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Journal article

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“This is an Accepted Manuscript of an article published by Taylor & Francis in Policy and Practice in Health and Safety on 27th July 2020, available online: <https://doi.org/10.1080/14773996.2020.1796084>

Grieving in the Workplace: How do grieving employees perceive their experience of workplace support from management?

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This is an original manuscript of an article published by Taylor & Francis in POLICY AND PRACTICE IN HEALTH AND SAFETY <https://doi.org/10.1080/14773996.2020.1796084> 13 July 2020, available online: <http://www.tandfonline.com/>. DOI: <https://doi.org/10.1080/14773996.2020.1796084>

Abstract

To explore what bereaved employees consider as helpful support from their managers. An online questionnaire was completed by 40 participants from various occupations in the United Kingdom who had been bereaved of their spouse. The data were analysed using a qualitative thematic approach. Two key superordinate themes were found: 'Acknowledgement' and 'Response'. This study supports the growing initiative to set informal support for grieving employees thereby enhancing the provision of impactful and timely bereavement support in the workplace. These findings suggest that managers were considered to be supportive when they 'acknowledged' the bereaved employees' situation and their reactions to grief. Additionally, managers were thought to be supportive when they responded in offering specific support depending on the individual's circumstances and provided sufficient time and space for them to grieve. 'Acknowledging' and 'responding' appeared to promote understanding and instil a sense of being valued rather than the feeling of being just another number within the organisation. All participants were English speakers and a higher proportion were women, which may influence the generalisability of the findings.

Keywords: *Death, Bereavement, Workplace, Mental Health, Grief Support*

Introduction

Experiencing the death of a loved one, especially a spouse or life partner is considered a significant life stressor, which can impact the emotional, behavioural, cognitive, physical, spiritual, social and financial areas of a bereaved individual's life (Aoun et al., 2015). There is an increasing recognition that bereavement can trigger ongoing mental distress (Breen & O'Connor, 2007), where grief symptoms may continue to exist decades after experiencing a loss (Carnelley et al., 2006). The knowledge around bereavement gathered from clinical encounters has led to many service providers taking a consistent or one-size-fits-all approach to bereavement care, even though studies suggests that this type of support by professionals may not always be helpful (Breen et al., 2014; Wittouck et al., 2011). It appears that practitioners and care services have been well informed by the few that pursue support direct from mental health professionals, however very little is understood about the everyday lived experience from the majority of individuals who do not use these professional services (Rumbold & Aoun, 2015). More recently public health models are starting to acknowledge that the majority of bereaved individuals may not need professional bereavement care (Aoun et al., 2015). They may gain from informal support where they can

express their emotions and where they perceive their grief is responded to in a nonjudgmental and understanding way (Breen et al., 2017).

Prior research highlights that the ability to connect with others who have been bereaved and the receipt of empathy are two of the most valuable means of support (Dyregrov, 2004; Peters et al., 2016). In the case of a sudden death, the bereaved individual may not have time to prepare and process this instant life-changing event, and therefore may be left with many challenges (Clements et al., 2003). For example, the struggle of trying to make sense of their unexpected loss, trying immediately to fit their loss into their prior accepted world and to bring their loss forward into their new lived reality (Hall, 2014). Conversely, although death due to an illness may be expected, the surviving individual may be consumed by emotional distress while caring for their loved one, leaving minimal time or energy to prepare for the unknown daily tasks required after a loss or the unanticipated physical and mental demands (Chentsova-Dutton et al., 2000; Clark et al., 2011). The post bereavement space between life, work and coping abilities highlights that an individualised support approach in helping the bereaved with their daily life tasks, self-care and ability to function at work is essential (Caserta et al., 2004; Stahl & Schultz, 2014).

In order to create the best possible individualised care for bereaved employees, it is crucial to understand workplace support experiences (Flux et al., 2019). It is not feasible to enhance a manager's ability to provide beneficial bereavement support without a clear understanding of the current supportive workplace practices and procedures (Logan et al., 2018). Furthermore, it is unethical to relay this without vigorous research based on reliable and valid representative samples (Logan et al., 2018). Understanding the type of support reported as beneficial by a grieving employee, as well as the impact of grief coupled with workplace demands, may assist managers to develop processes that can be used for planning and guidance in positively supporting mentally distressed employees. Therefore, the purpose of this study is to explore how grieving employees perceive their experience of workplace support from management with a means to understanding what support would be considered as most beneficial.

