

What to Do When Employees Return to Work after a Perinatal Loss: A Few Best Practices

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Abstract: The main objective of this exploratory, empirical study of qualitative nature is to shed light on organizational practices that encourage people's return to work after the loss of an unborn child or infant. The literature in human resources does not focus on the specific issue of perinatal loss in a context of returning to work. In fact, to examine the issue, one must turn to studies concerning the return-to-work process after other kinds of personal problems. When returning to work after the loss of an unborn child or infant, parents are often still in the early stages of the "grieving process." However, organizations rarely support parents when they return to work. This is why our study targets key organizational practices used when employees experiencing perinatal loss return to work. In order to explore these elements, three discussion groups were held with women who lost their unborn child or infant. Content analysis enabled us to conclude the factor that appears to be more crucial to a successful return to work is the support provided by organizations through various practices, of which the most important are access to an employee assistance program, outside help, and appropriate working arrangements.

Keywords: Return to Work, Perinatal Loss, Organizational Practices, Grief and Work, Human Resource Management

Each year many families experience perinatal loss. Current knowledge reveals that this type of loss is as difficult for parents as any other type of loss. This is true even when parents did not know their child or knew their child only very briefly (Verdon et al. 2009). Given such circumstances, it is easy to understand why returning to work is sometimes painful for grieving parents. However, some organizational practices help parents return to work. This exploratory, empirical study of qualitative nature sheds light on the decisive role of organizations during the professional reintegration of parents experiencing perinatal loss.

The structure of our approach is as follows. First, we give a synoptic description of the concepts "perinatal loss" and "return to work" after parents have experienced problems of a personal nature. Second, we explain our methodology. Third, we present our main research results, and, finally, we conclude with the discussion section.

Context

Contextualizing Perinatal Loss

There is no consensus in the literature available on a definition of the concept of perinatal loss. The major differences concerning definitions refer to the number of weeks of gestation or the number of days of life when the foetus or infant dies.

For the purposes of our research, we understand perinatal loss as relating to the death of an unborn child starting at 20 weeks of pregnancy and of an infant within 28 days of his or her birth (Barfield 2011; Bennet et al. 2008). This theoretical choice is based on the fact that the World Health Organization makes comparisons according to the deaths and births that take place starting at 20 weeks of gestation.

The knowledge we have at present reveals that perinatal loss is as trying, intense, and long-lasting for parents as any other type of loss. This is true even when parents have not known their child or have known their child very briefly (Verdon et al. 2009). Perinatal loss is complex and

personal in terms of possible reactions experienced over time (Kavanaugh et al. 1999). The literature underlines the fact that while both parents are affected by this loss, fathers and mothers react differently to it (Cordell and Thomas 1997; Dyregrov 1990; Vance 1995; Verdon 2004). Generally, losing a baby during gestation means the loss of hopes, dreams, and expectations related to the arrival of that child (McCreight 2008, Rosenblatt et al. 1986). Feeling so much rage over this type of loss frustrates and distresses parents, particularly when they are still full of rage months afterwards (Vance 2002). They believe that, having known their baby so briefly, the feeling of loss will quickly go away (Cordell and Thomas 1997).

The literature insists on the importance of social support in the lives of parents who must face this difficult situation. For the grieving family, it is essential to talk about the loss experienced, and the suffering in the months and years following the death of the baby will depend on the social support the family received (Rosenblatt et al. 1986). Thus, the availability of social support, which is a strong indicator of the possibilities of adapting to loss, enables families to manage loss better (Brewin et al. 2000; Rajan 1994 in McCreight 2008; Verdon 2004). The immediate circle and work colleagues of grieving parents mistakenly believe that the death of a baby that no one has met, or that one has known so briefly, is easier to overcome because a new baby can replace him or her; however, this is not the case (De Montigny et al. 1999).

