Workplace support for traumatically bereaved people

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Sadly, Joan Gibson has died since she carried out this study. She dedicated the study to the memory of her beloved son, Stephen, who died by suicide in 1997. She wished through her experience, research and understanding to help others who suffered such a traumatic bereavement.

Abstract: This paper reports the findings of a study of bereaved parents' experiences of their return to the workplace following the death of a child to suicide. Six mothers and five fathers aged 44–57 were interviewed about the support provided to them and what they would have found helpful. Their responses suggest organisations need to be more proactive in offering support to traumatically bereaved employees. Organisations should have formal bereavement protocols and policies in place, including access to a named member of staff, and ensure that managers and workers receive training in bereavement awareness and how to support colleagues. Training programmes should be co-delivered or informed by people with personal experience of traumatic bereavement.

Keywords: Bereavement, workplace support, bereavement policies, suicide, bereaved parents

Growing attention has been paid in recent years to the number of young people dying by suicide and the impact on surviving family and friends. Parents are faced with the double trauma of losing a child and coping with the circumstances of their death. The impact of such a traumatic bereavement has been well documented. Common consequences include somatic reactions, guilt, self-blame, anger, despair, depression, fear, shame, dissociation, flashbacks, isolation and a search for answers and meaning (Dyregrov, Nordanger & Dyregrov, 2003; Seguin, Lesage & Kiely, 1995), accompanied by changes in physical, emotional, cognitive and social functioning (Van Dongen, 1991).

Given the range and complexity of these potential reactions to such a loss, it is likely that suicide-bereaved parents will need high levels of social support and professional intervention. However, parents bereaved by suicide may actually receive less support, for several reasons. People bereaved by suicide have described withdrawing from social contact because of perceived or real stigma, and direct experience of social unease and avoidance from acquaintances and colleagues (Sakinofsky, 2007). Similarly, parents traumatically bereaved of a child have described feeling ostracised, and having to cope with unrealistic expectations of recovery from others (Rando, 1985). Thus, a lack of support for parents bereaved by suicide may impede their adjustment.

Many people's social contacts and sources of support outside the family are located in the workplace. As Hazen (2008) observes, working people tend to spend as much

or more time with work colleagues than with family at home. A return to employment is often seen as a marker of resumption of normal life following a period of traumatic upheaval. For many bereaved parents, it will be a necessity for financial reasons, as well as an unavoidable step, or hurdle, in their grief journey.

As recent conceptualisations of the bereavement process indicate, the return to work may be part of the process of accommodating our changed interpersonal reality within our social domain (Neimeyer, 2001). Negotiation of this task may be made more difficult because of the conflicting demands of the grief role and the work role (Bento, 1994). Thus, employers have been encouraged to adopt a more proactive approach to supporting workers through the grief process (Sunoo & Sunoo, 2002). This approach is backed by findings from surveys indicating that bereaved people can struggle to pick up their full workload following their return to the workplace, and that many would welcome more emotional and practical support from colleagues and employers (Eyetsmitan, 1998).

In light of this recognition of the workplace's central role as a source of social support, a number of authors have made recommendations to improve workplace responses to bereaved employees (see, for example, Barski-Carrow, 2000; Eyetsemitan, 1998). The benefits in terms of improved employee well-being, reduced sickness absence and greater productivity, as well as improved organisational efficiency, are some of the key drivers for such initiatives. For example, Hazen (2008) has calculated the financial implications of not addressing grief in the workplace in terms of reduced productivity, errors in judgement, injuries and accidents. Russell (1998) similarly argues that the return of bereaved members of staff to full and effective working has to be of economic benefit to the organisation.

However, a recent survey of workplaces in Ireland reveals that, while there are some pockets of good practice, bereavement support protocols are still the exception rather than the norm (McGuinness, 2009).

Within this context, the voice of bereaved employees, including those bereaved in particular and traumatic circumstances, is generally absent. It seemed important to discover from traumatically bereaved people themselves what help they have received, what they felt they needed, and how they think workplaces could improve bereavement support and practice.

The study reported here had two main aims:

■ to explore the support reported by parents on their return to the workplace following the death of their child by suicide, and
■ to record the views of these parents about the kinds of support they would have liked to receive and how they felt organisations should respond to the needs of traumatically bereaved employees.

This article focuses on workplace support. Another paper (Gibson, Gallagher & Jenkins, 2010) reports participants' descriptions of the impact of the loss of their child more generally on social and emotional adjustment in the workplace, changes in cognitive, emotional and social functioning and changed attitudes to work and life.

