




Exploring the experience of presenteeism among fathers returning to work following a perinatal death

Sophie Meunier ^a, Francine de Montigny^b, Dominique Lalande^b, Jici Lord-Gauthier^b and Martin Lauzier^c

^aDepartment of Psychology, Université du Québec à Montréal, Montreal, Canada; ^bDepartment of Nursing, Université du Québec en Outaouais, Gatineau, Canada; ^cDepartment of Industrial relations, Université du Québec en Outaouais, Canada

ABSTRACT

Perinatal death is a frequent event that affects one in five pregnancies in western countries. It disrupts parents' different life spheres, including their work. Fathers, more specifically, usually return to work quickly after their loss. Given the significant psychological impacts of this traumatic experience, they are likely to engage in presenteeism, i.e. reporting to work while still mourning their loss and experiencing psychological distress. However, few studies have documented this phenomenon. To fill this gap, the present study seeks to understand the nature, underlying motivations and perceived repercussions of presenteeism in fathers returning to work following a perinatal death. Semi-structured interviews were conducted with 41 fathers who experienced an early or late perinatal death. Thematic analysis indicates that many fathers returned to work while still experiencing acute symptoms of psychological distress and thus engaged in presenteeism. For most fathers, presenteeism was involuntary and associated with working conditions beyond their control (e.g. workload, lack of paid leave). However, some participants returned to work out of intrinsic interest. Fathers perceived that their act of presenteeism affected them personally, as well as their organization, and their family (i.e. spouse, other children).

ARTICLE HISTORY

Received 4 October 2023
Accepted 16 April 2024

KEYWORDS

Perinatal death;
presenteeism; fathers; return to work; masculinity norms

Introduction

Perinatal death, defined as the death of a child that occurs during pregnancy, childbirth or the first month of life (de Montigny et al., 2015), is a frequent event that affects about one in five pregnancies in western countries (Ventura et al., 2012). Several studies conducted in Europe, Australia and North America indicate that this life event is associated with symptoms of grief, anxiety, depression and post-traumatic stress that can last for several months, or even years (Brier, 2008; de Montigny, Verdon, Meunier et al., 2017; Gold et al., 2016; Murphy et al., 2014; Vance et al., 2002). Thus, perinatal death is likely to greatly affect the various spheres of both parents' lives, including their work (Hazen, 2003).

Fathers, more specifically, usually return to work quickly after the death of their baby (Meunier et al., 2021; Obst & Due, 2019). They are likely to still experience strong emotions and high levels of psychological distress then, and engage in presenteeism, defined as reporting to work while experiencing physical or psychological health problems (Miraglia & Johns, 2016). This presenteeism can be costly and can have many important negative impacts on fathers (e.g. decreased mental health) and their organization (e.g. productivity loss) (Lohaus & Habermann, 2019; Miraglia & Johns, 2016). However, to date, very few studies have looked at fathers' experiences of presenteeism and functioning at work following a perinatal death (Meunier et al., 2021; Obst et al., 2022). The existing literature offers only a fragmented understanding of the situation, which is more often studied from the mother's perspective (Bonnette & Broom, 2012; Due et al., 2017; Williams et al., 2020). To address this gap, the present study seeks to explore the phenomenon of presenteeism among fathers returning to work following a perinatal death. Such a focus will provide a more precise understanding of the factors that underlie such conduct, while also informing researchers and practitioners about its possible repercussions. Focusing on fathers will also provide a more nuanced and, above all, more complete portrait, while balancing perspectives on the subject. Ultimately, this deeper understanding will allow us to develop more targeted interventions to support fathers experiencing perinatal bereavement while juggling their various professional responsibilities.

Fathers' experience of perinatal death

To date, the scientific literature on perinatal death has mainly focused on the experience of mothers in western countries (Bonnette & Broom, 2012; Due et al., 2017; Williams et al., 2020). In the few studies that considered fathers, they were often confined to a secondary role, in which their primary purpose is to support the mother (Due et al., 2017; Nguyen et al., 2019; Williams et al., 2020). However, recently, studies have started to look beyond this supportive function and indicate that fathers, while sometimes reacting differently, are also deeply affected by perinatal death. In the weeks following the loss, some fathers report experiencing sadness, fear, shock, powerlessness, loss of identity, a sense of emptiness and guilt, as well as symptoms of depression and grief (de Montigny, Verdon, Lord-Gauthier et al., 2017; Lacroix et al., 2016; Lewis & Azar, 2015; Miller et al., 2019; Murphy et al., 2014). While their psychological distress symptoms are sometimes considered to be of shorter duration and lower intensity than in women, they are still considerable (Due et al., 2017; Miller et al., 2019; Volgsten et al., 2018). Yet, fathers sometimes feel that there is little acknowledgement of their loss from both health professionals and their social networks (Miller et al., 2019).

Furthermore, some authors point out that the psychological distress of bereaved fathers has probably been underestimated, given the methods used (e.g. questionnaires), which were not always adapted to men's reality (Bonnette & Broom, 2012; Lewis & Azar 2015). Also, gender norms about masculinity may encourage fathers to hide their emotions and remain rational, stoic and silent while going through their grief (Bonnette & Broom, 2012; Williams et al., 2020). Finally, fathers' distress may be expressed in different ways, since it is recognized that men usually score higher than women when it comes to compensatory behaviors such as alcohol consumption (Due et al., 2017).