Methodology

Design

A qualitative thematic approach was chosen for this study, as it allows for the exploration of complex and rich data and theoretical flexibility of a comprehensive lived experience (Braun & Clarke, 2006). The researcher obtained permission from the Facebook group 'WAY – Widowed and Young' to advertise the online survey. Research highlights that with the technology of today, people appear to be comfortable with using computers and respond to questionnaires similarly online than those conducted by conventional research methods (Ward, Clark & Zabriskie, 2014). The advantage of this technique is that it is not restricted by geographical distances, and thus allows for a larger sample set of data collection (Mann & Stewart 2000; James & Busher 2009). Additionally, it affords a higher degree of anonymity which may aid the participants to feel less inhibited in their responses when discussing topics that may be sensitive (Ward, Clark & Zabriskie, 2014).

On the other hand, the researcher has considered that with the use of this type of data collection the participants' body language or facial expressions are unable to be observed and this could lead to possible misunderstanding or misinterpretation (Chen & Hinton 1999). However, this method does assist to reduce any possible researcher bias during data analysis (Ayling & Mewse 2009). Inclusion criteria stipulated that the participant would have experienced the death of a

partner (spouse) either having lived together or apart but having been in a relationship at the time of the death. Additionally, the participants needed to be over 20 years of age, living in, and have been employed (either full-time or part-time) in the UK, and having returned to employment post bereavement. Exclusion criteria stipulated that it must have been at least 6 months since the participant experienced their bereavement. This would allow the individual to have had some time to process their 'new and changed life' and for most have returned to work. They also needed to be willing to share thoughts on their workplace experience as a grieving employee and to share their own attitudes to workplace behaviours after experiencing bereavement. Upon write up all participants were anonymised and de-identified to keep information as confidential as possible.

Participants

Forty-five individuals from across the United Kingdom completed the online survey. The chosen required number of participants was based on having a large enough sample to identify the less commonly expressed themes without missing out on important data, however not too large as to end up with data saturation (Fugard & Potts, 2015). A total of forty participant's data were included in the analysis with five participant's data being disregarded due to the lack of useable input.

Procedure

A questionnaire with a focus on the individual's experience of their work-life and management support was produced. Each participant had access to an information sheet. In preparation for the full study, the questionnaire was piloted by two participants to identify any possible problem areas, deficiencies in understanding or lack of clarity in the questions. It also assisted to confirm that relevant data could be collected through the self-administered questionnaire and allowed the researcher a practice run with the data collection instruments. The full study went ahead and was advertised on 'Facebook' as described above and made live to be accessed on Bristol Online Survey and Pebbleboard.

Analytic Technique

Data collected was analysed using a style of qualitative thematic analysis otherwise known as template analysis. This process enables the use of hierarchical coding with a balance of structure and flexibility to adapt to the style and the format of the data (Brooks, McCluskey, Turley & King, 2015). The final template analysis serves as a foundation for the researcher's interpretation of the data set and was used for final write up (King, 1998).

Stage One: The aim was to identify and summarise the main themes that emerged from the data to create a foundation template of themes which could then be built upon. The researcher endeavoured to understand and analyse the data through the eyes of the participants, therefore taking an idiographic approach. A spreadsheet held the data with distinct worksheets detailing each response which was analysed and coded to various themes and retained as a paper-trail. The data from the first ten transcripts was read thoroughly, several times. The question the researcher focused on was '*what specifically is the participant talking about or referring to in each instance?*' The researcher then added in descriptive comments, which consisted of significant words which aimed to capture the nature of the individuals reported experience. This was done with the use of constant comparison with the data and the researcher's understanding of what the participants

were referring to, following a process of reduction and abstraction.

Stage Two: Once the final surveys were received, the transcripts were examined and a continued process of reduction and abstraction was followed, as described in Stage one. Common themes were grouped together into similar categories in accordance with the baseline template and expanded into common themes and subthemes (Braun & Clarke, 2006). The researcher found there to be various overlap of certain subthemes. For example, a portion of participants recounted the helpful support they directly received versus others mentioning lacking the same or similar type of support. These were grouped into one category as the fact that it was mentioned was considered important.

Stage Three: Having considered the data from this perspective a third interpretative level of coding took place, which was more centered on being data driven. The researcher focused on *'how is the participant understanding or constructing what they are talking about in each area of the data?'* The data were therefore reassessed by examining it from this perspective and the themes were re-arranged to reflect this. Some participants described receiving sympathy, thoughtfulness and clear communication, and others reported receiving a lack of this.

Quality Assessment

The data were analysed by the researcher's supervisor, findings discussed and it was agreed that they were consistent with the primary researcher's findings. Additionally, to ensure quality assessment, various factors were taken into consideration during the design, collection and examination of the data. Considerations ranged from how this research would contribute usefully to current knowledge of the topic, to the clarity of the research questions and the suitability of the design to the questions. The data collection and analysis was systematic so that an audit trail would be able to be followed and the researcher continually reflected on the resulting data so as to ensure that the study provided sufficient evidence to ascertain that the criteria had been met (Mays & Pope, 2000).

