# RETURN TO WORK: THE STORY OF PEOPLE BEREAVED BY SUICIDE

MSc Dissertation Summary

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**Background**

Grieving for a loved one can be a painful experience that can remain private or become social, unconditionally underlying the importance of support systems from the family and friends. An accumulating amount of evidence from research and clinical practice suggests that suicide bereavement differs from other forms of bereavement in its intensity and length, being likened to grief with the volume turned up. The challenges to openly grieve within the workplace are several-fold, due to many of us spending the majority of our time at work, than with family and friends. Research confirms that in general, we feel compelled to check our emotions at the door, whilst line mangers admit that they often feel ill-equipped to support their bereaved staff due to the differences in personality and the variety of needs. Yet, bereaved workers are resuming their full responsibilities immediately after coming back from compassionate leave. Additionally, anecdotal and research evidence about stigma, shame, and self-blame is having a long-term negative impact on the grieving employee's wellbeing, with financial losses for the business.

**Aim**

With the aim to start a conversation about what an organisation can do to support the bereaved by suicide, there were two explicit research questions:

a) How does bereavement by suicide impact on people in relation to their work?

b) What behaviours and systems could help the bereaved by suicide on return to work or contrarily, hinder a healthy transition in the short and long-term?

**Method**

The study utilises the data obtained from ten interviews. The interview guide was composed of 5 sections, inspired from the Charter for 'A Good Death: Time to Think'. The sample consisted of two men and eight women, ranging from 35 to 58 years of age, coming from a variety of occupational backgrounds. A Thematic Analysis (TA) was used to identify and describe meaningful patterns from the interview transcripts. Considering the lack of research into this topic, the goal was to look for experiential insights.

**Results**

The analysis uncovered four main themes (Figure 1). T1 – defined the meaning of being a 'survivor', a term used among people bereaved by suicide and in the research, T2 described

the survivor's willingness to share the news with others within their workplace, based on trusting relationships with work colleagues and received empathy, which consequently had significant positive and negative impacts on T3 – the support and T4, includes meaning and functioning at work, relationships and the survivors' overall wellbeing.