In sum, perinatal death is likely to affect the psychological health of fathers profoundly, and possibly differently than their partners. This important and frequent event has the potential to have significant effects on the various spheres of fathers' lives, including their work. Fathers are likely to resume work while still experiencing strong emotions and thus engage in presenteeism.

Presenteeism

Presenteeism is usually defined as a behavior that consists of showing up at work despite experiencing a mental or physical health problem (Miraglia & Johns, 2016; Ruhle et al., 2020). Over the years, this concept has received bad press and has been associated with numerous negative consequences, such as poorer health status (Gustafsson & Marklund, 2011; Lu et al., 2013; Taloyan et al., 2012), increased absenteeism (Skagen & Collins, 2016; Taloyan et al., 2012), and impaired work performance (Gustafsson & Marklund, 2011). The costs associated with presenteeism and its negative consequences for employers (e.g. productivity loss) have been estimated to be 5–10 times higher than those associated with absenteeism (Evans-Lacko & Knapp, 2016). However, recently, some authors have adopted a more nuanced perspective.

Karanika-Murray and Biron (2020) defined presenteeism as an adaptive behavior that aims to balance health constraints and performance demands. These authors identified four types of presenteeism that can have either a positive or negative impact on worker health and performance. Some workers may engage in 'dysfunctional presenteeism', in which their health issues affect their performance at work, while their efforts to rebuild their performance have a further negative impact on their health, and so on. On the other hand, some workers may manage to maintain their performance at work, but at the expense of their health ('overachieving presenteeism'). When the workplace is supportive, workers may engage in 'functional presenteeism', and be able to meet the demands of their job despite their illness, without further damaging their health. Workers may also engage in 'therapeutic presenteeism', in which, even though their performance is affected by their illness, their health is enhanced by the resources provided in their workplace (e.g. social support from colleagues). In sum, the conception of presenteeism and its effects is becoming increasingly nuanced, recognizing that it has both positive and negative aspects.

Some authors have investigated what motivates workers to engage in presenteeism and found that this conduct can be either voluntary or involuntary (Gosselin & Lauzier, 2011; Nicolas et al., 2018). Voluntary presenteeism refers to a deliberate decision to show up at work despite a health condition that might justify taking time off. This personal decision may be motivated in part by professionalism, a high level of commitment, or the perception that the workplace provides resources that could be beneficial for one's well-being (e.g. social support from colleagues, feeling of accomplishment, an intrinsic interest in one's work) (Gosselin & Lauzier, 2011; Nicolas et al., 2018). Involuntary presenteeism, on the other hand, is related to a perceived impossibility of taking time off. In that case, high demands at work, such as work overload, a precarious economic situation, the lack of sick leave, or the fear of being judged are likely to lead employees to feel constrained to attend work even while unwell, and engage in involuntary presenteeism (Gosselin & Lauzier, 2011; Nicolas et al., 2018).

Presenteeism and perinatal death

Manifestations of presenteeism can vary depending on the type of health problem considered. For example, the stigma and the 'invisible' nature of mental health problems can prevent workers from taking time off, and further encourage them to engage in presenteeism (Miraglia & Johns, 2016). Given the taboo surrounding perinatal bereavement (Hazen, 2003, 2006), fathers going through such an experience may feel less comfortable taking time off.

Organizational policies and working conditions can also lead to more presenteeism in the presence of certain types of illness. For example, in Quebec, Canada, where the present study took place, the Quebec Parental Insurance Plan (QPIP) provides 18 weeks of benefits to mothers whose child dies after the 19th week of pregnancy. However, paternity or parental benefits are not provided to the fathers. According to labor standards, fathers are allowed up to 5 days of leave, of which only 2 must be paid by their employer. Fathers are likely return to work while still mourning their loss, and thus engage in presenteeism. The workplace setting may exacerbate their symptoms, since perinatal death, especially miscarriage, is often trivialized and considered taboo (Hazen, 2006; Porschitz & Siler, 2017), leading them to engage in dysfunctional or overachieving presenteeism. This can be particularly true in a work environment where gender norms of masculinity, such as restrictive emotionality, are highly endorsed. However, returning to work can also provide fathers benefits such as taking their mind off their grief and getting support from their colleagues (Obst et al., 2022), leading them to engage in functional or therapeutic presenteeism.

Thus, many fathers experiencing perinatal death are likely to return to work despite being in a state of ill-health (i.e. psychological distress) that could justify an absence, and thus engage in presenteeism. However, the precise manifestations, motivations, and repercussions of this act of presenteeism in that context remain poorly understood. To fill this gap, the present study seeks to examine the underlying mechanisms explaining why some fathers engage in presenteeism following their experience of a perinatal death. The multidimensional repercussions of presenteeism will also be examined at the personal, professional and family levels.

Data & methods

The present study is part of a larger qualitative study that aimed to explore the experience of fathers coping with perinatal death (de Montigny, Verdon, Lord-Gauthier et al., 2017; de Montigny et al., 2021). The original study was approved by the Université du Québec en Outaouais Human Research Ethics Committee (Protocol number #1799). The present study adopts a post-positivist approach (Lincoln et al., 2011) and focuses on the specific data concerning acts of presenteeism, their underlying motives and their perceived repercussions for the fathers interviewed.