Findings

These findings suggest that participants considered their manager as being supportive when they felt their situation had been acknowledged and responded to. It was important to them to observe their managers appreciation of the unpredictability of grief and the impact that bereavement can have. The emerging pattern was that in order for the participants to feel supported, they wanted acknowledgement that their grief reactions may have an impact on their work performance. Therefore, from a psychological perspective receiving assurance from their manager may have made them feel better in the way that, it is acceptable to be 'non-functional' for a while. That the life the employee knew prior to experiencing bereavement has changed, never to be the same again. The type of workplace grief reactions reportedly ranged from fatigue to lack of memory, concentration, conscientiousness and efficiency. Additionally, support was considered helpful when the manager was seen to offer specific assistance to the bereaved employee depending on their individual circumstances. For example, allowing them sufficient time and space to grieve, a reduction of working hours, reduced work duties and time off work in order to process their loss and newly changed life.

Discussion

Failure to acknowledge or respond to the bereaved employee appeared to convey that they or their experience was being ignored. This in turn represents a sense of abandonment generating a feeling of isolation. To understand how grieving employees perceive their experience of workplace support from management this research aimed to answer two questions.

- *'What type of support received was deemed as beneficial for a grieving employee?'*
- *'What do the reported experiences of bereaved employees tell us about the impact of grief coupled with workplace demands?'*

What type of support received is beneficial for a grieving employee?

Participants specifically noted that they wanted their manager to show an acknowledgement of their bereavement and reactions to grief. Some noted that the normal sick policy was followed with no recognition of the challenges they faced. They felt that there was little compassion shown or effort made by their manager to obtain a personal understanding of what they were going through. That there was little understanding that grief can come out of nowhere and hit like a tidal wave. In the case of spousal bereavement, the individual may struggle to take on newly acquired responsibilities, learning to manage new tasks in their daily lives and in some cases learning to adjust to a new role as single parent (Caserta, Lund, Utz & Tabler, 2016). Participants felt it was important that their managers clearly understood their loss. That when someone loses their partner in life, they tend to lose themselves for a time as well. They highlighted how widowhood is like experiencing bereavement, divorce and a serious illness all rolled into one. Additionally, it was noted that empathy and compassion played an important role in the managers consideration of the challenges they faced such as work performance while grieving, lone parenting, anniversary dates. Empathy defined here is an individual's ability to understand and re-experience someone else's feelings, so as to appreciate what they may be experiencing (Mayer & Salovey, 1997; Singer et al., 2004). Compassion defined here is as an altruistic behaviour that incorporates the desire to reduce suffering (Blum, 1980). It can be expressed in many different ways such as providing verbal and physical support and showing acknowledgement of a death possibly with a kind word or the giving of cards and flowers to the bereaved (Choi, Lee & No, 2016).

Clinical researchers have indicated that when the negative emotions of grief are acknowledged and allowed to be expressed early in the grieving process the results show a reduction in the long-term impact of bereavement reactions (Bonanno, 2001). This finding is supported in a study conducted by Choi, Lee and No (2016) which demonstrates how compassion was found to lesson anxiety by raising the perception of being a valued and an important member of staff, rather than just a number within the organisation. Having the ability to understand and acknowledge the experiences of others and how they engage in their lived reality is vital to developing trust and building relationships at work (Gill et al., 2018). As much as sharing a level of closeness as a result of empathy and compassion is essential for building workplace trust, it must be done in a sensitive way so that professional boundaries are not negatively impacted (Gill et al., 2018).

This study supports Noordik et al., (2011) findings and indicates that employees who are trying to deal with their emotions wanted to be free from having to satisfy the needs and

expectations of others. They also pointed out that they would have liked a response from management such as clear guidance on work expectations. Others wanted clarity around bereavement leave allocations. Certain participants suggested that advice and information on how to move forward and where to obtain external help, such as financial support or funeral arrangements would have been particularly beneficial. Some highlighted the value in being consulted by their manager before their co-workers were informed of their bereavement. They felt that this would help to avoid embarrassing situations, awkward conversations or questions when they returned to work. Many participants specifically noted wanting their manager to respond to their grief by granting them a block of time away from work to give them the space and permission to focus on grieving. Upon their return to work a reduction in working hours or a phased return was noted as helpful as it assisted them to deal with the utter exhaustion and strain they were feeling both physically and mentally. They also noted wanting managers to ensure their work colleagues took over some of their work duties for a time to ease the pressure while they tried to obtain their equilibrium.