Moreover, the division between personal and professional spheres in the workplace gives rise to this misunderstanding. It is as if the labour market does not allow for space to share and discuss openly these types of situation (Hazen 2006). Even though some researchers in the field of management take into consideration people's feelings in the work environment, they often neglect everything connected with the human body, as if what happens in the hospital does not have its place at work because it belongs to the private sphere (Hazen 2006). Similarly, any discussion about death, pregnancy, and birth appear to be taboo within organizations, and sorrow is not taken into account, in particular when it is linked to perinatal loss (Hazen 2006: 238). Not unlike the weak support the grieving family receives from its immediate circle, the support provided in the workplace is also inadequate, but it would seem that the organizational culture, knowledge, values, and interpersonal skills of employees influence the support offered to those in grief (Hazen 2006).

Returning to Work after Experiencing a Personal Problem

Considering the fact that the literature on perinatal loss, which highlights the fact that this type of loss generates profound sadness, it is therefore plausible to believe that returning to work can prove to be difficult for grieving parents.

The Concept of "Return to Work"

Although the concept of "return to work" is the subject of a great many studies, few authors define it. Because authors rarely provide a specific definition in their studies, this concept is sometimes associated with employee rehabilitation (Griffith 2011) and professional reintegration (St-Arnaud et al. 2003) following a work stoppage. Despite there being no consensus on the meaning of this concept, Brouwer et al. (2010) remark that the concept revolves around the complex change in human behaviour which underlies an employee's decision to return to work.

Returning to work necessarily involves an individual's work stoppage. In this regard, the reasons for stopping work are numerous and varied. In general, the studies on returning to work explore these causes: mental health problems (Blank et al. 2008; St-Arnaud et al. 2003; St-Arnaud et al. 2006; St-Arnaud et al. 2007); bodily injuries (James et al. 2006), as well as physical and psychological illnesses¹ (Brouwer et al. 2010; Griffith 2011; James et al. 2006; Johansson et al.

¹ Short- and long-term illnesses.

2006; Quinton et al. 2010). The health of workers is therefore central to the studies that broach the return-to-work concept. Other themes are also addressed in the literature: returning to work after a tragic event, such as a traumatic experience (Barski-Carrow 2000) or a loss (Bento 1999), such as grief (Berthod 2009). Yet, there are few studies that focus on employees returning to work after they have suffered perinatal loss.

The Factors Encouraging Return to Work

Since there is little scientific literature written on the subject of bereaved parents who return to work while experiencing perinatal loss, we must turn to studies that examine other types of loss. Research results regarding employees who return to work following a personal problem reveal three categories of key factors: social, organizational, and individual.

First, social factors encompass environmental traits excluding those related to one's immediate work setting. In this respect, some authors note that societal norms about regulations and legislation enable organizations to implement solutions that are flexible in a context of returning to work (Holmgren & Ivanoff 2007). Societal norms reflect the legislative framework for organizations to manage return to work and people's attitudes toward those who have experienced a work stoppage (Holmgren & Ivanoff 2007). In fact, with respect to these attitudes, a study on perinatal loss shows that the isolation lived by grieving parents is detrimental to their return to work (Hazen, 2003). In addition to societal norms, some authors mention the state of the labour market (James et al. 2006; St-Arnaud et al. 2003) and the financial cost associated with work stoppage (Wasiak et al. 2007) as factors influencing return to work.

The second category of factors facilitating return to work after experiencing a problem is related to the organizational dimension, which depends on the characteristics specific to the work environment of active people in the process of returning to work. In fact, a considerable number of studies that focus on return to work highlight the importance of the social support offered by the members of the organization (Barski-Carrow 2000; Brouwer et al. 2003; Griffith 2001; Hazen 2003; Hazen 2008; Hazen 2009; Holmgren & Ivanoff 2007; James et al. 2006; Quinton et al. 2010; St-Arnaud et al. 2003; St-Arnaud et al. 2004; St-Arnaud et al. 2006). This social support refers to the kind of support given to employees who are returning to work by either managers or colleagues.

