

Recognizing and Responding to Workplace Grief

MARY ANN HAZEN

RECOGNIZING AND RESPONDING TO WORKPLACE GRIEF

After Judith, a social worker, experienced a difficult pregnancy and the stillbirth of her daughter, she returned to work at a counseling agency. She said, “I worked in a community of such great people who were so generous with listening to me. I think that was the biggest thing – the support I got from my co-workers. . . . I felt more accepted in the place where I work.” Judith was open about expressing her grief, and her coworkers noticed and responded appropriately to her – two important elements in understanding how to cope with grief in the workplace.

Many individual examples are from research about how women healed from grief when their babies died near birth and how workplace responses helped or hindered their recovery. As you read about the theories that these narratives exemplify, you should think of instances that are examples of the same ideas from your own life and workplace.

The purpose of this article is to show why it is important for managers to learn about grief in the workplace, how they can recognize symptoms of grief, and how they can respond to grieving employees appropriately and with compassion. Also explored will be how organizations, by their policies, procedures, and cultures, can support grieving employees. At times, work itself is a source of healing from grief.

WHY IT IS IMPORTANT TO KNOW ABOUT WORKPLACE GRIEF

No workplace can escape grief. It is likely that managers will have to cope with grief, their own or someone else's, during their careers. Managers should know about grief, recognize its symptoms, and know how to respond to foster a productive workplace. They should be able to teach employees how to do so, as well.

Most of the time, people grieve because a person close to them has died. In the United States, about 2.5 million people die every year, with each death affecting an average of five people. It is likely that a large number of these bereaved people are in the workforce, usually returning to work within a week of their losses. They bring their grief with them, since most grief lasts

from two to six months. People grieve other losses, as well – the loss of a job, the breakup of a marriage or intimate relationship, or the onset of a chronic illness. Even the death of a pet or the denial of a hoped-for promotion can be the source of grief for some.

Grief might be hidden or suppressed by the griever, as these behaviors are often expected at work. Even if expressed, grief is not always noted or acknowledged by coworkers and managers. Hidden or unrecognized grief can lead to unexpected difficulty in concentration, errors in decision-making, and even accidents and injuries. Grief counselors at Grief Recovery[®] estimated that hidden grief can lead to financial losses for companies – as much as \$75.1 billion annually in the United States. Even if there were no monetary consequences, relationships and even careers are affected when grief is unexpressed or unacknowledged.

Chris, a manager at an engineering firm, discovered when she was 19 weeks pregnant that her fetus' heart was not developing. This meant that the fetus could not live and Chris's life was in danger. Following their doctor's advice, she and her husband decided to allow labor to be induced the following week. This loss was so overwhelming to Chris that she found it difficult to return to work. She said, “I had a hard time with crying, letting my emotions out, because I was so angry and so empty. . . . I could not go back to work after ten weeks. I felt so naked or exposed. I could not tolerate even the thought of people just looking at me . . . and not going, ‘Oh, I'm so sorry.’ I ended up quitting my job.”

Chris and Judith are not exceptional. Their expressions of grief and the responses of their managers and coworkers made a difference in how they healed and resolved their grief. In the following sections, symptoms of grief will be described and theories of grief and how it is resolved will be explored. Finally, how this knowledge can help managers and organizations respond appropriately and compassionately to grieving employees will be addressed.

SYMPTOMS OF GRIEF

A major loss and the ensuing grief change people's perceptions of the world and work as well as others' perceptions of them. They might for a while see the world as a darker, less lively, more overwhelming

place. Grief is real, with physical, emotional, and social responses to loss, including fatigue, exhaustion, and difficulty concentrating; feelings of anger and guilt; and withdrawal from relationships. Some might try to hide these symptoms – not always successfully – because they are incompatible with expected work behavior and demeanor. If grief symptoms last longer than six months, are very severe, or are accompanied by major depression, then medical treatment and psychological counseling might be needed to help the person to recover.