The fathers were recruited through key stakeholders (i.e. nurses, social workers, physicians, co-facilitators) with whom they had interacted at the time of the death (e.g. intra-hospital) or during follow-up in the community (e.g. bereavement groups), as well as through an ad posted on social media (e.g. Facebook). Before the interview, participants were asked to read and sign the consent form explaining the implications of their

participation in the study. They were also invited to ask their interviewer any questions they had about participating. The interview guide was developed by the second author and her research team and was pre-tested by two fathers who had experienced a perinatal death. The final interview guide addressed the following themes: the experience of fathers before, during, or in the weeks following the perinatal death; the meaning of becoming a father; the effects of the perinatal death on the father's mental health; the meaning of the death as a dad and for the couple; changes in interpersonal relationships since the death; the professional and social support received. For the purposes of this article, only passages related to the workplace were considered (all fathers discussed some issues related to the work sphere).

Semi-structured interviews that lasted approximately 60–90 minutes were conducted with a total of 41 fathers who had experienced a perinatal death. The fathers interviewed were between 25 and 42 years old (mean 31.5 years old) and had experienced a perinatal death in the four years preceding the interview. They were all living in a relationship (43% married; 57% common-law partner), and the majority (91.5%) were born in Canada (9.5% were born in Spain or Switzerland). Half of them ($n = 21$) had experienced an early perinatal death (before the 20th week of pregnancy), while the others had experienced a late perinatal death (from the 20th week of pregnancy). The majority were working full-time ($n = 40$; 97.6%) at the time of the interview, although some had taken time off from work after the death of the child, for a period ranging from one day to several weeks.

Analysis

The 41 interviews were recorded and transcribed in full. The data were analyzed by two of the authors (D. L. & J. L-G) using thematic analysis (Braun & Clarke, 2006, 2012). They first familiarized themselves with the data by reading the interview transcripts several times. They then generated codes using a combination of inductive and deductive approaches (Fereday & Muir-Cochrane, 2006). Based on Gosselin and Lauzier's (2011) model, the motivations underlying the act of presenteeism were coded according to whether they were of a voluntary or involuntary nature. The repercussions of presenteeism were coded inductively, based on the fathers' experience and subsequently creating the appropriate codes. Codes were combined in themes when appropriate and the two coders met several times to ensure consistency. In cases of differences of opinion regarding coding, consensus was reached by discussion between the two coders. Their analysis (codes and themes) was reviewed and discussed with the other three authors of the article (F. dM., S.M. & M. L.) on two occasions. These other authors were also called upon to adjudicate if consensus could not be reached between the two coders.

Findings

Manifestations of presenteeism

Data analysis first revealed that whether fathers had experienced an early or a late perinatal death, they were likely to engage in presenteeism. Indeed, shortly after the child's death, the majority of participants showed up for work even though some found it difficult to perform their job adequately, due to their altered state of psychological health.

My return to work was really very difficult. I was like a, a statue, or a puppet sitting on a chair in front of a computer. (Steve, late perinatal death)

I wasn't able to work, I was useless at work. My supervisor called me into his office to see how I was doing, and I collapsed into tears in his office. (Karl, early perinatal death)

Motivations underlying the act of presenteeism

Most fathers engaged in involuntary presenteeism, that was related to their working conditions. Working conditions were unequal, varying according to organization or employment context: some fathers were entitled to a few days' leave after the death of their unborn child, while others were not. However, many participants cited the lack or limited amount of leave granted in a perinatal bereavement situation as a factor forcing them to return to work despite their desire to stay at home to mourn with their spouse. While some men chose to take time off at their own expense, others were simply not in a financial situation to do so.

And life went on, even though I had no bereavement leave, there was no way to take time off from work. Well, my employer only allowed taking three days even with the birth of a child, it's not ideal socially. (Thierry, early perinatal death)

Participants criticized the lack of consideration for fathers' bereavement, highlighting the incongruence between their leave and that granted to their spouses. In the event of a late perinatal death, mothers were entitled to a few weeks' maternity leave, while fathers were not. Fathers mentioned their desire for perinatal bereavement to be recognized equally for mothers and fathers.

For fathers, when your baby dies, you stop being paid: you can't be on parental leave anymore, because you're not a dad anymore. (Philip, late perinatal death)

So, that's one thing that could maybe be very important, because you suffer as much as the mother, maybe not in that she was operated on and all that, but on a psychological level, you suffer as much, and seven days after the baby dies, they go by too fast, and you don't have time to recover. (Andrew, late perinatal death)

Workload was another work condition that motivated involuntary presenteeism. Specifically, some fathers stayed at work in order to meet their employer's requirements and to avoid undue delays in operations. Others reported having difficulty getting replacements for their shifts, or having a job status that didn't necessarily allow them to be absent for long periods (e.g. self-employed).

Me, in my profession, I'm self-employed. I can't allow myself to go through grief ... I can't even allow myself to stay home for five weeks after (partner's name) gave birth. For me, grieving lasted two weeks. (Patrick, late perinatal death)

Some fathers noted a lack of consideration on the part of their employer for the difficult situation they were experiencing. They sometimes felt pressure to maintain the same level of performance in carrying out their tasks, despite the difficult experience they were going through.