However, given the discomfort created by perinatal loss, the social support provided by managers or colleagues is not always optimal (Hazen 2003). Sometimes, the presence of colleagues and managers can even be harmful to employees who return to work, if they ignore or reject the employee's pain in hopes of a faster recovery (Bento 2005; Hazen 2006). Consequently, grieving employees do not have the opportunity to express their suffering in the workplace (Maxim & Mackavey 2005).

Some organizational practices can encourage social support necessary to returning to work. Among them, training programs on grief, for both managers and colleagues, provide a better understanding of the grieving process and an appropriate support for employees (Bento 2005; Charles-Edwards 2009; Hazen 2003; Hazen 2009; Maxim & Mackavey 2005). This support can also come from outside the organization. Specifically, organizational policies giving staff access to outside sources of support contribute to improving employees' return-to-work experience (Hazen 2008; James et al. 2006). It is nevertheless important that managers interact with external support providers to improve their own way of dealing with grieving employees, in view of easing the employee's return to work (Holmgren & Ivanoff 2007; James et al. 2006).

A number of organizations make it possible to miss days following the loss of a loved one (Hazen 2009; Stein & Winokuer 1989 in Bento 2005). Although such leaves of absence seem essential, they remain insufficient on their own, because grief is a non-linear process (Bento 2005).

Among other organizational practices that have a positive impact on return to work, a progressive reintegration into the workplace appears crucial (Griffith 2011; Holmgren & Ivanoff 2007; St-Arnaud et al. 2003; St-Arnaud et al. 2004; St-Arnaud et al. 2006). This gradual return generally takes place through part-time work that lasts a certain period of time. The effectiveness of such measures depends greatly on employees' performance objectives (St-Arnaud et al. 2004). Without readjusting these objectives, the gradual return can be detrimental since it is linked to an excessive workload. Furthermore, the behaviours expected from workers often come into conflict with the behaviours typically associated with grieving (Hazen 2008). Thus, there is a direct opposition between the expression of sadness or anger—which is typical while grieving—and the organization's expectations of self-control and performance.

Finally, other than the previously mentioned organizational factors that influence return to work, some authors suggest the importance of employee assistance programs (Hazen 2008), recognition (St-Arnaud et al. 2007), the organizational culture (Hazen 2006; James et al. 2006), the positive evaluation of the work (St-Arnaud et al. 2007), union representation of workers (James et al. 2006), and employment status (St-Arnaud et al. 2003; Wasiak et al. 2007).

Individual factors make up the third and final category. These factors relate to employee attitudes (Brouwer et al. 2010; Holmgren & Ivanoff 2007; Wasiak et al. 2007), their intentions, their expectations (Wasiak et al. 2007), and their credibility before taking their leave of absence (St-Arnaud et al. 2004).

Research Question

There is no lack of literature on grief and mourning. However, most studies are done in the fields of psychology and the health sciences. In addition, very few studies focus specifically on grieving parents returning to work while experiencing perinatal loss (Hazen 2009). In fact, return to work has yet to be explored from this angle. The following question was therefore used as a starting point for our research: How are organizational practices related to bereaved employees who return to work while experiencing perinatal loss expressed?

The literature points out several factors with a positive effect on employees who return to work after having experiencing a problem, but the type of analysis chosen for our research focuses specifically on organizational practices. Consequently, our preliminary interpretation suggests that the following organizational factors help those returning to work when experiencing perinatal loss: training programs on grief for members of the organization, a gradual return, work arrangements, and the possibility of taking a leave of absence. This suggestion is based on research findings from the fields of psychology, the health sciences, and the management sciences.

Methodology

Since the subject of returning to work while experiencing perinatal loss has been studied empirically and theoretically to varying degrees, it adapts well to a qualitative methodology that justifies the exploratory nature of our research. Indeed, given the scarcity of data and the lack of theoretical models on return to work in a context of perinatal loss, it is first necessary to explore this subject of study inductively: gathering rich and detailed data to better describe the phenomenon being studied and possibly proposing hypotheses and relevant analytical models.