**Figure 1: Thematic Map**
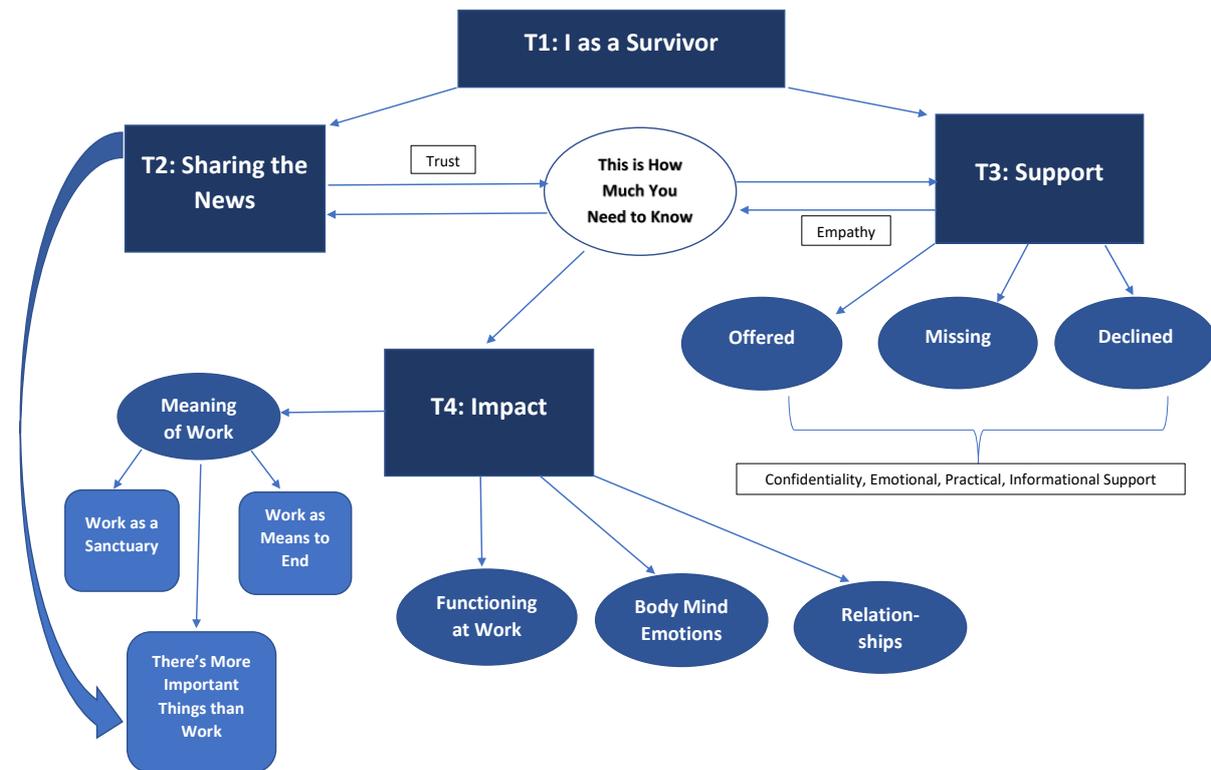


The experiences of returning to work for people bereaved by suicide had many commonalities with people bereaved by other causes. However, the main difference was manifested by developing symptoms of complicated grief, such as major depression, generalised anxiety and PTSD symptoms. Importantly, within the organisational context, the tell-tale signs of complicated grief were preceded by the survivors' preoccupation with confidentiality, concealment of death or an overall delay in sharing the full details with others. Significantly, various degrees of participants' internal stigma were responsible for their perception of stigma in others. Consequently, this impacted on the survivors' perceptions of the overall support received. Furthermore, the results of this study highlighted the lack of understanding with what bereavement by suicide means from both, the survivors themselves and the people at their workplace. This emphasised the importance of organisations being prepared for such occasions, starting with a choice of the forefront staff with an empathetic nature. Also, the needs of each survivor varied according to the personal circumstances and their occupational

background, in which the absence of rights such as compassionate leave, Statutory Sick Pay, a lack of finances or outside support increased the likelihood of developing the symptoms of complicated grief. Below is a summary of implications for the organisation and the people bereaved by suicide.

| IMPLICATIONS | Organisation | Bereaved by Suicide |
|---|---|---|
| Culture of the organisation | An empathetic culture within the organisation, from top senior executives down to supervisors, fosters an environment, in which the workers at the time of need feel able to openly speak about their grief and support needs | |
| Empathetic response | A genuine empathetic response was the most valued support, followed by respecting the survivor's right for confidentiality | Survivors need to be aware of their internal stigma or social awkwardness to speak out about their loss to receive the support they deserve. |
| Communication | An ongoing communication with the bereaved helps in designing a tailored fit support, from the news being broken for the first time to a long-term support, such as survivors taking time off around anniversaries. | Those communicating about the loss found their workplace to be 'a sanctuary', a place away from the grieving environment at home or a safe place, where they could speak openly about the loss, resulting in feeling overall more satisfied with the support they received. |
| Encouragement and Self-Care | The employers who initiated, encouraged and offered flexible support regarding return to work, empowered their employees, who might be at this point in a trauma-induced state, deepening the survivors' loyalty towards the organisation | Speaking out to a trusted line manager, colleague or HR staff about the support needs is the first step towards the survivor's self-care. Support from charities such as SOBS, Cruse and the Samaritans proved invaluable for those lacking the support at work or/and home. |
| Policies and Procedures (PP) | A flexible but written down Bereavement Policies (e.g. ACAS, 2018), available to the frontline staff (FS) for guidance can help easing up the pressure of the survivors' expectations, while ensuring that FS is providing appropriate support to the survivor | The flexibility in PP should also reflect the societal changes, in which the survivors feel comfortable with the notion that a loss of a friend or extended family member through suicide can equal to a loss of a dependant |
| Compassionate Leave | Moving away from the 3-day norm for paid compassionate leave by joining the organisations which extended this right for up to 20 days. Additionally, allow employees to donate their vacation time to those who might need the extra time | Many survivors found return to work helpful because of opportunities such as talking about their grief, keeping their brain busy, the workplace being a place of refuge from their home grieving environment. However, not all survivors were fit for work but due to the self-employed, MD[1] or zero-hours[2] contract status were left no choice, increasing the chances of developing the symptoms of complicated grief |
| Initiatives | Providing training for staff to increase understanding of suicide and the stigma associated with it. Larger organisations can support bereaved by suicide support groups and any initiatives from the bereaved staff | Becoming a champion within your workplace to support other colleagues bereaved by suicide |

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[1] MD – Managing Director
[2] Zero-hours or bank staff

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