I asked for a medical leave because I wanted to stay with my partner, and I wanted to take care of myself to. [...] ... and even at my job, they didn't understand. "Well, it's gone, so that's it". (Jon, late perinatal death)

I was on vacation, my boss called, he said: "Listen, we're really in a bind, I need help on this project. Could you give us a hand?" I was going back and forth between the hospital and home, I said: "Listen, you didn't know, but my wife is pregnant, she had a miscarriage, she's in the hospital, she's not doing well, I can give you 15 minutes, I need to take my mind off things, 15 minutes, no problem." After 15 minutes, he was trying to book me on a conference call at 4 in the afternoon. (Isaac, early perinatal death)

On the other hand, fathers also reported engaging in voluntary presenteeism. Participants mentioned their desire to return to work quickly.

I didn't really feel the need [to take off work], and sometimes diving back into real life can be good. I couldn't have stayed home being miserable for two weeks (Nathan, early perinatal death)

While some spoke of the interest they had in their tasks, many others indicated that their work was beneficial to them, allowing them to take their mind off their grief and think about other things.

In fact, work was my treatment. [...] Work was a good distraction. I'm really sought-after in my work, I have to reflect a lot, I resolve conflicts. In fact, I'm really distracted. I got back to a "normal" life because of work. (Mikael, late perinatal death).

Some fathers even mentioned having worked additional hours in the weeks following their loss.

I think that at that time, I kind of put in more hours at work. I, like, concentrated on work to take my mind off things, and to not necessarily think about all that. [...] Maybe it's kind of our own way, we tend to throw ourselves into things, to escape into things. (Frank, early perinatal death)

In sum, there seem to be a number of reasons, both voluntary and involuntary, for a father to decide to go back to work quickly despite the painful experience of miscarriage, stillbirth or neonatal death. These factors may be personal or organizational in nature.

Perceived repercussions of presenteeism

The fathers interviewed indicated that reporting to work while still experiencing a high level of psychological distress associated with their loss (i.e. engaging in presenteeism) had various repercussions at the personal, organizational and family levels. First, the most frequently reported theme on this topic was cognitive in nature, and concerned difficulties in concentrating. Many participants claimed to be more easily distracted, to have memory loss, or to have difficulty making decisions when they were working. Participants felt that their mind was elsewhere, and that their attention was not focused on the task at hand.

I mean, mentally, I was so not there, that people talked to me and within five minutes I'd forgotten what they'd said to me. (Steve, late perinatal death)

Some also admitted to having less interest in their work because they were stressed and preoccupied by the situation, and worried about the well-being of their sometimes sick or sad spouse at home.

Well, that's it, I was a bit tired of working, I was a bit, you know, worried about her. I had a lot of pressure on my shoulders given everything that was happening around me then. (Isaac, early perinatal death)

Emotionally, many fathers reported feeling more irritable, impatient or sensitive than before the perinatal death. The sadness of having lost the child they were eagerly expecting clouded their working day, manifesting itself in a lack of interest and an inability to get down to work.

In the morning, I cried in the car the whole way, ... I had to wait 10–15 minutes in the car before going in to work, to stop crying. (Philip, late perinatal death)

These cognitive and emotional impairments could also have repercussions at the organizational level. Some fathers indicated that their level of productivity at work had decreased following the death of their child. Some participants also reported that they found it difficult to provide the same quality of work, or that they had to make extra effort to carry out their usual tasks. Some admitted to having difficulty meeting their employer's deadlines.

So, that period was quite difficult on a professional level. I mean, to be able to work, to be able to provide the same quality of work as before, let's say in the months, the weeks before. (Steve, late perinatal death)

A small proportion of the fathers in the study faced professional changes due to their lower productivity upon returning to work. The employment of one participant was terminated, while another chose to leave his job as a result of work performance pressures from colleagues and employers.

And it was very, very, very hard to come back to work, to be back, to try to become efficient again. It must have taken-. In fact, I was fired from my job [...] So, that happened in January. I came back to work in mid, mid-late January, and at the end of March, I lost my job, because it was, it had become a situation, I just couldn't function anymore. They, they said that I had, like, lost my passion. (Steve, late perinatal death)

Finally, the family sphere was also affected by bereaved fathers' presenteeism. For example, domestic chores and time spent with children were neglected due to fathers' lack of time since their return to work.

It's not going too well, my girlfriend is falling apart, she can't function at all now. Me, I've gone back to work, look, ... , I work evenings, she's all alone in the evening with our little ones, the baths, bedtime, supper and all that, so, look, she's doing the best she can. (Ray, late perinatal death)

However, it is conjugal life that seems to be most affected by fathers' presenteeism. Some fathers reported lower energy levels than usual after their day's work, while others admitted to being completely *exhausted* by the time they got home. Given the extra effort required to be able to carry out their work and domestic chores while mourning their loss, some fathers noted a lack of energy for being present to support their spouse and nurture their relationship.

They can't really see that, but at the end of the day, I survive by going to work, being able to eat, sleep and deal with the basic things, so that the children will have all they need. But after that, the couple is the lowest priority. (James, late perinatal death)

Fathers indicated that they would have liked to have been able to accompany and help their spouse through this ordeal, but their return to work meant that they were unable to

be as present as they would have liked: 'I think she needs me to get over it, and I'm not there' (Dennis, late perinatal death).