In this context, the focus group method is appropriate because of the emphasis it places on group dynamics in view of revealing perceptions, attitudes, and feelings. This method promotes spontaneous exchanges and creates a space for intersubjectivity (Leclerc et al. 2011) that allows participants to build their understanding of a problem collectively. Clearly, interpretive research (as used by constructivists) focuses less on objective reality than on how people represent this reality and adapt to it (LeMoigne 2007).

The literature suggests forming groups ranging in size from five to twelve participants. Smaller groups are also recommended in some situations: namely, when the participants have a large amount of experience in the subjects being addressed, if researchers believe that people have a lot to say, or if they think that participants will wish to express their emotions (Leclerc et al. 2011). For this study, since the purpose was to share the painful experience of perinatal loss, group size was reduced to three participants.

To recruit participants, we started by posting invitations on support-group websites for grieving parents. Then we published four articles in local newspapers and broadcasted a radio interview describing our research and inviting parents to participate in the study.

Three focus groups were held in May 2012 with parents who had experienced a perinatal death and returned to work since the loss of their child. The sample was composed of nine women² from 30 to 60 years of age who had lost their child between the past 18 months and 33 years. Working in various sectors (education, health, manufacturing, non-profit sector, and financial), the participants had returned to work from two weeks to twenty-seven months after the death of their baby.

Two researchers using an interview guide consisting of eight questions conducted the focus groups. For the sake of discussion and breaking the ice, the meetings began with a presentation of the study in light of the current literature on the subject. The interviews lasted three hours and were recorded and transcribed verbatim. We explained the research objectives to our participants (as described in the consent form).³ At the end of each meeting, participants were asked to fill out a form so that we could gather socio-demographic information. To maintain the anonymity of the participants, we depersonalized the data collected during these focus groups and in the forms.

Regarding the coding process, we used the empirical inductive method because it allows themes to emerge from the data, rather than establishing categories beforehand in order to impose them as an analysis framework (Sylvain 2008). First, a thematic analysis allowed us to divide the data corpus according to themes, and an initial coding was performed (that we later refined). The themes presented in this article describe in general the vast majority of excerpts from interviews relating to organizational practices. Finally, data validation through triangulation was ensured by coding performed by three persons as well as by presenting the research results to participants to check their validity.

Results

Weak Organizational Practices

The participants encountered in the group interviews experienced many difficulties when they returned to work. A number of practices in their respective organizations contributed to making their professional reintegration difficult.

In this regard, four participants indicated that they were not allowed to have a leave of absence of sufficient length after the loss of their child. This type of leave of absence is governed by Quebec legislation.⁴ Employers can extend this leave of absence to fit the needs of grieving parents according to organizations' policies and unionized companies' collective agreement. However, six of the nine participants were not offered such an arrangement and had to return to work once their statutory leave was used up. Any subsequent decision to extend the leave led to the loss of employment or loss of pay for the duration of the extension. The other three participants indicated that they could have used sick leave to avoid running into such

² Our invitation was directed to men as well as women.

³ Please note that our study was financed by the institutional research fund from the Université du Québec à Rimouski, where both researchers work. Having met all of the criteria required by the research ethics board, the study obtained its certificate of ethics approval.

⁴ An Act respecting Parental Insurance, c. A-29.011, art. 8.

consequences, but their employers demanded a notification of illness or of their inability to work. The three participants described this requirement as insulting, saying that they were neither sick nor incapacitated, but in mourning. This was an important difference for the participants. For one participant, for example, her employer's requirements concerning sick leave were particularly demanding:

24J⁵ - He said, "If you're not able to work, you need to take a leave; you need to take medication, antidepressants." So, I met the organization's doctor. I was working in the health care system, after all! It was ridiculous! My boss told me, "Get yourself some antidepressants. You'll be back on your feet in a month, and then we can re-evaluate you." This is what I got as a response from my employer.

Moreover, some employers do not grant employees the leave provided by the law or in the collective agreement and put pressure on grieving employees to resume their work.