If the loss includes physical and psychological trauma – violence, helplessness, catastrophe, horror, and terror – post-traumatic stress disorder is a potential complication. Symptoms of post-traumatic stress disorder (PTSD) include anxiety, numbing, unrelenting and disturbing visual memories, hyper-arousal, and volatile anger. In such cases, the individual might need medical treatment and psychological counseling. Although PTSD is not widespread in the general population – experts say between one and nine percent will suffer from it at some time during their lives – it is still a possibility worth noting.

Symptoms of post-traumatic stress disorder are becoming more well known today as soldiers return to work from combat, suffering from physical and psychological trauma. People can undergo traumatic events not only in battle but also through experiencing or even witnessing situations such as accidents, assaults, and rapes.

The recent economic downturn has led to people losing their jobs through reorganization, plant closures, downsizing, early retirement, and business failures. Such losses are stressful and evoke grief. With high unemployment rates, they are often accompanied by a loss of relationships as well as professional identity when no replacement job is found or when the replacement job has both lower pay and status. Frequently added to these changes are erosion in savings and retirement funds, loss of health insurance coverage, and the threat or reality of home foreclosure and personal bankruptcy. Along with these can be the loss of a dream – to earn a graduate degree, start one's own business, or secure a promotion. The accumulated effect of such losses is stressful, can lead to major depression, and is possibly traumatic.

Physicians, psychologists, and sociologists have studied death, loss, and grief and developed a number of theories about how people recover. In the next sections, some of these theories and how they can be helpful to managers are developed.

THEORIES ABOUT HOW PEOPLE HEAL FROM GRIEF

At the turn of the last century, Sigmund Freud paid close attention to his patients and reflected about how

they recovered from grief. He wrote about “grief work”, a psychic labor – the course over time that grieving people take as they withdraw attention, interest, or energy from the person who has died and then reinvest it in other people and interests. Freud's followers and others, starting with his assumptions, have noticed patterns and stages of grief as they studied various groups of grieving individuals. For example, in the early 1950s, British psychoanalyst John Bowlby observed a pattern of grieving in children separated from their mothers. A decade later, Parkes noticed a similar pattern in young widows.

Applying Bowlby's and Parkes' research to people with terminal illnesses, Kubler-Ross discerned five overlapping stages of grief as people anticipated losing their lives and relationships with loved ones. The first stage is *denial* and isolation, when a terminally ill patient does not believe or accept the diagnosis of fatal illness. The second is *anger*, when the patient is furious towards doctors, family members, friends, and coworkers, saying “It isn't fair!” and asking “Why is this happening to me?” In the third stage, *bargaining*, the patient might try to negotiate with God, saying, in effect, “I will go to church every Sunday (or never complain, or fast every Tuesday) if only I can live to see my children graduate from college (or get married or celebrate New Year's Eve one more time).” Negotiating also occurs with medical professionals, to whom the patient might say, “Get me into the research study with this new drug, so that I might have another chance at life.” *Depression* is the fourth stage, when the person expresses sadness and sorrow, puts affairs in order and says goodbye, gradually withdrawing from daily life and relationships. At the fifth stage comes *acceptance*; as the body begins to shut down, the individual is resigned to letting go. Recently, researchers affirmed Kubler-Ross's theory when they conducted an empirical study of over 200 people for two years and found that they experienced similar time-limited, overlapping stages of grief.

The model developed by Kubler-Ross is well known in the United States and has been applied to various situations, including workplace loss. For example, Slocum and his colleagues used Kubler-Ross's model to more completely understand CEO (chief executive officer) failure and exit. They found that those who had exercised transformational leadership were more likely to work through the five stages outlined by Kubler-Ross and, thus, learn from their experiences than those CEOs who practiced a more transactional style of leadership.

The major focus of these traditional theories about grief work is the individual griever and the expression of feelings related to withdrawal from that which is lost and reinvestment of energy in present relationships, responsibilities, and interests.

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