In sum, the fathers interviewed noted various repercussions linked to their act of presenteeism, i.e. their presence at work despite a state of psychological health (bereavement) that might have required them to take time off. These repercussions were on individual, organizational and family levels.

Discussion

The goal of the present study was to better understand the phenomenon of presenteeism among fathers who had experienced a perinatal death. Findings indicate that whether fathers had experienced an early or a late perinatal death, they were likely to have engaged in presenteeism and to have returned to work even though they were still affected by the loss of their child. This act of presenteeism was mostly involuntary and associated with a lack of sick leave and a heavy workload. These findings highlight the continuing lack of consideration for perinatal bereavement. While studies documenting the harmful effects of such loss on parents' psychological health are accumulating (de Montigny, Verdon, Meunier et al., 2017; Gold et al., 2016; Murphy et al., 2014; Vance et al., 2002), organizational practices are slow to adapt, and working fathers have few options when they feel unable to return to work quickly (Gagnon & Beaudry, 2013; Meunier et al., 2021).

Measures at the societal level allowing men to take more time off following a perinatal death could therefore be implemented. For example, in some countries (e.g. Canada, United Kingdom), government paid leave is provided to mothers who have lost their child after a certain number of weeks of pregnancy, and this benefit could be extended to fathers. In this regard, in Australia, partners are now included in compassionate leave or unpaid parental leave after a miscarriage or a stillbirth (<https://www.fairwork.gov.au/leave/compassionate-and-bereavement-leave>).

In the meantime, it is also important to inform the various actors working with bereaved fathers, so that they can offer adequate support. On the one hand, professionals would benefit from being attentive to the additional challenges experienced in the workplace by bereaved fathers, who are dealing simultaneously with both bereavement and work demands. These professionals could then support fathers in their return-to-work process by helping them to reflect on different strategies to facilitate their tasks (e.g. possible accommodations in how and when to do their tasks) and their relationships at work (e.g. identifying the people they want to confide in, or not).

Supervisors and co-workers may also have an important role to play. Studies indicate that bereaved parents particularly appreciate demonstrations of empathy, openness and flexibility from them (Beaudry & Gagnon, 2014; Gagnon & Beaudry, 2013). Conversely, a lack of understanding, indifference and hurtful or awkward comments from colleagues or supervisors can have a negative effect on the bereaved parent's experience (Beaudry & Gagnon, 2014; Porschitz & Siler, 2017). Also, as indicated in the present study, pressure on the worker to return to work more quickly can encourage presenteeism, which can then have repercussions at different levels. Training to sensitize colleagues and supervisors to the experiences of parent returning to work following a perinatal death would therefore be beneficial in democratizing this subject and would equip colleagues and supervisors to better support these workers.

This study also identified important perceived repercussions from fathers' presenteeism following a perinatal death. In line with the current literature (Gustafsson & Marklund, 2011; Lohaus & Habermann, 2019; Miraglia & Johns, 2016; Skagen & Collins, 2016), the fathers who participated in interviews reported repercussions from their presenteeism for themselves, as well as for their organization. For many fathers, the main repercussions of presenteeism were cognitive, and were characterized by difficulty concentrating. These results are in line with those of Gosselin and Lauzier (2011), who found that psychological difficulties, such as perinatal bereavement, are more likely to affect cognitive-intellectual functions. The impairment of these functions can in turn affect the individual's functioning at work and productivity.

Fathers interviewed in the present study indicated that their presenteeism had also affected their family life. Even though it is increasingly recognized that the boundaries between work and personal life are permeable (Du et al., 2018), the repercussions of presenteeism on the family sphere have rarely been documented in the literature. In the present study, fathers indicated that their perinatal loss had affected their functioning at work, and that in turn, the difficulties experienced at work, or the high expenditure of energy required at work, also had a negative influence on their family life. Thus, it is possible that some fathers have engaged in 'overachieving' or 'dysfunctional' presenteeism (Karanika-Murray & Biron, 2020), spending a great deal of energy to maintain their usual level of performance at work, at the expense of their well-being. This type of presenteeism in turn may have limited their return to a more optimal level of functioning. It may also have left them with little energy to invest in their family life, which can lead to work-family conflict (Greenhaus & Beutell, 1985), a well-known concept that has been associated with many negative consequences (e.g. burnout, turnover, health problems, marital and family dissatisfaction, stress; Amstad et al., 2011). However, more studies are needed to examine the relationship between this latter concept and bereaved fathers' presenteeism.

A few participants also mentioned that they had engaged in voluntary presenteeism, i.e. they decided to return to work even though they could have taken time off. Some indicated that their work was beneficial since it allowed them to take their mind off things, and to re-establish a routine and a sense of normality. This result is in line with other studies indicating that men experiencing perinatal death show a preference for avoidance and distraction coping strategies (Armstrong, 2001; Kersting & Wagner, 2012; Lacroix et al., 2016). It is also possible that these fathers built on the various resources available in their workplaces and engaged in what we could call 'functional' or 'therapeutic' presenteeism (Karanika-Murray & Biron, 2020), where their health was enhanced by their presence in the workplace. In this vein, in their integrative model of the role of work in the recovery of mental health difficulties, Roberge et al. (2022) indicated that working can contribute to recovery by providing a sense of self-efficacy, a more positive identity, affiliation, as well as structure and financial stability. Fathers in the present study may have sought some of these positive outcomes when returning to work after their loss.