Method

As this was an exploratory study focused on a topic of great sensitivity in the lives of potentially very vulnerable people, a qualitative approach was chosen, using semi-structured, in-depth interviews. This method was felt to be most appropriate as it would allow the interviewer flexibility to explore the ways in which the individuals interviewed attempted to give meaning to and make sense of their life experiences (Seidman, 1998). The study was approved by a university research ethical committee.

Participants and process

A semi-structured interview schedule was formulated in line with the guidelines set out by Rubin and Rubin (1995) for thematic interviews. This comprised 11 questions that sought information about the person's readjustment to work, helpful and unhelpful experiences, presence/absence of formal support, what kinds of support they would have found helpful and their recommendations for improvements in workplace policy and procedures. The interview schedule was tested in a small-scale pilot, resulting in some adaptations.

A sample of participants was recruited, mainly through a voluntary self-help support organisation run by and for bereaved parents in Northern Ireland. The first respondents were typically people who had contact with this agency. Other participants were subsequently recruited through word of mouth.

Our only other criterion was that the bereavement should have occurred over 18 months previously, as we felt it would be unethical to interview people any earlier.

Potential participants were informed of the study by telephone and, if they were interested, were sent detailed information on procedures, anonymity and confidentiality and a consent form. The lead researcher, who was herself a mother bereaved of a child by suicide, conducted all the interviews. Interviews were audio-recorded, transcribed for analysis and anonymised, and the transcripts and recordings destroyed 18 months after completion of the study. At interview, participants were given a list of agencies that had agreed to offer support if interviewees were distressed by the interview. The interviewer had access to a counsellor and the support of her supervisor over the course of the interviews.

A total of 11 participants were recruited: six mothers and five fathers, whose ages ranged from 44 to 57 years

old. Their children were aged between 15 and 27 years when they died. Eight participants had lost a son and three had lost a daughter. The participants had been bereaved for between two and six years. Six parents were employed by large organisations, three by small employers and two were self-employed in their own business. They worked in a range of occupations and sectors.

One of the outcomes of the pilot study was the inclusion of an introductory section in the interviews where the parents could talk about the general circumstances of their child's death before starting on the schedule of questions. The interviews were therefore only recorded from the point when the interviewer explicitly moved the focus to the participant's experiences following their return to the workplace. The issues discussed in this paper relate to questions in the second half of the interviews, which lasted one hour. Each participant was subsequently contacted within 48 hours to ask how they were feeling after the interview and to ensure they received support if required. No participant expressed the need for support.

Data analysis

The data were transcribed and analysed using thematic categorisation (Seidman, 1998). Triangulation (see Stiles, 1993) was used to ensure comprehensiveness and enable a more reflexive analysis of the data. Five of the participants were invited to comment on the emerging themes. A colleague of the first author sampled the tapes and reviewed the categorisation, and the interviewer's supervisor was involved in discussing data analysis and refining the categories and themes.

Findings

Participants' responses to questions specifically relating to workplace support were grouped into five categories: what was helpful, what was unhelpful, formal support in the workplace, what was needed, and recommendations.

What was helpful

Responses within this theme could be subdivided into factors associated with colleagues, factors relating to management, and the benefits of returning to work. The major themes are listed in Table 1. Most of the comments were about support from colleagues, particularly when the interviewee worked in a small organisation or was self-employed. Helpful factors included practical support, such as taking over workloads, acts of kindness (eg. bringing them tea, going with them to the staff canteen at lunchtime), explicit acknowledgement of their child's death, showing sensitivity and listening to them. Helpful management responses tended to be more practical, such as allowing indeterminate leave, flexibility about breaks from work and working hours, and reduced workloads.

Table 1: What was helpful

… **from colleagues**
- Initial acknowledgement of child's death
- Offers of help and support
- Sensitivity
- Including them in everyday conversation
- Carrying out acts of kindness
- Being available to listen
- Taking over part of their workload
- Protecting them from media reports
- Arranging for them to talk to similarly bereaved parents

… **from management**
- Paid leave until chosen time of return
- Giving phased return and reduced duties
- Initial flexibility in working hours
- Recognition of impact on self and work performance
- Keeping pressure off for first year
- Making them feel respected and needed

… **from returning to work**
- Found that work was a useful distraction
- Gave them something to focus on
- Opportunity to pursue areas of interest or extend skills

However, several people also described how their employer took pains to show they were needed, and to acknowledge the impact of their trauma. Participants also said that returning to work was itself helpful as it provided distraction, focus, meaning and opportunities to pursue areas of interest or to learn new skills.