As theorised by the 'Dual Process Model', when attempting to cope with grief, while trying to restore a changed life and manage ongoing work pressures a grieving employee may encounter work-life conflict which is likely to put additional stress and strain on them, leading to intense emotional and physical distress (Stroebe & Schut, 1999). Stress is generally measured by the loss of productivity, turnover, direct costs and absenteeism (Ruez, 2004). Therefore, when oscillating between loss-oriented coping and restorative-oriented coping (Stroebe & Schut, 1999), should the painful emotions of grief go unacknowledged, this may exacerbate, intensify or extend feelings of anxiety, depression or stress (Palmer, 2004). Here participants note that it takes a long time to adjust to their 'new normal', one was still struggling with this more than two years after experiencing their bereavement. Furthermore, findings note that when a traumatic experience was felt to go unacknowledged in the workplace, it appeared to leave many participants exceeding their current mental capacity as they endeavoured to live up to the manager's perceived expectations by attempting to meet the demands of their job whilst grappling with their grief (Quazi, 2013). This results in exacerbating their already limited mental and physical capacity leaving them feeling stressed and overwhelmed and for some dealing with complex work grief reactions (Quazi, 2013). Bento (1994) argues that the individual may internalise the messages that they are no longer good at their job, rather than understanding they are just going through a difficult time at present. Unsurprisingly this may cause untold damage to their confidence, motivation and self-esteem which generates a self-fulfilling prophecy of a continued decline in performance. Alternatively, they may reject these negative messages but feel progressively isolated in their pain and deeply alienated from any sense of normality or meaning in their life (Bento, 1994). It is very important however, to note that employees attempting to cope with their reactions to grief do not have a mental illness and are not guilty of deviant behavior (Bento, 1994). It is not surprising therefore, that if grief is not acknowledged or responded to, the pressure of anxiety and stress can cause individuals to become further distressed and lead to them being less able to exhibit control over their emotions (Quazi, 2013).

What is the impact of grief coupled with workplace demands?

When a manager is unresponsive to the needs of the bereaved employee and does not allow enough downtime for their suppressed immune system to readjust and get back in sync, this may result in an increased absence from work (Thompson, 2002). When a bereaved employee is

not allowed the space to grieve, they may be visibly present within the work environment but not completely engaged at work, this is noted as presenteeism (Hemp, 2004). Presenteeism can be described with two different kinds of behaviours. *Non-sickness presenteeism*, is when employees are physically present in the workplace but are considered to be distracted, which may impact their job performance (Johns, 2010). When not given the grieving space needed, a number of those bereaved may find themselves in a position of having to conduct personal business at work, for example, administration around the death of a loved one, funeral arrangements or arranging childcare. *Sickness presenteeism*, which is when employees are physically present at work but considered to be in ill health (Johns, 2010).

A study conducted by Quazi (2013) found that traumatic life events faced by employees such as the death of a loved one, resulted in physical or mental ill health which led to a lowering of their effectiveness and overall productivity within the organisation. A study conducted by Demerouti et al., (2009), suggests that presenteeism and emotional fatigue are reciprocal. They claim that work conflict exhaustion leads to presenteeism which in turn generates further exhaustion. This is as a result of the effort which is needed to compensate for the adverse effects in energy depletion as a result of performance. Emotional fatigue leads to an improper non-use of sick leave, which then results in raised feelings of exhaustion or burnout (Demerouti et al., 2009). According to Bakker and Demerouti (2014) elements of work can be categorised into job demands and job resources, referred to as 'Job Demand-Resources Theory' (JD-R). This theory advocates that work settings evoke two separate cognitive processes; an impairment to health approach or a motivational approach. When an employee is met with continual high demands this may lead to exhaustion, fatigue and health issues, and is observed as a health impairment process. Whereas the motivation process has been found to support employees in promoting aspirational achievement in work-related goals (Boyd et al., 2011). Recovery is more likely to take place when grief-related suffering is reduced and positive emotions are triggered and managed (Bonanno, 2001). Bakker (2011) suggests that resources such as positive encouragement and supportive management feedback result in raised performance levels from employees.