15K - When I lost my baby, I was entitled to a maternity leave of 20 weeks. After a month, I received a letter from my employer saying that I had to report to work because I had no children at home. Well, I was in no shape to go back! I was at rock bottom! Finally, the union fixed my problem. I don't have to show up at work and I can finish my maternity leave.

Three participants also mentioned that they felt guilty about using the leave provided by the law, which in Quebec is called "maternity leave." Despite the loss of their infant, they questioned the legitimacy of stopping work because they did not have to take care of a baby, which is usually the case during maternity leave.

24M - I actually told myself, "I can't be on maternity leave, I don't have a baby!"

24 MR - I felt like if I was taking advantage of my employer. It wasn't a maternity leave because, me, I had no other children. I was at home, watching movies on TV, and crying every time I saw a mother-to-be with a growing belly.

In addition to the leave provided for by the law, two participants said that they had asked for a gradual return to work, but that their employer had refused to grant their request. It seems that such an arrangement was not possible given their employment status (on-call). One participant also mentioned that the gradual return would have resulted in a significant decrease in salary; she could not, therefore, consider this option for financial reasons. Similarly, another participant pointed out that the company's wage policy made her return to work difficult. Since her remuneration varied and was based on performance, she did not have a guaranteed basic income. The situation thus had a negative effect on this already distressed participant who, while not feeling psychologically ready, returned to work solely for financial reasons.

In a system of performance-based remuneration, maintaining an adequate level of income depends entirely on the quality of your performance. One participant expressed the difficulties experienced as follows:

17A - That's what stressed me out! Being effective, efficient, because otherwise I wouldn't get anything at the end of the line. Being effective, even if there are days when I'm just not feeling up to it.

⁵ Coding used to identify participants.

Correspondingly, another participant explained how, when she returned to work, she had to show the same job performance level that she had before the loss of her child. Her employer made it clear that if her performance was not satisfactory, she would have to go on sick leave.

24J - He told me, "If you come to work, you have to be 100% functional. If you're not, go home! Take some pills!"

For two participants, the very nature of their tasks made their return to work especially hard. Because they worked in an educational establishment and a health institution, they were in constant contact with children. As a result, they reported having felt some anxiety about being in contact with children so soon after losing their baby. The participants were not able to overcome this difficulty even when they were placed elsewhere in their organization.

24J – So, I went back to work, and I asked to be placed somewhere I'd be most comfortable. Before I left, I worked in three units, so, in these units, the girls knew what I'd lived through and I have several friends there. And then, well, it felt good to go back. Except that, she didn't want to send me to work in an administrative position. So the employer decided to put me in pediatrics! Well, I certainly felt uncomfortable there, with all those sick children! So, that's it: they handed my schedule to me, saying, "You're going there, and if you can't handle it, well, you're sick, so, go see your doctor!" And that was it.

Finally, two participants mentioned that, although they felt they needed it, both the human resources department and their immediate supervisor failed to give them the opportunity to use a company tertiary intervention program, such as an employee assistance program or outside assistance.

17AM - There was zero support, zero. There was nobody. There might have been someone in human resources who could have referred me to a psychologist, but there was absolutely no support.

Two other participants, however, received a survey issued by those responsible for the employee assistance program in their organization to assess their level of exposure to health risks. They completed and mailed the survey to the program directors, but have never since been contacted, and no counseling was ever offered as part of this program.

As can be noted, when our participants returned to work, there were many difficulties of various kinds in link with organizational practices. Yet, despite these limitations, some practices seem to have had a beneficial effect. We will present these in the following section.

Positive Organizational Practices

Some organizations have established formal or informal practices to support grieving employees, thereby facilitating in some respects our participants' return to work.

Two participants reported that their employer stressed their right to leave and the importance of taking time to rest. Although this refers to a statutory leave, their employer insisted that the participants should not feel uncomfortable using it. One participant described the positive effect this information had on her:

15A - My immediate supervisor told me, "Take your leave of absence, those weeks are yours!" She said, "If you need anything, just ask me." So, I know that I have that option. For me, just knowing that I have that option, that the door is open and that all I have to do is knock without running the risk of being judged because I'm sad or having a bad

moment or whatever. I know that my boss is open to the idea. For me, it's really the idea of being open to the possibility.