What was unhelpful

Unhelpful factors were mentioned in relation to colleagues and to managers. The most frequently mentioned themes are listed in Table 2. The majority of colleague-related unhelpful factors were about insensitivity in social interactions. Particular examples included talking about suicide, referring to it in a flippant manner or using colloquial phrases like 'I felt like killing myself'. For the most part, parents coped by remaining silent or withdrawing from the situation. Several respondents found it difficult when colleagues talked about their own children, particularly if they were reaching milestones that their child would have been approaching. Three participants mentioned co-workers avoiding them, and reported feeling distressed and hurt by this.

The most common unhelpful management response was, in fact, a lack of response. Several participants said that they were expected to get back to work and pick up the same workload as before, with no acknowledgement of how difficult this might be. These participants also described struggling to cope with potentially stressful and demanding workplace situations, such as inspections and meetings. Only two participants reported experiences of

Table 2: What was unhelpful

… from colleagues
- Insensitive comments
- Flippant remarks about suicide
- Use of inappropriate suicide-related phrases
- Trite statements
- Perceived avoidance
- Conversations about other suicides

… from management
- Lack of formal support
- Non-recognition of difficulties in returning to work
- Being expected to perform at previous levels
- Being expected to cope with challenging tasks
- Being confronted or feeling bullied

bullying and confrontational behaviour. One parent said they were more assertive than they would usually have been.

Formal support in the workplace

None of the participants reported being proactively approached by their management with the offer of help, and none had been given the kind of support they felt they needed. The three who were employed by small businesses were neither offered nor sought formal support. Of the six participants employed by large organisations, one was aware of an Employee Assistance Programme (EAP) but was reluctant to telephone 'someone unknown about something so personal'. One participant did contact his

EAP, who simply gave him the phone number for Cruse Bereavement Care, the national voluntary bereavement support organisation. He was angry that the EAP offered no support themselves and simply gave him information he could have looked up himself. The third participant said they had wanted to talk to their organisation's welfare officer and was disappointed to be provided only with contact details for Cruse.

Another of the six described coming across a leaflet about the availability of counselling through her company. However the counsellor allocated to her was about the same age as her son and was not a mother; the participant felt that she would not be understood so did not return after the first session. The remaining two parents approached their organisation's medical service but neither was referred for support or intervention.

What was needed

Several of the interviewees said it would have helped if a named person within their organisation had been available to them to help them access or arrange informal support or professional treatment. One interviewee said that organisations should be proactive, rather than wait for bereaved employees to ask for help, as 'bereaved people don't have much energy and not a lot of fight, even though they desperately need help'. Most of the interviewees said they would have liked to talk to a professional with skills in dealing with losses of this kind and/or the opportunity to talk to someone who had been similarly bereaved. One mother, who had talked to another parent bereaved by their

Table 3: Formal support in the workplace
- None had any approach from management to help them find support
- None received the type of support they felt that they needed
- One was aware of the EAP but uncomfortable about using the telephone
- One telephoned the EAP who provided a contact number for Cruse
- One saw a counsellor after coming across leaflet but found the counsellor unhelpful
- One was visited by the welfare officer who advised telephoning Cruse
- Two visited their workplace medical service but were not referred for help

Table 4: What was needed
- Someone within the organisation to take responsibility for helping to find and arrange support
- That person to meet the bereaved person face-to-face
- Provision of information and guidance materials
- Opportunity to talk to a professional who understood their type of loss
- Opportunity to talk to someone similarly bereaved

Table 5: Parents' recommendations
- Courses for managers in dealing with bereaved co-workers
- Educational training for the workforce on the impact of bereavement
- Training for all the workforce on responding to traumatically bereaved co-workers
- All training to be informed by survivors' experiences

child's suicide, said: 'You felt you could relate to someone or they could relate to you, what you were going through.' Some participants said it would have been useful to have been offered relevant information and guidance.

Recommendations

The majority of participants felt that colleagues and managers should receive education and training on the impact of bereavement and how to respond to bereaved colleagues/employees. Two parents, who were managers themselves, pointed out that they had received training in dealing with other issues such as addiction, but bereavement had never been included in management development programmes. Two participants said they had, since their bereavement, taken on new roles within their organisations that included workforce bereavement training. Several said that training should be provided on the specific needs of traumatically bereaved employees. One parent commented that if a co-worker has lost a parent, 'You can sympathise with somebody and know what they've gone through. Losing a child, it's very different, and from suicide.' Many participants said that training programmes should include an opportunity to hear bereaved parents talk about their own experiences and needs when they returned to work (eg. volunteers from the bereaved families organisation Compassionate Friends).