This study has some limitations that should be mentioned. First, since a convenience sample was used, the participants interviewed may not be representative of all fathers who have experienced a perinatal death. All the participants lived in the province of Québec, Canada, and studies in eastern or developing countries are needed to better represent the reality of those fathers and mothers. Also, our sample was exclusively composed of partners (fathers) in a heterosexual relationship. It would be interesting in

future studies to examine the working experience of non-male partners going through a perinatal death. Finally, it is important to mention that the results of the present study are based on secondary data from a larger qualitative study that sought to examine fathers' overall experience of perinatal death. Other interesting themes that have been highlighted in studies among working women (e.g. disclosure of the loss to the employer; Keep et al., 2021) could have emerged if the study had focused more specifically on presenteeism and had explored this issue in greater depth.

Further studies focusing on work functioning and presenteeism among fathers returning to work following a perinatal death are needed. For example, it could be interesting to identify which of the motives underlying the act of presenteeism (e.g. workload, leave provision) identified in this study are the most important. It could also be helpful to examine if these motives and the repercussions of presenteeism vary according to the time of the perinatal death (early or late perinatal death), type of job held, or importance attached to work by each individual. Larger-scale qualitative and quantitative studies are necessary in order to thoroughly investigate these research avenues. Also, given the impact of presenteeism on the family sphere, it would be interesting to consider the mothers' point of view in future studies on this issue.

In conclusion, this study examined fathers' experience of presenteeism upon returning to work following a perinatal death. The results provide a nuanced picture of presenteeism, which often has negative consequences, but also, in some cases, positive ones. This latter finding gives hope that, by providing adequate resources and support, work can become a lever of recovery, rather than a stressor that hinders the grieving process. It is to the advantage of fathers themselves, their spouses, their families, their organizations, and even society in general to better support working fathers following a perinatal death.

Acknowledgements

The authors would like to thank Carl Lacharité, from Université du Québec à Trois-Rivières, as well as Chantal Verdon and Diane Dubeau, from Université du Québec en Outaouais, for their contribution to the study design and the development of the interview guide. They would also like to thank Karen Grilis for her rigorous editing services.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by the Fonds de recherche du Québec Santé [grant numbers #22395 and #26811].

Notes on contributors

Sophie Meunier is an organizational psychologist and professor of work and organizational psychology in the Department of Psychology at the Université du Québec à Montréal. Her research interests focus on the well-being and work functioning of employees living with mental health difficulties, such as perinatal grief.

Francine de Montigny is a professor in the Department of Nursing at the Université du Québec en Outaouais. She held the Canada Research Chair in Family Psychosocial Health (2010–2020) and is Director of the Centre d'études et de recherche en intervention familiale (CERIF). She is also founder of the Groupe de recherche interdisciplinaire sur la paternité, la famille et la société. Her research interests focus on parents' and families' experiences of life transitions, such as pregnancy, birth, infancy, parenthood as well as nursing practices in relation to families.

Dominique Lalonde is a doctoral candidate in psychology at the Université du Québec en Outaouais. Her doctoral research deals with group facilitation best practices to support bereaved parents who participate in support groups after a perinatal death.

Jici Lord-Gauthier holds a doctorate in psychology. During his academic career, he worked on various projects focusing on men's and fathers' health. Today he works as a clinical psychologist in private practice.

Martin Lauzier is an organizational psychologist and full professor of human resource management at the Université du Québec en Outaouais. He's also a Senior Researcher at the Institut du savoir Montfort and Director of the Centre d'études et de recherches en psychologie industrielle et comportement organisationnel (CERPICO). His research interests mainly focus on presenteeism, employee wellness, change management and transfer of training.

ORCID

Sophie Meunier  <http://orcid.org/0000-0001-8877-2432>

References

- Amstad, F. T., Meier, L. L., Fasel, U., Elfering, A., & Semmer, N. K. (2011). A meta-analysis of work–family conflict and various outcomes with a special emphasis on cross-domain versus matching-domain relations. *Journal of Occupational Health Psychology, 16*(2), 151–169. <https://doi.org/10.1037/a0022170>
- Armstrong, D. (2001). Exploring fathers' experiences of pregnancy after a prior perinatal loss. *MCN: The American Journal of Maternal/Child Nursing, 26*(3), 147–153. <https://doi.org/10.1097/00005721-200105000-00012>
- Beaudry, C., & Gagnon, M. (2014). La ratification sociale du deuil en milieu de travail. *Frontières, 26*, 1–2. <https://doi.org/10.7202/1034384ar>
- Bonnette, S., & Broom, A. (2012). On grief, fathering and the male role in men's accounts of stillbirth. *Journal of Sociology, 48*(3), 248–265. <https://doi.org/10.1177/1440783311413485>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). American Psychological Association. <https://doi.org/10.1037/13620-004>
- Brier, N. (2008). Grief following miscarriage: A comprehensive review of the literature. *Journal of Women's Health, 17*(3), 451–464. <https://doi.org/10.1089/jwh.2007.0505>
- de Montigny, F., Gervais, C., & Verdon, C. (2021). Décès d'un enfant en période périnatale: Un traumatisme pour les pères. In B. Bayle (Ed.), *Traumatismes psychiques à l'aube de la vie* (pp. 167–177). Érès.
- de Montigny, F., Verdon, C., Lord Gauthier, J., & Gervais, C. (2017). *Décès périnatal, le deuil des pères*. Éditions CHU Sainte Justine.
- de Montigny, F., Verdon, C., & McGrath, K. (2015). Perinatal death and grief in Canada. In J. Cacciatore, & J. Defrain (Eds.), *The world of bereavement: Cultural perspectives on death in families* (pp. 179–208). Springer International Publishing.