Another participant described her situation as follows:

17MH - I told my supervisor, "I'm going to take a break for a few days, then I'll be back. She answered, "Your leave is 18 weeks, so take the time it takes. I don't want you to come back, then it catches up with you and you have to leave again, and then come back again." That took me aback, and I told myself, "She's right, I need a real break!"

Three participants had the opportunity to return gradually. They all decided to seize this opportunity that allowed them to return to work without becoming exhausted. However, for one of these three, this possibility was not immediately available. At first, her employer asked that she come back to a full-time schedule. However, because she was psychologically unable to meet the demands of her work, he made her ask for a sick leave. After a month of absence, the employer agreed to give her a gradual return, which has been most beneficial for her.

For one participant, the gradual return was combined with a work arrangement; the employer wished to avoid giving her too much work. This agreement extended a few weeks past her return to work. In all, her leave lasted over six months, and it had a positive effect on her professional reintegration. More specifically, she was given a smaller number of cases than usual. In addition to decreasing this participant's workload, the employer also demonstrated flexibility regarding her work schedule.

17MH - My supervisor told me, "If you get to work in the morning, but you start feeling uncomfortable in the afternoon, go home!" It was quite wonderful. I think she was the best person to accompany me through this.

Finally, psychological support was available to one of the participants through the employee assistance program in her organization. This counseling, combined with a gradual return to work, allowed her to feel better and optimize her overall performance in the workplace.

Discussion and Conclusion

Our research question was formulated as follows: How are organizational practices related to bereaved employees who return to work while experiencing perinatal loss expressed? Our results show that certain organizational practices play a fundamental role in the return-to-work process of parents having experienced perinatal loss.

The opportunity to take a leave of absence after the death of an unborn child or infant is an important factor. It is necessary for employees to have this time off in order to cope with their grief over losing a child. In Quebec, the law enables mothers to take an 18-week leave, but this type of leave is not yet available to fathers. Despite this downtime, our participating mothers sometimes found it too short, and some had to use their sick leave to get more time off. Moreover, our study shows that "maternity leave" should not be the name given to this leave; rather, it should be called a "bereavement leave," which corresponds more closely to reality.

It would seem that even though a leave of absence is necessary, it seems insufficient on its own as a single organizational practice. When employees return to work, the process of coming to terms with their grief is not complete and may continue over a period of up to thirty months after their loss (Vance 2002). This is especially true given that grieving does not happen according to a linear process (Bento 2005), hence the importance of paying attention to the needs of bereaved employees. To this end, our results highlight the crucial role of the social support

available at work. In fact, this is reflected in the literature dealing with organizational factors that positively affect the return to work of employees who are experiencing a loss (Barsi-Carrow 2000; Brouwer et al. 2003; Griffith 2001; Hazen 2003; Hazen 2008; Hazen 2009; Holmgren and Ivanoff 2007, James et al. 2006; Quinton et al. 2010, St-Arnaud et al. 2003, St-Arnaud et al. 2004, St-Arnaud et al. 2006). These practices can be separated into two categories: on the one hand, practices based on work arrangements and, on the other, practices based on helpful relationships or on some type of professional intervention.

The practices related to the organization of work are based on the problems experienced by employees and their needs. In this regard, the literature confirms that a progressive reintegration into the workplace is crucial to encourage a favourable return to work (Griffith 2011; Holmgren & Ivanoff 2007 St-Arnaud et al. 2003; St-Arnaud et al. 2004, St-Arnaud et al. 2006). In order for this gradual reintegration to be effective, however, it must be combined with a flexibility toward the type of tasks to be accomplished; otherwise, it will cause more harm than good, such as work overload (St-Arnaud et al. 2004). According to the literature consulted, the participants who had access to a gradual return experienced an easier reintegration, particularly when the task load was reduced according to their presence at work. Additionally, other participants asked their employer for a gradual readjustment to their work, without it being granted and despite the fact that they felt they needed it.