TABLE 1: Participants' Demographic Characteristics

| | | |
|---|---------------------------|----------------|
| Gender: | Female = 36 | Male = 4 |
| Current Age Range: | 21 to 30 = 3 | 31 to 40 = 11 |
| | 41 to 50 = 19 | 51 to 60 = 7 |
| Relationship: | Spouse = 33 | Partner = 7 |
| Bereavement: | Illness = 23 | Suicide = 9 |
| | Other = 4 (Stroke, Heart) | Accident = 3 |
| Work Prior Bereavement: | Full-Time = 23 | Part-time = 17 |
| Work After Bereavement: | Full-Time = 17 | Part-time = 20 |
| | Sick/Unemployed = 3 | |
| Occupational Sector: | Public = 12 | Private = 14 |
| | Education = 8 | Charity = 3 |
| | Healthcare = 3 | |
| Workplace holds a Bereavement Policy? | Yes = 11 | No = 12 |
| | Unknown = 17 | |
| Length of bereavement leave taken prior to returning to work: | Min = 3 days | Max = 24 weeks |
| | Mean = 11 weeks | |

Grief reactions may vary for different individuals and some may be able to manage effectively without any harmful consequences (Ashkanasy & Daus, 2002). However, research

suggests that for a period of time the grieving employee may be unable to separate their personal grief from their professional life (Palmer, 2004). Under normal circumstances a demanding job may be manageable, but when bereavement and grief is added into the mix it may become overwhelming for the individual (Stroebe & Schut, 2016). For example, in this study a participant noted that they were probably still not safe to be working. This study highlights that elements of grief, can comprise not only of mental strain, such as a decrease in the ability to concentrate, fatigue, severe anxiety, lack of memory, difficulty in decision making and being easily distracted but may also negatively impact physical health (Hobson, Delunas & Kesic, 2001; Palmer 2004). These include an increase in blood pressure, a reduction in functioning of the immune system leading to illness and other physical trauma (Palmer, 2004). Some participants noted that they returned to work, only to have to take further time off due to both physical and mental illness. The average time taken off work in this study ranged from three days to twenty-four weeks with some participants finding the work pressure too much leading to going on long-term sick leave. (See Table 1. *Participants' Demographic Characteristics*).

Limitations

The participants were all English speakers and data were collected from a specific group within Facebook, and therefore may not be represented adequately in the data for a wider population. Furthermore, the findings may be influenced by the fact that the participants consisted of a higher proportion of women to men (36:4). The participants provided answers to a self-completed questionnaire which did not allow for the opportunity for clarification of meanings or exploring their answers in depth to their responses. Conversely, the use of the online questionnaire allowed the participants time to consider their answers in their own time, gave them a sense of anonymity and confidentiality and permitted us access to a larger sample size than face-to-face interviews would have allowed. While the thematic analysis of the data allowed for flexibility, there is the possibility that this could result in inconsistency and a shortage of coherence when creating the themes based on the data (Holloway & Todres, 2003).

Implications for Practice and Research

The data highlights that in practice the provision for workplace support is founded on the interaction of variables linked to the bereaved, the deceased, the supporter and the complexity of the type of support received or lack thereof (Aoun et al., 2015). Understanding these elements has significance in the way that unsupportive behaviour and the possible breakdown of social networks after experiencing the death of a loved one may result in the sense of a secondary loss, compounding and creating further difficulties in the nature of the primary loss (Breen & O'Connor, 2011). A strength of this study was that it investigated bereavement as a non-binary notion, allowing the participants to self-evaluate according to their experience and whether they were of the opinion that the support they received (or lack thereof) had significantly impacted on their return to work.

Adding in the viewpoint of the managers' experience could serve to further enrich the findings. These findings highlight that each dimension in the bereavement experience may cause substantial distress and a feeling of isolation. Mental distress has been recognised as a stressor (Rusch, Zlati, Black & Thornicroft, 2014), and there is a need to develop and trial suitable individualised workplace interventions that challenge the negative inclinations and taboos when speaking about death and tackle the barriers to seeking and receiving workplace support. Educating the manager

in appropriate ways of supporting bereaved employees in their return to work is crucial (Pitman, Stevenson, Osborn & King, 2018). This study therefore, supports a growing initiative to understand, acknowledge and respond to an employees reactions to grief, thereby being able to set clear expectations on how to support them in a positive way. In so doing, enhances the capacity to render informal, timely and beneficial bereavement support in the workplace (Aoun et al., 2015).

Conclusion

These findings highlight that the provision of what may be perceived as beneficial support, is based on an interaction of many variables which culminate in a positive or negative impact to the bereaved individual (Aoun et al., 2015). Gaining an individualised understanding and insight into the bereaved employee's situation is likely to enable the manager to offer distinct, informal and beneficial support. In support of Logan et al. (2018) study this research indicates that despite there being professional bereavement services available there is a need to strengthen investment into informal support for bereaved employees and the way in which managers react towards death, dying and bereavement in the workplace. All that may be required for an employee to feel valued and positively supported is simply for the manager to have a listening ear for understanding, a clear acknowledgement of their situation and a bona fide response of action specifically tailored to their needs.

