief in the workplace"

I would really appreciate if you would take the time to participate, so if you decide to please read the information below.

It is hoped that the findings of the research will raise awareness for employees/employers in this and other organisations so as to inform best practice. The information you provide is confidential and no personal details about any individual will be shared with this or any other organisation; and you may opt at any stage should you change your mind about participating. The organisation will be referred to as a 'national organisation'. The complete research project will be submitted to Dublin Business School where it will be held in their library facilities.

Should you need any clarification regarding this study please do not hesitate to contact me by return email [work email]; [my mobile No.], or [work phone No.]. Thank you for considering participating in this research topic.

Please **return** the completed questionnaire to me by next **Wednesday 3rd February 2010**. You may return it by email, or if you wish to remain anonymous you may post it to me at [work address].

Yours Sincerely

Breda Trimble

Appendix C: - Email following completion of questionnaires

Dear Colleagues

Following my request for you to participate in my research project for college entitled "Grief in the workplace" I would like to thank you for taking the time to either consider doing it or for actually completing it.

I'm aware that engaging in something like this can be upsetting. If you feel you'd like to talk an external counsellor in relation to your bereavement, I include some details below which might be of help. Or, if you'd like to talk to me please do not hesitate to call me.

My mobile no. is [mobile no.].

Regards

Breda

SUPPORT SERVICES FOR THOSE BEREAVED

Bereavement counselling service - Charity organisation providing bereavement support to individuals through trained volunteers, as well as resources on bereavement.

Ph. 01 8391766,

Web: http://www.bereavementireland.org/

Support for Families Directory (2006) – National directory of family and bereavement support organisations organised geographically.

Family Support Agency, St. Stephen's Green House., Earlsfort Terrace, Dublin 2.

Ph. 01 6114100

Web: www.fsa.ie

Barnardos - Irish charity providing bereavement counselling for children.

Ph: 01 4732110,

Web: http://www.barnardos.ie/barnardosbereavementcounselling.htm

Irish Association of Counselling and Psychotherapy - Geographical based Directory of Accredited Counsellors and Psychotherapists by specialist areas including bereavement. Ph. 01 2300061

Email: iacp@irish-counselling.ie

Web: www.irish-counselling.ie

Appendix D: - Bespoke Research Questionnaire

Questionnaire about Grief in the Workplace

Please use tick where appropriate: √

Gender: Female ☐ Male ☐   Length of time in this organisation: ☐

Age: 18-24 ☐ 25-35 ☐   36-45 ☐ 46-55 ☐   56+ ☐

Please answer all questions and expand the boxes as required.

    a) Relationship to the deceased? (E.g. daughter, son, friend etc.)

☐

    b) Circumstances of the death (following illness, accident, sudden, by suicide, miscarriage etc.)
       If following illness, how long was the person ill; did you require time to care for them prior to their death; what support, if any, did you receive in the workplace?

Please say more:

    c) Describe your relationship with the deceased. *Please use tick where appropriate:* √

Very close ☐   Close ☐   Not very close ☐   Distant ☐   Hostile ☐   Other ☐

Please say more:

    d) Number of weeks/months or years since the loss?

☐

    e) What impact had the loss had on your life at the time? (Social, financial, work, home etc.)

☐

    f) Were there any other additional factors which contributed to your experience of the loss (e.g. other significant loss, stress, relationship problems, work problems, alcohol/drug issues etc.)?

☐

YOUR EXPERIENCE ON RETURN TO WORK

g) Was your loss acknowledged by people in your workplace on your return to work?

h) What type of Support Services are you aware of in your workplace? What support did you seek from them, if any, and, what support did you get, if any? Did you find the support helpful and in what way?

i) What support services would you like to see in your organisation for those bereaved? What could the organisation have done better to help you come to terms with your loss?

j) Did you find your work colleagues supportive? If yes, how? If no, how would you have liked them to respond?

k) Did you find your manager supportive? If yes, how? If no, how would you have liked him/her to respond?

l) What supports did you have outside of work? (Family members, friends, neighbours etc.)

m) How much time off work did you take directly or indirectly related to the loss?
(Please state whether Bereavement leave, sick leave, annual leave was taken etc.) If sick leave, what was the nature of your illness? Was any leave unpaid?

n) If you were absent from work for an extended period following the loss, did anyone form the workplace contact you; for what reason?

o) Have you experienced counselling in relation to the loss? If so, how long were you in counselling for; did you find it effective/ not effective? In what way?

p) Overall, what did you find most helpful and least helpful in coming to terms with your grief? (Inside or outside your workplace).

YOUR GRIEF REACTIONS

We do not all grieve in the same way, with the same intensity nor for the same duration of time. Grief affects people in a number of ways including physically, emotionally, psychologically and spiritually.

Have you experienced any of the following reactions to grief? How did you experience them and for how long did you experience them? (See example below)

Physically		Emotionally	
Shortness of breath	(e.g. *"Yes, most days for up to 3 months I experienced a shortness of breath"*).	Sadness	
		Isolation	
Insomnia / Fatigue		Anger	
Headaches		Guilt/Blame self/ Blame others	
Loss of, or increased Appetite		Relief	
		Fear of dying	
Crying		Anxiety	
No energy		Loneliness	
Pain in body parts		Vulnerable	
Nausea		Fear / Panic	
Lack of interest in things		Hopelessness	
Psychologically		Spiritually	
Difficulty concentrating		Trying to make sense of what has happened	
Disbelief		Hostility towards God	
Confusion		Searching for meaning in life	
Preoccupation with the deceased		Questioning your faith in God	
Dreaming of the deceased person		Who am I now?	
Difficulty making decisions		Accepting death as part of life.	

q) Which, of the above, did you experience mostly?

r) Do you still experience grief? In what way does it impact on your life now? (Social, work, home, financially, physical, emotional, psychologically and spiritually etc.)

Thank you for taking the time to complete this questionnaire.