Discussion

One of the primary aims of this study, and the focus of this article, was to explore the experiences on their return to work of parents bereaved by suicide and the support they felt they needed and that workplaces should provide. Their responses highlight strengths and weaknesses of current company practices and offer useful suggestions for organisations seeking to improve their bereavement support policies and provision.

What was helpful

Co-worker support was particularly important for parents who worked in small organisations or in their own business. This finding supports Russell's (1998) survey in which 84% of bereaved workers mentioned the value of colleague support and similar findings from a study of people bereaved by suicide (McMenamy, Jordan & Mitchell, 2008). The responses that participants found helpful might usefully inform employee training programmes on how to respond to traumatically or otherwise bereaved workers.

That positive responses from managers were mentioned less frequently by interviewees may be a reflection of the lack of formal polices and procedures in organisations for supporting bereaved workers returning to work following a traumatic bereavement. Interestingly, most of the helpful

management responses mentioned were practical, such as offering unlimited leave, flexible working hours and reduced workloads. Standard compassionate leave periods tend to be around three days (Eyetsemitan, 1998), so some of the employers in this study would appear to be more enlightened about the impact and needs of bereaved workers. The comments about feeling respected and needed in the workplace reflect Krysinski's (1993) account of the importance of validation in her role as a manager whose partner died by suicide. That some interviewees found the return to work in itself helpful reflects Hazen's (2008) findings that it provided distraction, focus and meaning.

What was unhelpful

It is encouraging that fewer unhelpful factors were mentioned by participants; it suggests their overall experience on returning to work was more positive than negative. Nevertheless, it is useful to examine these negative responses. It is possible that the unhelpful behaviours, which mainly related to insensitive remarks and conversations about suicide or children, resulted from thoughtlessness or lack of awareness of the effects these comments might have on their bereaved co-worker. Some of the situations and comments described occur quite commonly in everyday interactions, and it is unlikely that any deliberate hurt was intended. However, someone who has experienced the trauma of losing a child by suicide is understandably likely to be sensitive to such comments. Employers can seek to protect their staff by providing training on the impact of bereavement and the needs of bereaved people (Hazen, 2009). This training could also help workers understand that it is better to acknowledge a colleague's bereavement than avoid them (Fielden, 2003).

With regard to management responses, participants' main complaint was about the lack of formal support available to them. This finding is perhaps not surprising, given that most organisations seem to have no policies or protocols in place for dealing with bereaved co-workers (McGuinness, 2009). Twenty years ago, recommendations were being made about training managers to make referrals to EAPs, counsellors and support groups for bereavement (Stein & Winokeur, 1989), but it would seem that organisations have been slow to take these on board. Given that an estimated five per cent of a workforce will be affected by the death of a close family member in any year (Wojcik, 2000), this lack of action is difficult to understand and may have negative implications both for individuals' health and well-being and the productivity of the organisation.

That several parents said they were expected by their manager to resume their usual workload may be another indication of a lack of understanding. Russell's (1998) study of bereaved Ministry of Defence employees also revealed that nearly half thought their line manager did not make

enough concessions on their return to work. The impact of traumatic bereavement on an individual's cognitive, emotional and physical functioning is well-established (Murphy, Clark Johnson & Lohan, 2003).

Finally, the two participants who reported bullying and confrontation in their workplace may simply have been unlucky to have encountered particularly insensitive, untrained managers, or this kind of behaviour might have been their style regardless of training. These experiences may reinforce the need for workforce training and access to individual workplace support that could have helped these interviewees recognise that this behaviour was unacceptable and to challenge it.

Formal support in the workplace

We might not expect the participants working in small organisations to have been offered formal support by management. But it is surprising that no formal support was available to the six participants who worked in large organisations. Again, the existence of bereavement support policies and protocols might have helped line managers find the right way to respond, such as meeting the worker on their return to the workplace to assess their support needs and ensure they knew where they could get help. As the responses to the McGuinness (2009, p6) survey indicate: 'Managers generally wanted to do the right thing for bereaved employees, but were unsure what that was or how to go about it.'

But none of the parents in this study were offered the kind of support that they felt they needed, even when they sought help for themselves from their organisation's own resources. Their experiences lend support to the conclusion drawn by McMenamy and colleagues (2008), that services that need to be sought out are not reaching those suicide survivors most in need of help.