References

- Ashkanasy, N.M., & Daus, C.S. (2002). Emotion in the workplace: The new challenge for managers. *The Academy of Management Executive (1993-2005)*, 16(1), 76-86. Retrieved from <http://www.jstor.org/stable/4165815>.
- Aoun S.M., Breen, L.J., Howting, D.A., Rumbold, B., McNamara, B., Hegney, D. (2015). Who needs bereavement support? A population based survey of bereavement risk and support need. *PLoS ONE* 10(3). DOI:10.1371/journal.pone.0121101.
- Ayling, R., & Mewse, A.J. (2009). Evaluating internet interviews with gay men. *Qualitative Health Research*, 19(4), 566-576. DOI:[10.1177/1049732309332121](https://doi.org/10.1177/1049732309332121).
- Bakker, A.B. (2011). An evidence-based model of work engagement. *Current Directions in Psychological Science*, 20(4). DOI:10.1177/0963721411414534.
- Bakker, A.B., & Demerouti, E. (2014). Job demands-resources theory. In Cooper, C., and Chen P. (Eds). *Wellbeing: A complete reference guide* pp.37-64). Wiley-Blackwell: Chichester.
- Bento, R.F. (1994). When the show must go on: Disenfranchised grief in organizations. *Journal of Managerial Psychology*, 9(6), 35-44. DOI:10.1108/02683949410070197.
- Blum, L. (1980). Compassion. In A.O. Rorty (Ed.), *Explaining emotions* (pgs. 507-517). Berkeley, CA: University of California Press.
- Bonanno, G.A. (2001). Grief and emotion: A social-functional perspective. In M. Stroebe et al. (Eds.), *Handbook of bereavement: consequences, coping, and care*, (pp. 493-515). Washington DC: American Psychological Association. DOI: 10.1037/10436-021.
- Boyd, C.M., Bakker, A.B., Pignata, S., Winefield, A.H., Gillespie, N., & Stough, C. (2011). A longitudinal test of the job demands-resources model among Australian university academics. *Applied Psychology: An International Review*, 60(1), 112 -140. DOI:10.1111/j.1464-0597.2010.00429.x.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. DOI: [10.1191/1478088706qp063oa](https://doi.org/10.1191/1478088706qp063oa).
- Breen, L. J., & O'Connor, M. (2007). The Fundamental Paradox in the Grief Literature: A Critical Reflection. *OMEGA - Journal of Death and Dying*, 55(3), 199-218. DOI: <https://doi.org/10.2190/OM.55.3.c>.
- Breen, L.J., & O'Connor, M. (2011). Family and Social Networks after Bereavement: Experiences of Support, Change, and Isolation. *Journal of Family Therapy*, 33(1), 98-120. DOI: 10.1111/j.1467-6427.2010.00495.x.
- Breen, L.J., Aoun, S.M., O'Connor, M., & Rumbold, B. (2014). Bridging the gaps in palliative care bereavement support: an international perspective. *Death Studies*, 38, 54–61. DOI: [10.1080/07481187.2012.725451](https://doi.org/10.1080/07481187.2012.725451).