- de Montigny, F., Verdon, C., Meunier, S., & Dubeau, D. (2017). Women's persistent depressive and perinatal grief symptoms following a miscarriage: The role of childlessness and satisfaction with healthcare services. *Archives of Women's Mental Health, 20*(5), 655–662. <https://doi.org/10.1007/s00737-017-0742-9>
- Du, D., Derks, D., & Bakker, A. B. (2018). Daily spillover from family to work: A test of the work-home resources model. *Journal of Occupational Health Psychology, 23*(2), 237–247. <https://doi.org/10.1037/ocp0000073>
- Due, C., Chiarolli, S., & Riggs, D. W. (2017). The impact of pregnancy loss on men's health and well-being: A systematic review. *BMC Pregnancy and Childbirth, 17*(1), 1–13. <https://doi.org/10.1186/s12884-016-1183-6>
- Evans-Lacko, S., & Knapp, M. (2016). Global patterns of workplace productivity for people with depression: Absenteeism and presenteeism costs across eight diverse countries. *Social Psychiatry and Psychiatric Epidemiology, 51*(11), 1525–1537. <https://doi.org/10.1007/s00127-016-1278-4>
- Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods, 5*(1), 80–92. <https://doi.org/10.1177/160940690600500107>
- Gagnon, M., & Beaudry, C. (2013). Le retour au travail lors d'un deuil périnatal: Des pratiques organisationnelles en porte-à-faux? *Relations Industrielles, 68*(3), 457–478. <https://doi.org/10.7202/1018436ar>
- Gold, K. J., Leon, I., Boggs, M. E., & Sen, A. (2016). Depression and posttraumatic stress symptoms after perinatal loss in a population-based sample. *Journal of Women's Health, 25*(3), 263–269. <https://doi.org/10.1089/jwh.2015.5284>
- Gosselin, E., & Lauzier, M. (2011). Le présentéisme: Lorsque la présence n'est pas garante de la performance. *Revue Française de Gestion, 37*(211), 15–27. <https://doi.org/10.3166/rfg.211.15-27>
- Greenhaus, J. H., & Beutell, N. J. (1985). Sources of conflict between work and family roles. *The Academy of Management Review, 10*(1), 76–88. <https://doi.org/10.2307/258214>
- Gustafsson, K., & Marklund, S. (2011). Consequences of sickness presence and sickness absence on health and work ability: A Swedish prospective cohort study. *International Journal of Occupational Medicine and Environmental Health, 24*(2), 153–165. <https://doi.org/10.2478/s13382-011-0013-3>
- Hazen, M. A. (2003). Societal and workplace responses to perinatal loss: Disenfranchised grief or healing connection. *Human Relations, 56*(2), 147–166. <https://doi.org/10.1177/0018726703056002889>
- Hazen, M. A. (2006). Silences, perinatal loss, and polyphony: A post-modern perspective. *Journal of Organizational Change Management, 19*(2), 237–249. <https://doi.org/10.1108/09534810610648933>
- Karanika-Murray, M., & Biron, C. (2020). The health-performance framework of presenteeism: Towards understanding an adaptive behaviour. *Human Relations, 73*(2), 242–261. <https://doi.org/10.1177/0018726719827081>
- Keep, M., Payne, S., & Carland, J. E. (2021). Experiences of Australian women on returning to work after miscarriage. *Community, Work & Family, 26*(2), 258–267. <https://doi.org/10.1080/13668803.2021.1993140>
- Kersting, A., & Wagner, B. (2012). Complicated grief after perinatal loss. *Dialogues in Clinical Neuroscience, 14*(2), 187–194. <https://doi.org/10.31887/DCNS.2012.14.2/akersting>
- Lacroix, P., Got, F., Callahan, S., & Séjourné, N. (2016). La fausse couche : Du côté des hommes. *Psychologie Française, 61*(3), 207–217. <https://doi.org/10.1016/j.psfr.2015.06.003>
- Lewis, J., & Azar, R. (2015). Depressive symptoms in men post-miscarriage. *Journal of Men's Health, 11*(5), 8–13. <https://doi.org/10.31083/jomh.v11i5.12>
- Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 97–128). Sage Publications Ltd.
- Lohaus, D., & Habermann, W. (2019). Presenteeism: A review and research directions. *Human Resource Management Review, 29*(1), 43–58. <https://doi.org/10.1016/j.hrmr.2018.02.010>
- Lu, L., Lin, H. Y., & Cooper, C. L. (2013). Unhealthy and present: Motives and consequences of the act of presenteeism among Taiwanese employees. *Journal of Occupational Health Psychology, 18*(4), 406–416. <https://doi.org/10.1037/a0034331>