What was needed

These parents bereaved by the suicide of their child had strong opinions about what they felt they needed from their organisations to support their readjustment to the workplace. Their views, based on personal experience, should be extremely valuable to those responsible for formulating workplace policies and interventions for traumatically bereaved workers. As Carla Fine, whose husband died by suicide, has pointed out: 'The lens of a survivor is anecdotal and subjective … But we are the ones that can inform researchers and clinicians' (Myers & Fine, 2007, p121).

The parents in our study said they would have appreciated one named person in the organisation with responsibility for making contact with them and offering help. This could easily be included in an organisation's bereavement policy and might help people bereaved by

suicide overcome the common barriers to seeking help, such as reluctance, lack of energy, depression and lack of information (McMenamy, Jordan & Mitchell, 2008).

The kind of help most frequently mentioned by these parents was contact with people bereaved in similar circumstances. McMenamy and colleagues (2008) similarly found that one-to-one contact with other suicide survivors was highly valued by those bereaved by suicide. Toller (2008) also reported that parents whose child had died felt that other bereaved parents were better able to understand their profound grief and loss. Specialist professionals were also considered appropriate sources of emotional and psychological support, as were education/information about suicide and bereavement.

Recommendations

The majority of parents were keen to make recommendations about how organisations could support the return to work of traumatically bereaved employees. Most participants suggested training for managers on how to respond to bereaved workers and training for colleagues on bereavement and appropriate responses. As mentioned above, this is not a new suggestion (Bento, 1994; Eyetsemitan, 1998) but apparently organisations have been slow to acknowledge the benefits. In the McGuinness (2009) survey only nine per cent of workplaces provided guidelines to staff on supporting bereaved colleagues and only 12% had information about access to bereavement support. It is interesting that two parents in this study had since taken on new roles in their organisation that included workforce bereavement training. Russell's (1998) suggestions for bereavement protocols might also help formalise appropriate responses to and provision of support for bereaved employees.

The other suggestion, of specific training for all staff on the particular needs of traumatically bereaved individuals, informed by survivor experiences and recommendations, is supported by Fiegelman, Gorman and Jordan (2009).

Limitations

As with any qualitative study, the findings need to be seen in light of inherent limitations. One limitation is their transferability. This was a study of a very particular, self-selected sample, and many had contact with a local support organisation following their bereavement. It can be argued that the findings are relevant to other traumatically bereaved individuals, as the impact on parents of different kinds of traumatic bereavement is similar (Dyregrov, Nordanger & Dyregrov, 2003). However, it is possible that the information and support received by our interviewees influenced the ways in which they experienced and coped with their loss and return to work. Other, more isolated parents might have even more problems in adjustment.

Also, the sample came from a particular, small geographical location in Northern Ireland, whose size and culture might have influenced the findings. As Sunoo and Sunoo (2002) observe, different cultures have different expectations about how they wish to be supported in times of grief. By western standards, the culture to which these interviewees belong is characterised by close-knit communities and close friendships within the workplace. Wakes at home lasting two to three days are still customary, as are public funerals attended by relatives, friends, acquaintances and work colleagues – a tradition acknowledged as supportive to family members (Donnelly, 1999). Some parents in this study described how much they appreciated managers and colleagues participating in these events, sending floral tributes and visiting them at home after the death. Not all western cultures are like this – often there is less public acknowledgement of the death and less personal contact at the time of bereavement.

The qualitative methods used also leave the study open to limitations associated with semi-structured interviews, the thematic analysis of transcripts, and the interpretation and formulation of findings (McLeod, 1994), although specific procedures were undertaken to enhance the trustworthiness and credibility of data.

That the interviewer was herself a parent bereaved by suicide might also have influenced the way the interviews were conducted and participants' responses. In addition, the study reports only the views of bereaved employees. Future research might usefully focus on the views and responses of managers, employers and organisations.

Conclusion

As Hazen (2008) has observed, no workplace can escape grief and when people return to work, they bring their grief with them. The findings of this study support the view of McMenamy and colleagues (2008) that it should not be assumed that bereaved individuals will find support themselves if they need it. The current ad hoc organisational response would not seem to be adequate for those bereaved by suicide or other traumatic circumstances.

It is hoped that studies such as this will be useful in prompting organisations to introduce policies and protocols for bereavement support, as has been recommended in numerous studies over many years (Sunno & Sunoo, 2002). The views of people with personal experience of traumatic bereavement may also be helpful in devising appropriate training and support programmes within organisations to support suicide-bereaved employees returning and readjusting to the workplace. ■

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