- Breen, L. J., Aoun, S. M., Rumbold, B., McNamara, B., Howting, D. A., & Mancini, V. (2017). Building community capacity in bereavement support: Lessons learnt from bereaved caregivers. *American Journal of Hospice & Palliative Medicine*, *34*, 275–281. doi:10.1177/1049909115615568.
- Brooks, J., McCluskey, S., Turley, E., & King, N. (2015). The Utility of Template Analysis in Qualitative Psychology Research, *Qualitative Research in Psychology*, *12*:2, 202-222, DOI: 10.1080/14780887.2014.955224
- Carnelley, K.B., Wortman, C.B., Bolger, N., & Burke, C.T. (2006). The time course of grief reactions to spousal loss: evidence from a national probability sample. *Journal of Personality and Social Psychology*, *91*, 476-492. DOI: [10.1037/0022-3514.91.3.476](https://doi.org/10.1037/0022-3514.91.3.476).
- Caserta, M. S., Lund, D. A., & Obray, S. J. (2004). Promoting Self-Care and Daily Living Skills among Older Widows and Widowers: Evidence from the Pathfinders Demonstration Project. *OMEGA Journal of Death and Dying*, *49*(3), 217–236. DOI: <https://doi.org/10.2190/9BH0-N565-Y40G-QDN9>.
- Caserta, M.S., Lund, D.A., Utz, R.L., & Tabler, J.L. (2016). One Size Doesn't Fit All" —Partners in Hospice Care, an Individualized Approach to Bereavement Intervention. *OMEGA—Journal of Death and Dying* *73*(2) 107–125. DOI: 10.1177/0030222815575895.
- Chen, P., & Hinton, S.M. (1999). Realtime interviewing using the world wide web. *Sociological Research Online*, *4*(3). Retrieved from: <http://www.socresonline.org.uk/4/3/chen.html>.
- Chentsova-Dutton, Y., Shuchter, S., Hutchin, S., Strause, L., Burns, K., & Zisook, S. (2000). The psychological and physical health of hospice caregivers. *Annals of Clinical Psychiatry*, *12*(1),19–27. DOI: 10.1023/A:1009070826012.
- Choi, H.J., Lee, S., & No, S. (2016). Effects of compassion on employees' self-regulation. *Social Behavior and Personality*, *44*(7), 1173 – 1190. DOI: 10.2224/sbp.2016.44.7.1173.
- Clark, P.G., Brethwaite, D.S., & Gnesdiloff, S. (2011). Providing support at time of death from cancer: Results of a 5-year post-bereavement group study. *Journal of Social Work in End-of-Life & Palliative Care*, *7*, 2-3, 195–215. DOI: 10.1080/15524256.2011.593156.
- Clements, P., Vigil, G., Manno, M., & Henry, G.C. (2003). Cultural perspectives of death, grief, and bereavement. *Journal of Psychosocial Nursing and Mental Health Services*, *41*(7), 18-26. DOI:10.3928/0279-3695-20030701-12.
- Demerouti, E., Le Blanc, P.M., Bakker, A.B., Schaufeli, W.B., & Hox, J. (2009). Present but sick: A three-wave study on job demands, presenteeism and burnout. *Career Development International*, *14*(1), 50-68. DOI:<http://dx.doi.org/10.1108/13620430910933574>.
- Dyregrov, K. (2004). Micro-Sociological Analysis of Social Support Following Traumatic Bereavement: Unhelpful and Avoidant Responses from the Community. *OMEGA - Journal of Death and Dying*, *48*(1), 23–44. <https://doi.org/10.2190/T3NM-VFBK-68R0-UJ60>.

- Flux, L., Hassett, A., & Callanan, M. (2019). How do employers respond to employees who return to the workplace after experiencing the death of a loved one? A review of the literature. *Policy and Practice in Health and Safety*, 17, 1-15. DOI: 10.1080/14773996.2019.1590764
- Fugard, A.J.B., & Potts, H.W.W. (2015). Supporting thinking on sample sizes for thematic analyses: a quantitative tool. *International Journal of Social Research Methodology*, 18(6), 669-684. DOI: [10.1080/13645579.2015.1005453](https://doi.org/10.1080/13645579.2015.1005453).
- Gill, L., Schaddelee, M., Ramsey, P., Turner, S., & Naylor, T. (2018). When empathy works: Towards finding effective ways of sustaining empathy flow. *Asia-Pacific Management and Business Application*, 6(3), 115-136. DOI: 10.21776/ub.apmba.2018.006.03.1.
- Hall, C. (2014) Bereavement theory: recent developments in our understanding of grief and bereavement, *Bereavement Care*. 33(1) 7-12. DOI: 10.1080/02682621.2014.902610.
- Hemp, P. (2004). Presenteeism: at work – but out of it. *Harvard Business Review*, 10, 49-59. Retrieved from <http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=1&sid=c580ea86-0332-4d24-8080-18a3b96b2494%40sessionmgr4006&hid=4214>.
- Hobson, C.J., Delunas, L., & Kesic, D. (2001). Compelling evidence of the need for corporate work/life balance initiatives: results from a national survey of stressful life-events. *Journal of Employment Counseling*, 38(1), 38-44. Retrieved from <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=92f570fe-cc20-4774-a8c1-cf3f0a75a195%40sessionmgr102&vid=1&hid=125>.
- Holloway, I., & Todres, L. (2003). The status of method: flexibility, consistency and coherence. *Quality Research*, 3,345-357. DOI:10.1177/1468794103033004.
- James, N., & Busher, H. (2009) *Research Methods Online: Online interviewing*. Los Angeles: SAGE.
- Johns, G. (2010). Presenteeism in the workplace: A review and research agenda. *Journal of Organizational Behavior*, 31, 519-542. DOI:10.1002/job.630.
- King, N. (1998). Template analysis. In G. Symon & C. Cassell (Eds.). *Qualitative Methods and Analysis in Organizational Research*, Sage, London.
- Logan, E.L., Thornton, J.A., & Breen, L.J. (2018). What determines supportive behaviors following bereavement? A systematic review and call to action, *Death Studies*, 42(2),104-114, DOI: 10.1080/07481187.2017.1329760.
- Logan, E.L., Thornton, J.A., Kane, R.T., & Breen, L.J. (2018). Social support following bereavement: The role of beliefs, expectations, and support intentions, *Death Studies*, 42(8), 471-482. DOI: 10.1080/07481187.2017.1382610.
- Mann, C., & Stewart, F. (2000). *Internet communication and qualitative research: a handbook for researching online*. London: SAGE.