- Meunier, S., de Montigny, F., Zeghiche, S., Lalande, D., Verdon, C., Da Costa, D., & Feeley, N. (2021). Workplace experience of parents coping with perinatal loss: A scoping review. *Work, 69*(2), 411–421. <https://doi.org/10.3233/WOR-213487>
- Miller, E. J., Temple-Smith, M. J., & Bilardi, J. E. (2019). 'There was just no-one there to acknowledge that it happened to me as well': A qualitative study of male partner's experience of miscarriage. *PLoS One, 14*(5), e0217395. <https://doi.org/10.1371/journal.pone.0217395>.
- Miraglia, M., & Johns, G. (2016). Going to work ill: A meta-analysis of the correlates of presenteeism and a dual-path model. *Journal of Occupational Health Psychology, 21*(3), 261–283. <https://doi.org/10.1037/ocp0000015>
- Murphy, S., Shevlin, M., & Elklit, A. (2014). Psychological consequences of pregnancy loss and infant death in a sample of bereaved parents. *Journal of Loss and Trauma, 19*(1), 56–69. <https://doi.org/10.1080/15325024.2012.735531>
- Nguyen, V., Temple-Smith, M., & Bilardi, J. (2019). Men's lived experiences of perinatal loss: A review of the literature. *Australian and New Zealand Journal of Obstetrics and Gynaecology, 59*(6), 757–766. <https://doi.org/10.1111/ajo.13041>
- Nicolas, C., Lauzier, M., Séguin, M., & Laberge, M. (2018). Mieux comprendre les causes du présentéisme: Une analyse systématique à partir des facteurs du modèle exigences-ressources. *Canadian Psychology / Psychologie Canadienne, 59*(3), 272–282. <https://doi.org/10.1037/cap0000134>
- Obst, K. L., & Due, C. (2019). Australian men's experiences of support following pregnancy loss: A qualitative study. *Midwifery, 70*, 1–6. <https://doi.org/10.1016/j.midw.2018.11.013>
- Obst, K. L., Due, C., Oxlad, M., & Middleton, P. (2022). Australian men's experiences of leave provisions and workplace support following pregnancy loss or neonatal death. *Community, Work & Family, 25*(4), 551–562. <https://doi.org/10.1080/13668803.2020.1823319>
- Porschitz, E. T., & Siler, E. A. (2017). Miscarriage in the workplace: An autoethnography. *Gender, Work & Organization, 24*(6), 565–578. <https://doi.org/10.1111/gwao.12181>
- Roberge, C., Agouès-Richard, C., Meunier, S., Coulombe, S., Lauzier-Jobin, F., & Houle, J. (2022). The role of work in recovery from anxiety or mood disorders: An integrative model based on empirical data. *Journal of Psychosocial Rehabilitation and Mental Health, 9*(3), 263–273. <https://doi.org/10.1007/s40737-021-00255-3>
- Ruhle, S. A., Breitsohl, H., Aboagye, E., Baba, V., Biron, C., Correia Leal, C., Dietz, C., Ferreira, A. I., Gerich, J., Johns, G., Karanika-Murray, M., Lohaus, D., Løkke, A., Lopes, S. L., Martinez, L. F., Miraglia, M., Muschalla, B., Poethke, U., Sarwat, N., ... Yang, T. (2020). "To work, or not to work, that is the question" – Recent trends and avenues for research on presenteeism. *European Journal of Work and Organizational Psychology, 29*(3), 344–363. <https://doi.org/10.1080/1359432X.2019.1704734>
- Skagen, K., & Collins, A. M. (2016). The consequences of sickness presenteeism on health and well-being over time: A systematic review. *Social Science & Medicine, 161*, 169–177. <https://doi.org/10.1016/j.socscimed.2016.06.005>
- Taloyan, M., Aronsson, G., Leineweber, C., Magnusson Hanson, L., Alexanderson, K., & Westerlund, H. (2012). Sickness presenteeism predicts suboptimal self-rated health and sickness absence: A nationally representative study of the Swedish working population. *PLoS One, 7*(9), e44721. <https://doi.org/10.1371/journal.pone.0044721>
- Vance, J. C., Boyle, F. M., Najman, J. M., & Thearle, M. J. (2002). Couple distress after sudden infant or perinatal death: A 30-month follow up. *Journal of Paediatrics and Child Health, 38*(4), 368–372. <https://doi.org/10.1046/j.1440-1754.2002.00008.x>
- Ventura, S. J., Curtin, S. C., Abma, J. C., & Henshaw, S. K. (2012). Estimated pregnancy rates and rates of pregnancy outcomes for the United States, 1990–2008. *National Vital Statistics Reports, 60*(7), 1–21. <https://pubmed.ncbi.nlm.nih.gov/22970648>.
- Volgsten, H., Jansson, C., Svanberg, A. S., Darj, E., & Stavreus-Evers, A. (2018). Longitudinal study of emotional experiences, grief and depressive symptoms in women and men after miscarriage. *Midwifery, 64*, 23–28. <https://doi.org/10.1016/j.midw.2018.05.003>
- Williams, H. M., Topping, A., Coomarasamy, A., & Jones, L. L. (2020). Men and miscarriage: A systematic review and thematic synthesis. *Qualitative Health Research, 30*(1), 133–145. <https://doi.org/10.1177/1049732319870270>