In addition to the practices described in the literature, our participants stressed the importance of having the possibility of a flexible schedule. Despite a gradual return to work arrangements, when they were in the workplace, participants said that they felt uncontrollable emotions incompatible with their employer's expectations of self-control and performance (Hazen 2008). They would have liked more flexibility to allow them to leave their workplace when they were overcome by grief. Thus, practices such as flexible working hours and telecommuting should be taken into consideration.

Although generally positive, the different practices related to reorganizing work can also lead to negative effects, such as a decrease in remuneration. This is rarely mentioned in the literature; yet, it is of significant importance according to our participants.

Furthermore, as highlighted in the literature, the use of outside assistance is often required in the return to work of employees experiencing problems (Hazen 2008; James et al. 2006). Indeed, the support of managers and colleagues is sometimes inadequate in the workplace given their poor understanding of perinatal loss (Hazen 2003). Group interviews conducted as part of this research all point in the same direction. In fact, some participants indicated that they had wanted to use external help without having had the opportunity to do so. The literature also suggests that this assistance, while beneficial, is insufficient if the employer does not get involved in the process. For this practice to be beneficial, employers must communicate with outside assistance in order to improve their understanding of perinatal loss and to increase the support they can offer their employees (Holmgren & Ivanoff 2007; James et al. 2006).

In some organizations, it is possible to have access to internal support providers such as counseling, particularly in the context of tertiary intervention programs. Participants indicated that they would have liked to take advantage of this kind of help. Most of them were in fact employed by organizations with such programs, and yet were not given access to them. In this regard, the literature mentions how tertiary intervention programs can promote return to work (Hazen 2008), but without explaining how to integrate employees into this process. The results of our study are enlightening because participants declared their wish to be informed of the possibilities of using such programs by either the human resources department or their immediate supervisor.

Ultimately, return to work while experiencing perinatal loss has its share of challenges for employees, colleagues, supervisors, and organizations alike. Although we conducted an exploratory study, a theoretical model is beginning to form explaining organizational practices

that have a positive effect on the return to work of employees in a context of perinatal loss. This is certainly one of the main contributions of this study because it is one of the only studies to address this specific subject. Moreover, our results complement the existing literature on perinatal loss, but do so from a multidisciplinary perspective.

To push our exploratory results further, it would be essential to replicate this study on a larger scale, particularly since this would allow us to explore other variables. As we use an inductive methodology, it is essentially exploratory. The ensuing results cannot therefore be generalized to all employees experiencing perinatal loss. In this sense, in view of validating the proposals arising from our data—that is, to encourage the return to work through a reorganization of work and the development of professional interventions (e.g., counseling) by offering support—would benefit from being tested, notably by using quantitative methods.

The fact that our sample was exclusively composed of women is indeed a limitation of the study, even though it revealed a reality consistent with the literature on the effect that gender influences reactions to grief (Cordell & Thomas 1997; Dyregrov 1990; Verdon 2004). However, this purely female perspective does not change in any way the validity of the results because they can be compared, but not generalized, to a population with the same characteristics, that is to say women. Despite our small sample (n=9), the wealth of evidence obtained through the focus groups enabled us to satisfy the completeness of the data criterion (Drapeau 2004). Considering the very narrow definition of perinatal loss selected by the researchers, recruitment opportunities were smaller than other researchers who include miscarriage in their definition.

To conclude, the perspective of return to work in a context of perinatal loss remains poorly theorized, except in the literature produced by psychology and the health sciences. While some studies in human resource management address the issue of return to work following a loss, they focus mostly on the conditions surrounding the return to work after an absence due to illness. In matters of grief, the specific situation of the loss of a child during pregnancy or after birth is not addressed. It is precisely because of this lack of knowledge regarding the issue that we chose it as the object of our study and that new areas of research should be explored.

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