- Mayer, J. D., & Salovey, P. (1997). What is emotional intelligence? In P. Salovey & D. Sluyter (Eds.), *Emotional Development and Emotional Intelligence: Implications for Educators*. New York: Basic Books.
- Mays, N., & Pope, C. (2000). Qualitative research in health care. Assessing quality in qualitative research. *BMJ (Clinical research ed.)*, 320(7226), 50–52. DOI: [10.1136/bmj.320.7226.50](https://doi.org/10.1136/bmj.320.7226.50)
- Noordik, E., Nieuwenhuijsen, K., Varekamp, I., van der Klink, J.J., & van Dijk, F.J. (2011) Exploring the return-to-work process for workers partially returned to work and partially on long-term sick leave due to common mental disorders: a qualitative study, *Disability and Rehabilitation*, 33 (17-18), 1625-1635, DOI: [10.3109/09638288.2010.541547](https://doi.org/10.3109/09638288.2010.541547).
- Palmer, F.A. (2004). *Grief in the workplace: A case study of how grief associated with the death of a child affects the organization*. (Doctoral dissertation). Retrieved from <http://dissexpress.umi.com/dxweb/results.html?QryTxt=&By=palmer&Title=grief+in+the+workplace&pubnum> (Order number 700298066).
- Peters, K., Cunningham, C., Murphy, G., & Jackson, D (2016). Helpful and unhelpful responses after suicide: experiences of bereaved family members. *International Journal of Mental Health Nursing*. 25, 418–425. DOI: [10.1111/inm.12224](https://doi.org/10.1111/inm.12224).
- Pitman, A.L., Stevenson, F., Osborn, D.P.J., & King, M.B. (2018). The stigma associated with bereavement by suicide and other sudden deaths: A qualitative interview study. *Social Science & Medicine* 198, 121-129. <https://doi.org/10.1016/j.socscimed.2017.12.035>.
- Quazi, H. (2013). *Presenteeism: The invisible cost to organizations*. Basingstoke: Palgrave Macmillan.
- Rusch, N., Zlati, A., Black, G., & Thornicroft, G. (2014). Does the stigma of mental illness contribute to suicidality? *The British Journal of Psychiatry* 205(4), 257 - 259. DOI: <https://doi.org/10.1192/bjp.bp.114.145755>.
- Ruez, P. (2004). Quality and bottom-line can suffer at the hands of the working sick. *Managed Healthcare Executive*, 14(11), 46-48. Retrieved from <http://managedhealthcareexecutive.modernmedicine.com/managed-healthcare-executive/news/clinical/personal-finance/quality-and-bottom-line-can-suffer-hands?page=full>.
- Rumbold, B., & Aoun, S. (2015) An assets-based approach to bereavement care. *Bereavement Care*, 34(3), 99-102. DOI: [10.1080/02682621.2015.1115185](https://doi.org/10.1080/02682621.2015.1115185).
- Singer, T., Seymour, B., O'Doherty, J., Kaube, H., Dolan, R.J., & Frith, C.D. (2004). Empathy for Pain Involves the Affective but not Sensory Components of Pain. Retrieved from: https://pure.mpg.de/rest/items/item_2614253/component/file_2622702/content
- Stahl, S.T., & Schulz, R. (2014). Changes in routine health behaviors following late-life bereavement: A systematic review. *Journal of Behavioral Medicine*, 37(4), 736–755. DOI: [10.1007/s10865-013-9524-7](https://doi.org/10.1007/s10865-013-9524-7).

- Stroebe, M., & Schut, H. (2016). Overload. *Omega: Journal of Death & Dying*, 74(1), 96-109. DOI:10.1177/0030222816666540.
- Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, 23, 197–224. DOI:<http://dx.doi.org/10.1080/074811899201046>.
- Thompson, D. (2002). Grief in the workplace: An exploration into the needs of the bereaved employee and the employer. *Unpublished master's thesis, Institute of Transpersonal Psychology, Palo Alto, CA*.
- Ward, P., Clark, T., & Zabriskie, R. (2014). Paper/pencil versus online data collection. An exploratory study. *Journal of Leisure Research*, 46(1), 84-105.
- Wittouck C, Van Autreve S, De Jaegere E, Portzky, G., & Heeringen, K. (2011). The prevention and treatment of complicated grief: a meta-analysis. *Clinical Psychology Review*, 31(1), 69–78. DOI: 10.1016/j.cpr.2010.09.005.